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**STUDY OF HOSPITAL WORKFORCE'S PERCEPTION ON THE BENEFITS OF
NABH ACCREDITATION**

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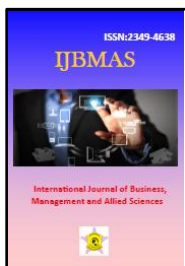
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ABSTRACT

This paper reviews the benefits of NABH accreditation in two private healthcare organizations of Indore. The study principally focuses on the difference between the expectations; perception and knowledge of the employees on the basis of age and gender; regarding the policies and procedures of NABH. The significance of NABH accreditation is the improvement in quality of care and how it is achieved at a holistic level. The research has been conducted by preparing a questionnaire of 16 questions. This questionnaire is prepared in such a way that it uncovers the knowledge of NABH in the employees and the procedures of how quality is achieved and continued in the organizations. The focus areas are continuous quality improvement, awareness, training, maintenance and preparedness for quality assurance.

Keywords: Quality, NABH, Accreditation, QCI (Quality Council of India).

INTRODUCTION

Although India has an extensive tiered public healthcare system, it also has one of the largest privatized healthcare systems in the world. More than two thirds of 1.1 billion Indian population seeks private sector for health needs (Dastur, F., 2012.)The expansion of private sector has resulted from an underfunded and disappointing public health sector. Such an exponential rise demands proportional rise in delivery of quality healthcare services. The word QUALITY is the featuring buzz for the current generation healthcare providers and hospitals based on which their performance is being differentiated and evaluated. One such marker of Quality is NABH (National Accreditation Board For Hospitals and Healthcare Providers.) It was established in the year 2006 which is an integral part of QCI (Quality Council Of India) set up to establish and operate accreditation program for healthcare organizations (La, N., 2011.)

The term accreditation means the systematic assessment of the hospitals against accepted international standards of quality. The standards set by NABH has been accredited and approved by ISQ, which sets the global benchmarks. NABH accreditation provides international recognition. It

benefits all the stakeholders and enables transparency in the system and makes them open to changes. The fundamental to give quality care, is doing the right thing, to the right people, at the right time, in the first time.

Only few hospitals in Madhya Pradesh mainly in Indore hold accreditation for NABH. There is increased awareness of NABH accreditation in Hospital Industry of Indore and the demand for quality services is on the rise.

REVIEW OF LITERATURE

The Indian health care market is witnessing revolution at a lightning pace in the previous decade. In a study by D. Shreedevi (2013), about Patient rights and education as a part of Hospital Preparedness for NABH accreditation in Hyderabad city of Andhra Pradesh among 100 respondents concluded that gap exists between NABH guidelines which can be minimized by process driven approach in all aspects of Hospital activities.

As per the study by Vinsi and Harish, (2015) with reference to attitude of nurses in a hospital of Indore city, they concluded partial positive correlation between attitude and knowledge. Although the study was limited to small sample size, it gave a glimpse of staff receptiveness towards NABH implementation, as they are one of important element involved in the execution of NABH accreditation.

Another study was conducted by Mandeep, Chitkara N, Goel S. (2014) in NASA Brain and Spine Centre, Department of Neurosurgery, Jalandhar, Punjab, India to evaluate change of attitude towards acceptance of NABH guidelines: An intra-institutional experience. The study revealed that positive attitude towards NABH accreditation among the medical staff inclusive of nursing staff is very important and it was reflected in their positive approach in managing patients .

According to a study by Sandhya Jagadale, Kavita S. Kapurkar, Rohini Babar (2016) to evaluate change in outlook of medical staff towards NABH policies and procedures in Krishna Hospital, Karad. The knowledge and attitude towards NABH accreditation among the medical staff is imperative and the same can be accomplished with proper training and good hospital environment. For the long-run success of a health care organisation, both functional and technical quality has to be monitored and managed effectively (Babakus Emin & W Glynn Mangold, 1992).

OBJECTIVES

The Primary objective of the study is to determine the stature of the Hospitals with respect to the Quality marker NABH in Indian healthcare.

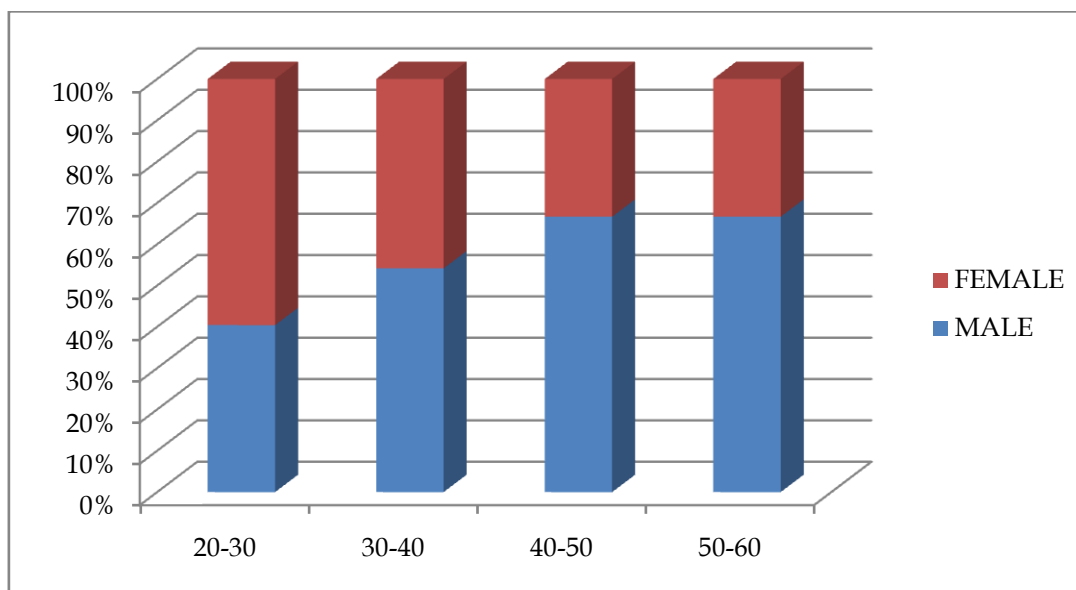
The Secondary objective is to help the hospitals Assess and Review its own Policies and Procedures in accordance to the requisite NABH standards.

METHODOLOGY

The research is designed for an exploratory case study for a more precise investigation from an operational point of view. A questionnaire was prepared to know the knowledge of employees regarding NABH and how it has aided in continuous quality improvement of the organization. The data was collected from two prominent multispecialty hospitals of Indore based on prior approval. The selection of the respondents was done on the basis of **convenience sampling**.

On a 5-point scale (*consisting of: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree*) 16 questions were asked in order to measure both knowledge and perception. The data was collected from different employees from various departments and organizational hierarchy (*In all 113 samples were collected*). The data was collected, tabulated and further inserted in IBM SPSS for data analysis. The demographic details of the respondents: gender, age group and work experience were

also screened. Independent sample test was applied on the basis of gender and age as criteria for analysis.



The graph was plotted using two variables – Age (in years) and Gender. It shows that the respondents in the age group between 20-30 years majorly consists of females and was significantly less to that of age group between 30-40 years. The male respondents were evidently more in the age group between 40-50 years, and show no significant change in the age group between 50-60 years.

FINDINGS AND DISCUSSION

Independent sample t-test or z-test was applied. $t(111) = 1.149$, $P = 0.842$. In statement number 1 that checked the adequacy and availability of the application forms, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 0.582$, $P = 0.586$. In statement 2 that checked the renewal of the licenses and registrations by the concerned authorities, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 0.494$, $P = 0.953$. In statement 3 that checked the adequacy of the quality assurance program, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 0.651$, $P = 0.126$. In statement 4 that checked the availability of the guideline manuals, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = -0.414$, $P = 0.132$. In statement 5 that checked the availability of NABH documents, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 1.019$, $P = 0.320$. In statement 6 that checked the documentation of quality assurance, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = -0.674$, $P = 0.386$. In statement 7 that checked the awareness of NABH at different levels, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 0.439$, $P = 0.285$. In statement 8 that checked the implementation of policies, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = -0.371$, $P = 0.821$. In statement 9 that checked the verification methods, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 0.524$, $P = 0.513$. In statement 10 that checked the actions taken for deficiencies, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 1.744$, $P = 0.290$.

In statement 11 that checked the maintenance of housekeeping services, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = -0.761$, $P = 0.940$. In statement 12 that checked the adequacy of the training program of personnel, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) =$

0.243, $P = 0.149$. In statement 13 that checked the allocation of the suitable person in the right place, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 0.417$, $P = 0.008$. In statement 14 that checked the availability of the standardized equipment, there is variability difference among male and female respondents regarding NABH guidelines. $t(111) = 0.773$, $P = 0.438$. In statement 15 that checked the regularity of maintenance schedule of hospital, there is no variability difference among male and female respondents regarding NABH guidelines. $t(111) = 1.145$, $P = 0.891$. In the statement 16 that checked the preparedness of the hazardous effects, there is no variability difference among male and female respondents regarding NABH guidelines.

CONCLUSION

The study was aimed at evaluating the benefits of NABH accreditation to the employees and the Hospitals in terms of Quality. It shows varied perceptions of the employees on various parameters including awareness; training, maintenance and quality assurance in accordance with NABH guidelines followed by their respective hospitals. NABH accreditation of a hospital is beneficial on a personal, social, organizational, professional, national and international level. Our study distinctly reveals the collective response of the employees to following NABH policies and procedures. It was found that there is no significant variability among the respondents on the basis of gender, age and work experience regarding quality of healthcare with the exception of accessibility of standardized equipment. Overall the study concludes that NABH policies and procedures help the healthcare organizations to deliver quality healthcare; which can be recognized and quantified according to global benchmarks.

REFERENCES

- [1]. D. Shreedevi, "Hospital Preparedness For NABH Accreditation With Respect To Patient Rights And Education", International Journal of Business Management & Research (IJBMR), ISSN 2249-6920, Vol. 3, Issue 4, Oct 2013, 9-18
- [2]. Dastur, F., 2012. Hospital accreditation: a certificate of proficiency for healthcare institutions. J Assoc Physicians India, 60, pp.12-13.
- [3]. La, N., 2011. Quality in hospitals. Quality India (aQCI publication), 5, pp.32-33.
- [4]. Mandeep, Chitkara N, Goel S. "Study to evaluate change of attitude towards acceptance of NABH guidelines: An intra-institutional experience in Department of Neurosurgery, NASA Brain and Spine Centre, Jalandhar, Punjab, India" The Journal of National Accreditation Board for Hospitals and Healthcare Providers [serial online] 2014 [cited 2019 April 2]; 1:52-5.
- [5]. Vinsi and Harish, "Explorative study to assess the knowledge & attitude towards NABH accreditation among the staff nurses working in Bombay Hospital, Indore" IOSR Journal of Nursing and Health Science (IOSR-JNHS), e-ISSN: 2320-1959. p- ISSN: 2320-1940 Volume 4, Issue 1 Ver. I (Jan.-Feb. 2015), PP 64-65.
- [6]. Jagadale, S., Kapurkar, K.S. and Babar, R., 2016. A study to evaluate change in attitude of medical staff towards acceptance of Nabh in Krishna Hospital, Karad. Journal of Evolution of Medical and Dental Sciences, 5(84), pp.6244-6249.
- [7]. Rohini, R., & Mahadevappa, B. (2010). Social responsibility of hospitals: an Indian context. *Social Responsibility Journal*, 6(2), 268-285.
- [8]. Aagja, J. P., & Garg, R. (2010). Measuring perceived service quality for public hospitals (PubHosQual) in the Indian context. *International Journal of Pharmaceutical and Healthcare Marketing*, 4(1), 60-83.
- [9]. Itumalla, R., Acharyulu, G. V. R. K., & Shekhar, B. R. (2014). Development of hospitalqual: a service quality scale for measuring in-patient services in hospital. *Operations and Supply Chain Management*, 7(2), 54-63.

- [10]. Smits, H., Supachutikul, A., & Mate, K. S. (2014). Hospital accreditation: lessons from low-and middle-income countries. *Globalization and health*, 10(1), 65.
- [11]. Shah, U. (2011). Quality and cost of healthcare: An Indian prespective an assessment of direct cost of quality across hospitals in India. *Management in health*, 15(3).
- [12]. Ali, S. S., Basu, A., & Ware, N. (2018). Quality measurement of Indian commercial hospitals- using a SERVQUAL framework. *Benchmarking: an international journal*, 25(3), 815-837.
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