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The Perceptions of Healthcare Professionals about Accreditation and its Impact on Quality of Healthcare in Kuwait: A Qualitative Study

Running Title: Perceptions about Healthcare Accreditation

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AUTHORS' CONTRIBUTIONS
Maram Gamal Katoue designed the study, collected the data by focus group interviews, transcribed the interviews verbatim, preformed data analysis and interpretation, and wrote the manuscript. Susan Geraldine Somerville participated in study design, data analysis and interpretation, and critically revised the manuscript. Roula Barake participated in study design and critically revised the manuscript. Mairi GB Scott participated in study design and critically revised the manuscript.
Abstract

Rationale, aims and objectives: The accreditation of healthcare organizations has been applied as a quality assurance mechanism of healthcare services. Kuwait health authorities implemented a national healthcare accreditation program at the governmental healthcare system. This study aimed to explore perceptions of healthcare professionals (HCPs) about healthcare accreditation, perceived challenges to implementing accreditation, and views on how to overcome these challenges.

Methods: A phenomenological qualitative framework was adopted to conduct focus group interviews to explore perceptions of HCPs about accreditation in governmental healthcare system. Data were collected from 30 HCPs using seven focus group interviews. The verbatim transcripts of the interviews were analysed using framework approach.

Results: The HCPs indicated that accreditation enhanced patient safety culture at their organizations through staff adherence to good practices, improved documentation and patient handover practices, and incident reporting. The facilitators to implementation of accreditation that emerged from interviews included administrative support, staff training about accreditation and expansion in application of electronic systems. Participants reported several challenges to implementing accreditation including challenges related to staff (e.g. high workload, burdens imposed by accreditation requirements), challenges related to organizational system and resources (e.g. poor teamwork among HCPs, inadequate infrastructure in some facilities), and challenges related to patients (e.g. poor understanding about accreditation). However, most participants
expressed positive attitudes towards accreditation and appreciated its impact on quality of healthcare. Participants suggested ways to support accreditation such as increasing staff numbers to reduce workload, enhancing staff motivation and education about accreditation, developing proactive leadership and staff teamwork, and improving patients’ awareness about accreditation.

**Conclusion:** Healthcare professionals in Kuwait expressed positive attitudes towards accreditation whilst also recognizing the challenges that may hinder its implementation. The collaboration between different stakeholders in this process is essential to overcome these challenges and support HCPs to meet accreditation standards and improve quality of healthcare services.

**KEYWORDS:** healthcare; accreditation; patient safety; healthcare quality improvement; Kuwait
INTRODUCTION

The delivery of high quality healthcare to patients has increasingly become a top priority in governmental health policy agendas of many countries worldwide. Quality of healthcare implies that the care must be safe, effective, patient-centred, timely, efficient and equitable to all users of the healthcare services.\(^1\) There has been a global emphasis in modern healthcare systems on developing a culture of patient safety in healthcare organizations.\(^2,3\) Patient safety is defined as the lack of unintentional harm throughout the course of medical care.\(^4\) This involves measures to avoid, prevent, or manage adverse outcomes which may result from the delivery of healthcare.\(^4\)

Healthcare systems have been employing accreditation of the healthcare organizations as a quality assurance mechanism of healthcare services.\(^5,6\) During accreditation, the healthcare organization is evaluated for compliance with an explicit set of pre-determined standards by independent professionals who are external to the healthcare organization and its governing bodies, to confirm that the conditions related to the safety, treatment of patients and quality of care are taken into account by the organization.\(^5,7\) There is growing evidence indicating the positive impact of healthcare accreditation on patient safety and clinical outcomes.\(^8,9\)

The accreditation movement initially began in the United States with the establishment of the Joint Commission on Accreditation of Healthcare organizations (JCAHO) in 1951.\(^10\) Several healthcare accrediting organizations and accreditation programs have been developed in different countries since the 1970s.\(^6\) Healthcare accreditation has now been implemented in many countries and regarded as an indicator of quality and safety of medical care.\(^11\) However, the countries of the Middle East have relatively recent experience in adopting healthcare accreditation, with the
national healthcare accreditation program of Lebanon being the earliest programs to be developed in the region in 2002. In Saudi Arabia, the Central Board for Accreditation of Healthcare Institutions was established in 2005 to formulate and assess the quality standards of all healthcare sectors. Moreover, several governmental and private hospitals have obtained accreditation from international accreditation bodies. Qatar has also extensively invested in obtaining international accreditation of healthcare organizations. In Jordan, the Health Care Accreditation Council was established in 2007 to improve quality of healthcare of health organizations through accreditation, while several facilities have been pursuing accreditation from international accreditation programs. Consequently, an increasing number of studies have been reporting the views and experiences of healthcare professionals (HCPs) towards accreditation in these countries. There is also limited evidence on the impact of accreditation on quality of healthcare and healthcare costs from these countries.

There have been intensive efforts by the Ministry of Health (MoH) in Kuwait to improve the quality of healthcare services. In 2008, the MoH initiated a collaboration with Accreditation Canada International to develop a national accreditation program for healthcare quality to ensure that healthcare delivery conformed with national standards specifically developed for Kuwait. The national accreditation program was established by the Quality and Accreditation Directorate at MoH to develop, implement, and evaluate standards of quality and safety across all governmental healthcare sectors including public hospitals and primary care polyclinics.

Several studies have evaluated the perceptions of HCPs about healthcare accreditation in some countries including the Middle Eastern countries. Few studies have also assessed the safety culture in primary and secondary healthcare settings in Kuwait. However, there are no publications that have explored the healthcare accreditation or perceptions of HCPs.
about accreditation in Kuwait. Moreover, most of the studies investigating accreditation in the Middle Eastern countries were conducted using quantitative methods, with few using qualitative methods. The goal of qualitative research is to understand the opinions, experiences, attitudes and behaviors from the viewpoints of participants about a specific topic. This aids in providing a comprehensive understanding about the different aspects of professional practice from the perspectives of HCPs.

The objectives of this study were to: 1) explore the perceptions of HCPs in Kuwait about healthcare accreditation, 2) understand the perceived challenges to implementing accreditation, and 3) investigate their views on how to overcome these challenges to enhance quality of healthcare and sustain the accreditation resultant improvements.

METHODS

Context
Kuwait is a Middle Eastern state occupying the northwestern corner of the Arabian Gulf. Healthcare is provided to the population of Kuwait through governmental and private healthcare systems. The governmental healthcare system provides comprehensive healthcare services to the public and is organized into three levels of healthcare delivery: primary, secondary, and tertiary. Primary healthcare is provided through a number of healthcare centers (polyclinics) which deliver primary healthcare to the population. Secondary healthcare consists of six general hospitals distributed over the six governorates of Kuwait, and tertiary healthcare comprises several specialized hospitals and health centers. The HCPs practicing in Kuwait healthcare system are
multinational with education and training from Kuwait and other countries such as Arab states, Canada, the United Kingdom and India. This study was conducted in the Dasman Diabetes Institute (DDI). The DDI conducts research and delivers educational programs to help in the control and management of diabetes and its related health problems in Kuwait.

Research design

A phenomenological framework was implemented to conduct focus group interviews among HCPs to explore their opinions about healthcare accreditation at the governmental healthcare sector. Phenomenology describes the common meaning for multiple persons of their experiences of a phenomenon or concept. This framework was used to collectively describe the experiences of the study participants about accreditation. The qualitative research literature describes several interpretive paradigms (e.g. positivism, postpostivism, social constructivism, pragmatism, critical theory). Social constructivism was considered the most suitable approach to achieve the research objectives. In social constructivism, reality is created by social, individual, and historical perspectives, and thus it rejects an absolute shared truth. It assumes several realities as the individuals compose personal/subjective meanings of the world that are shaped by their experiences and dealings with other people. In accordance with this paradigm, the researcher asked the participants open-ended questions to attend carefully to their experiences with accreditation and to explore the processes of interaction among individuals. An inductive method of emergent ideas was implemented as the approach to enquiry. The Consolidated Criteria for Reporting Qualitative Studies (COREQ) checklist for complete reporting of qualitative studies was applied to guarantee the quality of reporting of this qualitative study.
Participants and sampling

The participants in the study were recruited among the HCPs who were enrolled in the Postgraduate Program in Diabetes Care and Education delivered by the University of Dundee and DDI in Kuwait. They were HCPs who were practicing in Kuwait governmental healthcare system organizations which had implemented the healthcare accreditation process. Participants were purposively sampled for focus group interviews. Purposive sampling is a technique in which the research participants are deliberately selected to represent a range of beliefs and experiences that can be relevant and informative to address the research questions. Each focus group consisted of a number of HCPs from the same discipline who are working in the same level of healthcare delivery. They were selected to be as diverse as possible in their demographic and other characteristics such as the duration of practice experience to collect varied experiences and perceptions on the topic. Participants were invited for participation in the study by email. A total of 30 HCPs participated in seven focus groups (G1-G7).

Data collection

Data were collected using focus group interviews to explore the perceptions of HCPs about healthcare accreditation. A semi-structured focus group interview topic guide (Table 1) was developed by MK after reviewing the literature and used to inform the focus group discussions. The topic guide was peer-reviewed by the co-authors and was modified as needed. The focus group interview was pilot tested among one group of HCPs to obtain their feedback about the clarity and suitability of the questions. The data generated from the pilot focus group interview were not included in the qualitative data analysis. At the outset of the focus group interviews, the purpose of the study and ground rules of participation were explained to participants, including the purpose of recording and data protection. Anonymous demographic data was gathered from participants.
They were asked open-ended questions followed by probing questions to encourage their contribution to the discussion. Data collection ended when no new themes emerged from the data (saturation).34

Focus group structure

The focus group interviews were conducted in a suitable venue in DDI and lasted an average of 45 minutes. The discussions were conducted in English language. The number of participants at each focus group ranged from 4 to 5 HCPs. The participants had the opportunity to provide additional remarks at the end of the focus groups. All focus group interviews were audio-recorded using a digital recorder and transcribed verbatim.

Researcher reflexivity

The researcher (MK) who facilitated the focus group interviews is a pharmacy researcher/educator. She identified an increasing interest in improving the quality of healthcare services in the different healthcare sectors as a user of these services. MK felt that the move to accreditation in healthcare organizations had stimulated these improvements. She wanted to explore the perceptions of HCPs about healthcare accreditation. There was no previous relationship between MK and the participants. During the focus group interviews, MK encouraged all participants to provide their perceptions freely on the topic while trying to maintain a neutral stance as a researcher.

Qualitative data analysis

Qualitative data analysis was performed using the five-stage framework approach.35,36 The stages of this approach include: familiarization with the data, identification of a thematic framework, indexing the data, charting the data under the appropriate themes and sub-themes, and mapping and interpretation of findings.35,36 In the familiarization stage, the researcher repeatedly reads the
interview transcripts to become acquainted with the data and to identify the main notions and recurrent themes.\textsuperscript{36} This is followed by identifying a thematic framework stage which involves generating a detailed index of the data by recognizing all the key themes by which the data can be checked, referenced and consequently explored.\textsuperscript{36} In the Indexing stage, the researcher systematically applies the thematic framework (or index) to all the data by marking the transcripts with numerical codes from the index.\textsuperscript{36} In the charting stage, researcher reorganizes the data based on the relevant part of the thematic framework to create charts that contain summaries of participants’ views and experiences.\textsuperscript{36} Then, in the mapping and interpretation stage, the researcher examines the charts to define the emergent ideas and identify the associations between themes in order to explain the findings.\textsuperscript{36} Two of the co-authors (MK and SS) independently read and coded some transcripts at the initial stage of data analysis to cross-check interpretation of the findings. They discussed the identified codes to compare agreement, reconcile differences, and organize the codes to create a final thematic framework (multiple coding). Then, data was coded by MK based on the agreed framework to ensure consistency and the emerging themes and categories were identified. The MAXQDA Software (version 20) was used to assist in managing and analysing the focus groups interview transcripts.\textsuperscript{37} Data summaries were reported for each theme which was supported by illustrative verbatim quotes by participants. The quotes are labeled by a code: (P[X1-5]:G[1-7]) representing the participant and focus group interview number, respectively. The profession of each participant [X] is either: a general physician practicing in primary care clinic [GP] or a hospital physician [HP] or a pharmacist [Ph].

**Ethical approval**
Ethical approval was obtained from the Ethical Review Committee at the DDI, Kuwait. Participants provided written consent to participate in the study. All participants’ information and data remained anonymous and confidential throughout and beyond the study period.

RESULTS

Characteristics of the participants

A total of 30 HCPs participated in this study. Of the participants, 25 (83.33%) were females, 11 (36.67%) were Kuwaiti citizens and the remaining practitioners (n=19, 63.33%) were from other Middle Eastern countries. Among participants, 14 (46.67%) were primary care physicians, 12 (40%) were hospital physicians, and 4 (13.33%) were pharmacists.

The main themes and respective categories that emerged from data are described in the following sections with the aid of illustrative quotes. Additional illustrative quotes are shown in Table 2.

Benefits of healthcare accreditation

The participants described several benefits of the healthcare accreditation process. These included the following:

1. Patient safety and staff adherence to good practices

Most participants indicated that the healthcare accreditation movement enhanced and supported patient safety culture within their organizations:
“Patient safety is a cornerstone of accreditation. Improving our practice and ensuring that guidelines are applied and updated are measures to achieve that goal.” (P1[HP]:G6)

They indicated that meeting the accreditation requirements encouraged staff to follow good practices in their daily work:

“The accreditation requires adherence to good practices related to patient identification, documentation system, use of incident reports and safety related to medications use.” (P4[HP]:G5)

2. Incident reporting as a quality improvement tool

The healthcare accreditation has been adopting the use of incident reports to document and analyze medical errors. The participants highlighted the value of the incident reporting system as a means to improve clinical practice and patient safety:

“We have been involved in regular meetings on patient safety and risk management. During these meetings, all the incident reports are discussed and analyzed to develop strategies to avoid these errors.” (P3[GP]:G2)

3. Improved documentation practices

Many participants indicated that the accreditation greatly improved the documentation processes and safe transfer of patient medical information:

“Documentation is a basic requirement by the accreditation. The physician must document everything related to patient management plan.” (P5[HP]:G6)

4. Enhanced patient handover practices
The participants outlined that accreditation enhanced patients’ handover through medicines reconciliation and emphasis on safe communication among the staff:

“They stress on direct communication between physician and nurse regarding patient care plan.” (P3[HP]:G5)

Facilitators to the implementation of healthcare accreditation

The analysis of the focus groups revealed some facilitators that supported the implementation of healthcare accreditation at the different healthcare organizations, which included:

1. Administrative support and staff training

The participants stated that the application of healthcare accreditation was under the direction and support from MoH in accordance with the Canadian accreditation standards. The MoH provided educational activities about accreditation for the staff involved in accreditation committees/teams within the healthcare organizations:

“We receive all the accreditation-related guidelines and forms from the Quality and Accreditation Directorate at MoH. They guided us though the process.” (P2[Ph]:G7)

2. Expanded application of electronic systems

They also explained that the accreditation of healthcare facilities was accompanied by an expansion in the use of electronic systems including electronic health record systems (EHRs) especially in primary care clinics. While in hospitals, participants reported that the transition to implementing these systems was in progress, as this hospital physician describes:
“We have to perform documentation on both sides, on paper files and on computers. The paper files will be eliminated once the system becomes fully computerized.” (P3[HP]:G5)

Challenges to healthcare accreditation

The participants reported a number of challenges which would limit the implementation of healthcare accreditation and maintaining its intended improvements. These challenges were related to the staff, organizational system, and patients as described in the next sections.

1. Challenges related to the staff

Participants repeatedly described the high workload that they have in their practice, which they perceived as a hindrance in their attempts to introduce quality improvement activities:

“The biggest challenge is the high workload that results from the big number of patients.”

(P1[GP]:G4)

They explained that inadequate staff represents a significant challenge to the application of accreditation requirements:

“The staff number is limited. If you wish to apply the accreditation standards, you must consider the size of the required task and if it would fit the staff workload.” (P1[Ph]:G7)

Many participants complained that the accreditation requirements added more workload in addition to the regular duties of the staff in providing patient care:

“This process adds a lot of workload on the responsibilities of the staff in addition to their baseline workload.” (P1[GP]:G4)
They pointed out that some HCPs might lack the necessary motivation to get involved in the healthcare accreditation process:

“Lack of motivation from the staff. Not everyone is motivated to implement these changes.” (P2[GP]:G3)

An additional reported challenge hindering HCPs from applying accreditation requirements was lack of awareness about the accreditation process and intentions:

“Some people do not know anything about quality improvement. The accreditation team must educate all workers about accreditation, patient safety and quality improvement.” (P5[GP]:G3)

2. Challenges related to the organizational system and resources

Some participants complained of the limited involvement of organizational leadership in the accreditation process and inadequate teamwork among HCPs at their settings:

“No teamwork at the polyclinic. We do not have the leadership to motivate us to work as a team. If we have effective communication and teamwork, everyone can get involved in the improvement process.” (P1[GP]:G4)

While others felt that during the preparation for accreditation, attention was directed to the processes rather than goal of sustained improvements:

“Each department is working separately to get good evaluation by the evaluating committees. They are working to get the accreditation, not to achieve long-term benefits.” (P4[GP]:G2)
A few participants reported lack of some resources and inadequate infrastructure in some of the facilities to be among the challenges to implementing the accreditation requirements:

“There is deficiency in some resources. When you implement quality improvement projects you need proper funding and resources to support these initiatives.” (P1[GP]:G4)

3. Challenges related to patients

Some participants stated that patients may lack adequate understanding about accreditation. This could create another challenge to applying some of the accreditation requirements and patient safety solutions:

“Some patients feel annoyed from repeating the same procedures, e.g., repeating request to confirm patient identity. They do not realize that we are performing these measures to ensure their safety.” (P1[HP]:G5)

Attitudes of healthcare professionals towards healthcare accreditation

The focus group interviews revealed some of the beliefs and attitudes of HCPs towards the healthcare accreditation process. These included:

1. Staff satisfaction and positive attitudes towards accreditation:

Most participants expressed positive attitudes towards healthcare accreditation. They indicated that they were satisfied about the outcomes of the accreditation process:

“The accreditation is an excellent process. The safety solutions minimize any chance for errors. There are so many good improvements in our practice. Collectively, it is a very good movement.” (P4[HP]:G6)
2. Sustainability of practice improvements

Most participants indicated that the improvements in staff practice as a result of the accreditation are usually sustained beyond the accreditation survey visit:

“Staff adherence to good practices is maintained but they emphasize on that during the evaluation period. With time, these good practices will become a routine practice for practitioners.” (P3[HP]:G1)

A few participants reported noticing little difference in practice since the start of the healthcare accreditation in their organizations:

“Our practice did not change a lot after the accreditation.” (P2[HP]:G5)

Suggestions to sustain healthcare improvements from accreditation

The participants provided a number of suggestions to improve the implementation of healthcare accreditation and sustain its improvements on quality of healthcare. These suggestions included:

1. Focus on staff support and development

They recommended providing sufficient staff to decrease staff workload, and the necessary resources to support the implementation of accreditation:

“You need to increase staff number, decrease workload, and increase the availability of all needed resources, including educational resources.” (P1[Ph]:G7)

Many participants called for ways to augment staff motivation regarding accreditation:

“You need to improve the motivation of all the workers. Everyone should be aware about the accreditation and participate in the process.” (P2[GP]:G4)
They also stressed the need for more education and training for staff about accreditation to support their involvement in its implementation:

“More learning is required to increase staff awareness about the aim of the accreditation. Training is also needed on the use of some of the required tools like medicines reconciliation.” (P5[HP]:G6)

2. Focus on supporting organizational change

The participants highlighted the value of building proactive leadership at the organizational level to motivate HCPs to implement the required changes:

“A good leader would involve all workers in the process and support them to work as a team. The leadership can create this type of communication and collaboration among staff.” (P2[GP]:G4)

They also stated that the full implementation of healthcare informatics and connected electronic systems were required to facilitate the implementation of healthcare accreditation and enhance patient safety:

“We need a proper connected health information system to be implemented in the entire hospital. This can make implementing accreditation standards much easier.” (P2[Ph]:G7)

3. Focus on patients as partners in the process

Some participants emphasized the need to improve patients’ awareness about the value of the accreditation:

“We need to increase public awareness about accreditation and patient safety to improve the collaboration of patients in these procedures.” (P4[Ph]:G7)
DISCUSSION

The analysis of qualitative data obtained from this diverse group of HCPs working in the Kuwait governmental healthcare system provides a range of views on the impact of healthcare accreditation on the quality of healthcare and staff performance, and perceived challenges to implementing the accreditation requirements. It also presents their suggestions on how to overcome these challenges to support accreditation and enhance its benefits on quality of healthcare.

Participants reported that the healthcare accreditation resulted in several benefits to patient safety and quality of healthcare in their organizations. These positive views regarding accreditation are consistent with previous studies in which HCPs supported accreditation programs and believed that accreditation resulted in improvements within their organizations. For example, a survey-based study from Qatar showed that most staff working in a primary healthcare organization agreed about the positive impact of accreditation on quality of care. In a similar study from Saudi Arabia, HCPs perceived accreditation to result in positive improvements in the delivery of patient care and other health services at their hospital. In a qualitative study conducted among hospital physicians and nurses in Jordan, participants expressed favorable attitudes towards accreditation and reported several benefits of accreditation including quality improvement, patient safety and satisfaction, cost-effectiveness and enhanced reputation. In a nationwide survey in Australia on the benefits of a national accreditation program, most HCPs indicated that accreditation resulted in significant benefits to healthcare organizations. These included
adherence to best practice, improving communication, and supporting staff management and development.\textsuperscript{38}

In this study, many participants believed that achieving patient safety is a central goal of accreditation. This is similar to the findings of other studies, in which HCPs agreed that accreditation significantly improved the patient safety culture at their organizations.\textsuperscript{21,24} The participants also reflected on the many benefits achieved by accreditation on staff clinical performance and quality of patient care. They reported that accreditation encouraged staff adherence to good practices related to patient identification, proper documentation, safe transfer of patients’ medical information through effective communication amongst staff and implementing medicines reconciliation, and the use of incident reports. Similarly, a study in Macedonia reported that HCPs perceived the accreditation as a useful process to improve the daily work of HCPs in their organizations.\textsuperscript{25}

The participants outlined that among the facilitators to implementing the healthcare accreditation is the administrative support provided by the MoH, availability of staff training and guidance about accreditation, and accelerated development in application of electronic systems at healthcare facilities. The accreditation program was developed by Kuwait MoH Quality and Accreditation Directorate which provided educational support to the staff about accreditation.\textsuperscript{23} The MoH has been significantly investing in enhancing the use of health information technology solutions including EHRs.\textsuperscript{39} These systems have been adopted in the primary healthcare sector,\textsuperscript{40} and are now under development in hospitals.\textsuperscript{39} This can facilitate the effective use of patient data, which in turn can assist healthcare organizations to track quality improvement activities, evaluate performance and provide evidence for meeting accreditation standards.\textsuperscript{12}
However, the focus groups exposed several challenges that may hinder the accreditation process and healthcare quality improvement. Participants described some individual and professional challenges such as high staff workload, inadequate staff, the additional workload imposed by accreditation requirements, and lack of motivation and awareness about accreditation. Some of these challenges concur with the findings of studies from other countries. For example, a study assessing patient safety culture in Lebanese hospitals highlighted staffing issues among the areas requiring attention to enhance patient safety. In another study from Jordan, HCPs perceived hospital accreditation to be associated with significant stress on the staff. High staff workload can also result in medical errors. A systematic review investigating dispensing errors in hospital pharmacies revealed that high workload and low staffing were among the most common factors leading to these errors. Many participants perceived accreditation requirements as administrative demands that add burden to their responsibilities. Several studies have showed that HCPs frequently perceived the accreditation process as being a bureaucratic, time-consuming and demanding task which increases workload and stress for staff.

The participants outlined some organizational issues that can influence the accreditation process such as challenges related to the size/structure of the facility, limited involvement of the organizational leadership in the process, and inadequate teamwork among HCPs. Proactive leadership at the organizational level is vital to orchestrate the efforts to achieve accreditation. Accreditation emphasizes the involvement of all staff and the support of the leaders through a multidisciplinary approach to improve quality of healthcare services. Staff involvement and initiating direct and continuous communication between top-level managers and employees can facilitate implementation of organizational change and quality improvement activities. To overcome lack of teamwork among HCPs, academic health institutions are advised to implement...
interprofessional education (IPE) among health students. The World Health Organisation advocates IPE as a valuable educational strategy that can help prepare a collaborative healthcare workforce, which leads to strengthened healthcare systems. Health authorities can develop continuing professional development activities to support staff training in teamwork skills using simulation-based training. Simulation has been widely used for training multidisciplinary HCPs in safe communication and teamwork skills. Some participants indicated that there might be more attention directed to the process rather than the ongoing commitment to improvements. A study in Saudi Arabia highlighted the need to sustain improvements over time in the accreditation cycle to achieve long term benefits from accreditation. In our study, some participants also reported patients’ poor understanding about accreditation and patient safety. Despite these identified challenges, most participants expressed positive attitudes towards accreditation and indicated that the derived improvements are sustainable in their healthcare organizations.

The participants provided suggestions to overcome the identified challenges. They proposed increasing staff numbers to reduce staff workload. Implementing organizational changes related to job distribution among staff can also help reduce staff workload. The participants also called for enhancing staff education and training about accreditation, as well as their motivation and involvement in its application. Similarly, a study recommended development of strategies to enhance staff understanding about the purpose of accreditation standards, and to reduce job stress and increase staff job satisfaction. Therefore, efforts are needed to devise solutions to reduce staff workload and job stress to improve their commitment to accreditation and delivery of high quality healthcare services. The participants highlighted the value of leadership in creating the required motivation among staff. They also suggested the full incorporation of connected electronic systems in hospitals and across primary and secondary health care facilities. A recent
study has documented positive improvements in compliance with the accreditation standards related to information management in Kuwait hospitals including the use of EHRs.\textsuperscript{39} However, this study recommended implementing integrated health informatics solutions within the hospitals, as well as between the hospitals and different healthcare settings across the country.\textsuperscript{39} Efforts by the MoH are currently underway to electronically connect these clinical settings. Some participants also suggested to enhance patients’ awareness about accreditation. Perhaps organizing awareness campaigns to enhance public understanding about accreditation would help foster their partnership with HCPs in applying its required procedures.

The Kuwait Healthcare system has witnessed accelerated developments in recent years. It has exhibited excellent performance and resilience while dealing with the COVID-19 worldwide pandemic. Accreditation has assisted in enhancing healthcare delivery systems within different healthcare organisations. However, there are still potential opportunities for improving the longer-lasting benefits of the healthcare accreditation process. The collaboration of different stakeholders in the healthcare system including health authorities, administrators, practitioners, and patients is essential to achieve the expected benefits of healthcare accreditation. It is important to consider the opinions of HCPs during the implementation of accreditation to achieve the desired goals from this process. A focus on developing leadership and champions at the level of the healthcare organizations is also warranted to facilitate implementation of accreditation, and to lead, organize and support healthcare quality improvement activities.

Future research can evaluate the impact of healthcare accreditation on the quality of patient care and healthcare costs. Other potential research areas would be to determine the effect of healthcare accreditation on patient satisfaction about healthcare services.
Strengths and Limitations

Among the strengths of this qualitative study is performing multiple coding of data, constant comparison and attempting to achieve high level of saturation. Negative cases that represent different views from those of the majority of participants were also reported. A limitation of qualitative research is the limited generalizability of findings. Transferability of these results to other settings/countries may be possible if the results were found to be appropriate/applicable to those contexts. Another limitation is that the study sample might be biased to HCPs enrolled in an academic program, and that the participants were mainly physicians and pharmacists. The involvement of other HCPs such as nurses is essential for the successful implementation of accreditation. Their perceptions about accreditation can be investigated in future research.

CONCLUSION

Kuwait HCPs hold positive attitudes towards healthcare accreditation and recognize the benefits that it can bring to the quality of healthcare services and staff clinical performance. They identified several professional, organizational and patient-related challenges that can hinder the implementation of healthcare accreditation. They also highlighted areas that are in need of attention to facilitate effective implementation of accreditation and to sustain its resultant improvements. These findings can inform policy makers and health administrators to develop strategies to overcome these challenges and support the healthcare accreditation program to enhance the quality of the healthcare services.
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REFERENCES


The Perceptions of Healthcare Professionals about Accreditation and its Impact on Quality of Healthcare in Kuwait: A Qualitative Study

Table 1 The Interview topic guide

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Healthcare professionals’ opinions about healthcare accreditation and its impact on their clinical practice.</td>
</tr>
<tr>
<td>2.</td>
<td>Healthcare professionals’ views on how the healthcare accreditation program influenced patient safety and quality of healthcare services.</td>
</tr>
<tr>
<td>3.</td>
<td>Healthcare professionals’ perceived challenges to implementing healthcare accreditation and sustaining its intended improvements on quality of healthcare.</td>
</tr>
<tr>
<td>4.</td>
<td>Healthcare professionals’ views on how to overcome the challenges to enhance the quality of healthcare and sustain the intended improvements by healthcare accreditation.</td>
</tr>
</tbody>
</table>
Table 2. Main themes from the focus group interviews and examples of illustrative quotes

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<thead>
<tr>
<th>Theme</th>
<th>Illustrative Quotes</th>
</tr>
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| 1. Benefits of healthcare accreditation | 1. **Patient safety and staff adherence to good practices:**  
   “Patient safety is under the umbrella of the accreditation.” (P4[GP]:G3)  
   “The accreditation motivates all the staff to meet the high clinical standards and improve quality of healthcare.” (P4[GP]:G4)  
2. **Incident reporting as a quality improvement tool**  
   “We write the incident reports all the time. We discuss these reports to improve our safety measures.” (P2[GP]:G2)  
3. **Improved documentation practices**  
   “The accreditation team reviews our files to check if we follow the right requirements of documentation. As a result, the documentation system greatly improved.” (P2[HP]:G5)  
4. **Enhanced patient handover practices**  
   “The accreditation team stresses the need to complete patients’ information on the computer system including medicines reconciliation.” (P3[HP]:G6) |
| 2. Facilitators to the implementation of healthcare accreditation | 1. **Administrative support and staff training**  
   “The Ministry of Health has been supporting these improvements since the accreditation movement started.” (P3[GP]:G2)  
2. **Expanded application of electronic systems**  
   “In primary care, we have achieved good improvements in implementation of the electronic health record. This greatly enhanced patient safety and assisted in meeting the accreditation requirements.” (P4[GP]:G4) |
| 3. Challenges to healthcare accreditation | 1. **Challenges related to the staff**  
   - **Staff workload:** “The workload is high. To implement quality improvement initiatives, the staff would need sufficient time.” (P2[Ph]:G7)  
   - **Inadequate staff:** “Sometimes the staff is not enough.” (P2[HP]:G6)  
   - **Accreditation added more workload on the staff:** “We now have additional workload; e.g. the required documentation is extensive.” (P5[HP]:G5)  
   - **Lack of staff motivation:** “Lack of motivation and collaboration of the staff to implement the required measures.” (P3[GP]:G4)  
   - **Lack of staff awareness about accreditation:** “Some staff do not fully understand and appreciate the value and benefits of accreditation.” (P1[HP]:G6)  
2. **Challenges related to the organizational system and resources**  
   - **Limited involvement of organizational leadership and inadequate teamwork:** “Another issue is related to the leadership. There is no full involvement of all healthcare professionals in the accreditation process.” (P3[GP]:G2)  
   - **Focus on the processes more than on sustained improvements:** “They focus on the accreditation process mainly to get the accreditation.” (P2[HP]:G5)  
   - **Lack of some resources and inadequate infrastructure of some facilities:** “The restriction in some of the resources and construction of facilities that may not allow us to comply with some accreditation standards.” (P1[Ph]:G7)  
3. **Challenges related to patients**  
   - **Lack of patient understanding about accreditation:** “We face difficulty with patients in applying some of the required solutions by accreditation, e.g. patient identification.” (P4[Ph]:G7) |
| 2. Attitudes of healthcare professionals towards healthcare accreditation | 1. **Staff satisfaction and positive attitudes towards accreditation**  
   “We have been working to implement the required measures by accreditation. Consequently, our practices are now much better than before.” (P2[GP]:G3)  
2. **Sustainability of practice improvements**  
   “The improvements will be maintained because every polyclinic has established a local safety and risk management committee to oversee all these procedures.” (P1[GP]:G2) |
| 3. Suggestions to sustain healthcare improvements from accreditation | 1. Focus on staff support and development  
Need for sufficient staff: “Provision of more staff to decrease the workload.” (P2[GP]:G2)  
Need for staff motivation about the accreditation: “They must motivate staff to improve practice. This prepares them for implementing the accreditation cycle.” (P3[HP]:G5)  
Need for more education and training: “We need comprehensive training to convince all staff to change practice. All accreditation procedures are applicable if you provide staff with the needed training and motivation.” (P2[Ph]:G7)  

2. Focus on supporting organizational change  
Need for proactive leadership: “The leadership to integrate and motivate all workers to get involved in the process and improve quality of work.” (P1[GP]:G3)  
Need for the full implementation of connected electronic systems: “If we have electronic connections between the primary and secondary healthcare, this will allow for safe patient referral and benefit patients.” (P2[GP]:G2)  

3. Focus on patients as partners in the process  
Need to improve patients’ awareness about accreditation: “We need to enhance patients’ understanding about the accreditation and patient safety. This will make public advocates for their own safety.” (P2[GP]:G1) |