What motivates professionals to engage in the accreditation of healthcare organizations?

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Accepted for publication 7 October 2010

Abstract

Objective. Motivated staff are needed to improve quality and safety in healthcare organizations. Stimulating and engaging staff to participate in accreditation processes is a considerable challenge. The purpose of this study was to explore the experiences of health executives, managers and frontline clinicians who participated in organizational accreditation processes: what motivated them to engage, and what benefits accrued?

Design/participants. The setting was a large public teaching hospital undergoing a planned review of its accreditation status. A research protocol was employed to conduct semi-structured interviews with a purposive sample of 30 staff with varied organizational roles, from different professions, to discuss their involvement in accreditation. Thematic analysis of the data was undertaken.

Results. The analysis identified three categories, each with sub-themes: accreditation response (reactions to accreditation and the value of surveys); survey issues (participation in the survey, learning through interactions and constraints) and documentation issues (self-assessment report, survey report and recommendations). Participants’ occupational role focuses their attention to prioritize aspects of the accreditation process. Their motivations to participate and the benefits that accrue to them can be positively self-reinforcing. Participants have a desire to engage collaboratively with colleagues to learn and validate their efforts to improve.

Conclusion. Participation in the accreditation process promoted a quality and safety culture that crossed organizational boundaries. The insights into worker motivation can be applied to engage staff to promote learning, overcome organizational boundaries and improve services. The findings can be applied to enhance involvement with accreditation and, more broadly, to other quality and safety activities.

Keywords: certification/accreditation of hospitals, external quality assessment, quality culture, quality management, qualitative methods, general methodology, leadership, quality management, peer assessment, external quality assessment

Introduction

What motivates health professionals to improve healthcare organizations? Being able to involve, stimulate and encourage individuals and teams are important strategies by which to improve quality and safety [1, 2]. Highly motivated staff can improve an organization’s internal efficiency (contributing for example, to cost reduction, process simplification and decision making) [3] and are likely to be more adept at improving patient care [4]. Additionally, they are likely to be less stressed and experience higher job satisfaction [5] and be more engaged in their organization [6], fostering change [7] and promoting the adoption of innovations [8].

Stimulating staff involvement, however, is a considerable challenge. Motivation has been shown to be affected by extrinsic and intrinsic factors [1] which include: the opportunity for participation and autonomy in the workplace [9]; an individual’s status and role (senior staff tend to be more motivated than frontline employees) [8]; altruism [10] and personal relationships with clients and the community [11]. Motivation can be influenced by the organizational environment [12] and the presence or absence of clear
professional norms [13]. We know that organizational culture is predicated on the norms and attitudes of the members [14]. In turn, norms and attitudes emerge from members’ experiences and the ‘sensemaking’ [15] they construct, individually and collectively, to understand their organizational settings.

Accreditation, a process intended to improve quality and safety, is well established internationally [16]. Accreditation is a formal declaration by a designated authority that an organization has met predetermined standards [17]. Organizations as well as needing the benefits from motivated staff for their daily activities, need to have health professionals positively engaged in accreditation processes. As with any form of regulation, its value and place is contested. Accreditation is an issue that generates strong reactions from many health professionals [18]. Some endorse and others are critical of accreditation programmes [16]. Reasons advanced for supporting accreditation programmes include its capacity to do the following: to effect improvements in quality and safety; to enhance organizational functioning and to develop better teamwork [19]. Additionally, accreditation is often described as a managerial responsibility [19]. Conversely, arguments mobilized against supporting accreditation programmes include: the programme and standards are held to be inappropriate [20]; professional norms are believed to be more relevant than regulatory devices in addressing quality and safety [19] and bureaucracy and other costs of participating are criticized as being high [21].

Whether health professionals’ support or criticism of accreditation holds sway, their motivation to be involved is a critical issue. We conducted a study to investigate the experience and attitudes of health professionals who participated directly in the accreditation process. What motivated them to participate and what benefits accrued? What sense did they make of their experience and how would their attitudes shape the culture in which they are immersed and the motivation of their colleagues? Examining these issues helps us appreciate the dynamics of involvement in accreditation and, by extension, other quality and safety issues. There have been calls to investigate both worker motivation in healthcare [1] and healthcare accreditation, [16, 22] but no study has tackled this combination to date. We respond to those calls.

**Table 1** Participants’ professional and organizational role

<table>
<thead>
<tr>
<th>Professional or occupational role/organizational role of participants</th>
<th>Nursing</th>
<th>Medical</th>
<th>Allied health</th>
<th>Administration/support services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board representative</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Senior executive</td>
<td>6</td>
<td>4</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Manager</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Front-line personnel</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>4</td>
<td>1</td>
<td>11</td>
<td>30</td>
</tr>
</tbody>
</table>

**Methods**

**Research setting**

The research setting was a large public metropolitan teaching hospital in Australia. The organization was participating in a planned review of its accreditation status by the Australian Council on Healthcare Standards (ACHS). The survey, named a periodic review by ACHS, occurred over 3 days and involved a team assessing the organization against the 19 mandatory criteria from the ACHS Evaluation and Quality Improvement Program (EQuIP third edition). Ethics approval for the study was secured through the University of New South Wales’ Human Research Ethics Committee (approval 05081). The executive group of the organization granted permission for the research, and participating staff gave consent prior to their enrolment.

**Data collection**

The study was undertaken to investigate organizational members’ experiences with and attitudes towards the accreditation process; therefore, a qualitative methodology was appropriate [23]. Staff who were formally interviewed by the ACHS survey team were offered the opportunity to participate in this study: Participants were recruited immediately after they had completed their discussions with the ACHS survey team. No inducement or coercion was involved. Study participants were therefore a willing, purposive sample.

In total 52% of staff who participated in an interview with the ACHS surveyors agreed to be enrolled in the study. There were 29 interviews involving 30 participants; all except one were individual interviews. Participants were from the breadth of professions, occupations and organizational roles. Table 1 presents these details.

The interviews were formal and semi-structured [23]. The structure was provided by an interview guide, developed from an analysis of the accreditation literature [16] and the ACHS accreditation programme. Participants were asked to discuss their involvement in accreditation processes and express their views about the following eight topics: the accreditation programme; the survey process; the survey team’s conduct; survey preparation, including preparing documentation; the initial organizational presentation to the
survey team; participating in an interview with the survey team; the summation by the survey team and the final report from the accrediting organization. Interviews ranged from 30 to 40 min and were conducted in a private room by a researcher experienced and skilled with this data collection method: comprehensive hand-written notes were made of the participants’ responses [23].

Data analysis

Participants’ responses were recorded against the eight interview topics, with commonalities and differences analysed. Using a constant comparative method [24], thematic analysis was undertaken resulting in the data being organized and refined into three major categories with eight sub-themes [23].

Results

There is a distinctiveness and overlap between the major themes. The categories and sub-themes are represented in a model of staff perceptions of engagement with accreditation; see Fig. 1. The results are presented using the three major themes: accreditation reaction; survey issues and documentation issues.

Accreditation reaction

The category labelled ‘accreditation response’ encapsulates concerns that relate to the accreditation programme overall and has two sub-themes: reaction to accreditation and the value of the survey for staff. Taken as a whole, staff were positive about having the opportunity to participate in the accreditation programme. The positive reaction is represented by the following view:

Accreditation helps teams review their work and improve their ideas about what they have done…it clarifies things for staff and gives a sense of direction. (Participant 18, front-line personnel/support services).

Managers and senior executives presented a more unified view while frontline personnel showed more variability in their responses. Participants explained that the experience enabled them to reflect upon practice and consider their work beyond the immediate provision of services. They appreciated having to take the time to consider the progress they had made in improving quality and safety in their service, and within the organization more broadly. While valuing the overall process, concerns were expressed. Staff discussed their experiences about inconsistencies between accreditation cycles, in particular: frontline personnel and managers expressed issues with differences in the surveyor assessment approach, focus and interpretation of standards; and senior executives focused on variations in the quality of surveyor reports. Nevertheless, reporting to an outside authority and being assessed by peers from the industry were considered demanding but important by all categories of respondents.

Survey issues

The category of ‘survey issues’ encompassed three sub-themes: participation in the survey; learning through interactions with surveyors and constraints. The survey visit encompasses the organizational presentation to the survey team, informal discussions, formal interviews and summation conference.

Respondents reported they wanted to participate in the survey. Opportunities for involvement were when surveyors toured the organization as a team, they individually visited services and during their scheduled formal interviews. These events provide staff the chance to present their prepared written documentation or to have their practice within their work environment considered. Frontline personnel explained that they valued those surveyors who made the effort to ask them, preferably in a relaxed, informal manner, directly about their service and work. At the same time they, more than managers or senior staff, expressed nervousness about engaging with surveyors, with many expressing a concern about ‘saying the wrong thing’. They feared not being able adequately to answer or remember details of questions put to them. The group interviews were said to reduce the anxieties of staff. Group interviews provided the support of colleagues as the responsibility to recall and report their actions was shared collectively. Not all respondents experienced interactions with surveyors as positive. Surveyors with a lack of knowledge about or little interest in particular standards or services were said to be immediately apparent, predominantly to managers and frontline staff. They undermined staff confidence in the accreditation and survey process, and the interest of many to participate, learn and improve the organization.

The survey visit was experienced by participants as an opportunity for learning and validation. As one respondent summarized their experience:

> Overall the negatives are the resources that are required and go into preparation, it is hard to keep a balance between preparing and keeping a high standard of service…but the positives are

Figure 1 A model of staff perceptions of engagement with accreditation.
the external peer review by people who are expert in the field, they provide recognition and validation for the work, they are non-biased, it is a good opportunity to learn. (Participant 29, manager/nursing)

Respondents, mainly managers and frontline personnel, discussed that they were interested in hearing how colleagues in other services and organizations were tackling similar problems. Learning could occur in several ways, such as when colleagues presented to the survey team, when surveyors discussed ideas and proposals for service development drawn from other organizations, or through the summation conference. Staff reported that when these interactions with surveyors were collaborative, then they were affirming of their own and colleagues efforts.

The skill and credibility of surveyors, at all stages of the accreditation visit, were closely assessed by staff. Respondents viewed surveyor credibility in different ways. Frontline personnel focused on the ability of surveyors to explain their approach and what they were interested in, rather than just asking questions. Managers emphasized that surveyors need clarity about the meaning and interpretation of standards, and need to recognize the effort and contribution of staff in the accreditation process. Senior executive staff prioritize that surveyors can conduct a constructive summation conference and produce a written report. Both are tasks that outline the achievement of the organization against the accreditation standards at the conclusion of the survey.

The survey time constraint was identified as a significant issue that undermined participants’ confidence in the accreditation process and outcome. Survey team members are required to divide their time between visiting services in person, discussing issues informally with staff and conducting formal interviews. Respondents, in all organizational roles, perceived on many occasions that there was insufficient time to complete these activities adequately.

I would have liked the opportunity to say other things, to expand on some issues but there was not the opportunity or time...I felt comfortable and confident to approach the surveyors but they were pressured by time to move on...much more time for discussion is necessary; the overall timetable is rushed and often compromised. (Participant 9, senior executive/nursing)

Time pressures added to staff apprehensions about remembering details to explain their services’ compliance with standards. Additionally, frontline personnel and managers thought that time pressures affected surveyors so that some tended to use interrogative questioning and they did not have the opportunity to expand on their responses or display supporting documentation.

**Documentation issues**

The third category centres on documentation issues. Within this category there are three themes: self-assessment report; survey report and recommendations. Of these, the self-assessment report is the documentation produced by the organization, while the latter two are produced by the survey team. Participants reported divided views about the self-assessment report that they collectively completed prior to a survey team visit. On the positive side, managers, especially in the administrative and support service categories, stated they keep policy and procedure documentation current as part of their normal practice. Preparing for the survey visit was therefore a simple task of reviewing the files and completing the report. Clinical staff in frontline and managerial roles, however, indicated that preparing the self-assessment report was demanding.

The documentation needed to prepare for it drives clinicians mad, too much on top of their clinical workloads, the ideas are good but rethinking of how to do it is needed. (Participant 27, front line personnel/support services)

Participants argued that the requirements are burdensome in addition to having to provide clinical services; after-hours work time was required to complete the documentation. Their view was that the documentation expected to be prepared was too great and should be more focused. This negative view was reinforced through other experiences, which included: not observing the survey team read the documentation; the survey team declining staff requests to examine documentation; and receiving little feedback on the self-assessment report from the survey team. Nevertheless, overall the staff described that preparing documentation facilitated thinking and reflection on their practice. However, while they benefited from preparing the documentation, clinical staff strongly argued for simplifying the requirements.

The survey report was considered by participants, and above all senior executives, to be important and one they were eager to receive. They explained that this report is valuable to them because it collates and integrates comments about progress across the organization as well as focusing on the achievements of individual services. Respondents also appreciated that the report provided ideas and recommendations for improvement:

The report is also important as it identifies future issues to address, it should clarify issues and be constructive and offer ideas for improvement. (Participant 12, manager/administration)

Receiving the report within a reasonable amount of time following the survey visit was raised as an issue by participants. They explained that the time and energy that staff committed to the survey preparation and visit, and their motivation to do well, were significant. Ensuring that the motivation and momentum to continue to address issues were not lost, was in some part, dependent upon receiving the report within a reasonable amount of time.

‘Recommendations’ stood out as a clear sub-theme within the issue of documentation and, while related, is a separate issue to that of the survey report. Senior executives stated that they explicitly looked for recommendations in a report and found them to be useful when they were well written and clearly focused on a standard or service. In constructing a recommendation, respondents thought surveyors needed to be realistic. Surveyors ought to take account of the
organization’s resources so that they optimized the opportunity for recommendations to be implemented. In the view of participants, many recommendations did not meet this criterion. Respondents also noted that at times, staff encouraged surveyors to make particular recommendations. Staff could and often did use the survey and accreditation process strategically to help in their organizational requests for further resources.

Discussion

Our findings indicate that the motivations that impel staff to participate in their organizational accreditation activities and benefits that accrued to them are positively self-reinforcing. A model representing a positive self-reinforcing collaborative quality and safety culture is derived from the findings and presented in Fig. 2.

The participants’ sensemaking experience of accreditation can be described as follows. Through their actions respondents demonstrated extensive engagement in their organization and a desire to participate in accreditation tasks and achievements. They are high performers or ‘change champions’ from whom one can learn [25]. The experience and sensemaking of this population is predicted to shape the norms and attitudes of their colleagues positively. Accreditation offered them opportunities to learn; it legitimized and further enabled their development as quality and safety champions. The activity of accreditation created networks of like-minded collaborators across internal organizational structures. Accreditation enhanced the organizations’ internal social capital and promoted a quality and safety culture characterized by alliances and a shared desire for improvement [19].

Such an organizational-wide community of practice can nurture motivation, support desires to improve and validate participants’ collective efforts to do so [19]. Staff from different professions and organizational roles are encouraged to display responsibility for and enthusiasm to be involved in accreditation. This concerted effort can help drive system-level improvements, and is a core component of distributed leadership [26] and accountability for quality and safety [27]. The benefits from participation reinforce the initial staff motivations [6]. The benefits that ensue include that participants have the opportunity to reflect collectively on their practice and developments at both local service and broader organizational levels. Participation encourages and rewards staff interest in the whole organization, not just their immediate service, and, in turn, contributes to the development of a collaborative organizational culture [12]. Motivated staff tend to think and participate beyond the natural silos within healthcare organizations [28].

Further incentives to participate are that staff can benchmark their services and learn from their peers in the healthcare industry. Reporting to an outside authority, while noted as demanding, is seen as a positive. Again, staff involvement can lead to outcome benefits that positively reinforce their motivations. Participation provides staff with the opportunity to receive, from colleagues perceived as independent experts, critical yet constructive feedback on their efforts and additional ideas for improvement. These outcomes validate and motivate staff to continue their efforts to improve their immediate services and the broader organization.

The interactions between staff and surveyors can influence the motivational levels of staff. Surveyors who conduct themselves in an engaging manner, where they express verbal and observational interest in the efforts of staff, positively reinforce respect and participation. Conversely, staff not given recognition by surveyors may well be negatively affected by the experience. This raises questions about the style adopted and approach taken by accreditation surveyors [29]. Surveyors who approached the survey with a collaborative, explorative

![Figure 2](https://academic.oup.com/intqhc/article-abstract/23/1/8/1798433/1798433)
attitude were perceived positively by organizational staff, whereas those displaying an auditing, investigative manner were reported as more difficult to engage with. Further research can explore: what is the optimum style for accreditation surveys under differing circumstances? How does the approach of surveyors affect the survey process and outcome?

The study revealed that the occupational role played by respondents focused their concerns with regard to the accreditation process. Frontline personnel and managers were primarily interested in the approach of surveyors, their interpretation of standards and what they could learn through the survey. Senior executives prioritized attention on survey feedback mechanisms, that is, the summation conference and final report from the survey team.

It follows from this study that strategies to maximize motivation and participation, targeting both the effectiveness and numbers of staff, need to be considered. In particular, three interrelated issues require attention. First, what strategies might be employed to minimize the anxiety experienced by staff in advance of and during an accreditation survey? Second, how can staff work most effectively with surveyors within the limited time available? Third, how can self-assessment documentation be used more effectively? Suggestions to achieve the successful participation of staff include: the use of group interviews by surveyors; encouraging surveyors to engage actively with staff throughout the visit; having surveyors make explicit their interests and interviewing approach; and explaining the use of the survey documentation. These practical issues are areas for future organizational and accreditation research.

The findings need to be interpreted cautiously. The study involved one organization and a relatively limited number of participants. The inclusion of personnel not directly involved in the survey visit could have added important perspectives and balanced the views gathered. Their inclusion was beyond the scope of this study. Replicating and extending the study in other organizations is necessary to test the applicability of the findings.

In conclusion, health professionals can be motivated to engage positively in their organizations’ accreditation activities when given the opportunity in a collaborative, supportive context. In doing so, their contribution can become a self-reinforcing loop whereby collectively they can support, validate and contribute to each others’ learning and their organizations’ accreditation outcomes.

**Funding**

The research was supported under Australian Research Council’s Linkage Projects funding scheme (project numbers LP0560737and LP0775514).

**References**


