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A Systematic Review of the Association Between Healthcare Accreditation and Patient Satisfaction

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Abstract: Improving patient satisfaction has become a major goal in all healthcare settings. Accreditation can play an important role in improving patient satisfaction, but the impact of accreditation on patient satisfaction is unclear. The objective of this systematic review is to identify and analyse research examining the effect of healthcare accreditation on patient satisfaction. Four databases were searched: Medline, Embase, Ovid MEDLINE and PUBMED. Hand-searching of reference lists from full-text articles was also conducted. The review included all scientific literature published on the relationship between healthcare accreditation and patient satisfaction. From an initial list of over 220 articles, the authors identified 20 studies that met the inclusion criteria. The 20 studies were classified into three categories: those comparing patient satisfaction in accredited and non-accredited healthcare organisations; those comparing patient satisfaction before and after healthcare accreditation; and patient involvement in healthcare accreditation. The existing literature provides no clear evidence that healthcare accreditation improves patient satisfaction.

Key words: Healthcare Accreditation • Patient Satisfaction • Systematic Review

INTRODUCTION

Accreditation is an essential part of quality systems related to healthcare in more t han 70 countries [1]. The world's most important accreditation body is the International Society for Quality in HealthCare (ISQua). Accreditation of healthcare organisations is optional and voluntary in some countries, while in other countries accreditation is mandated by government [2].

According to Pomey *et al.* [2], accreditation is an effective tool that can be used by hospitals to introduce continuous quality improvement programs and to create new leadership for continuous quality improvement initiatives. Ideally, accreditation ensures that standards have been achieved while fostering continuous quality improvement; One means by which this is achieved is by healthcare providers submitting to

periodical accreditation processes in order to test the quality of care provided to patients. Thus, accreditation not only fosters but necessitates continuous improvement [3].

Many countries are currently working to boost the development of their accreditation programs. The goal of developing accreditation is to determine whether a healthcare organisation meets national, state or provincial quality standards [4].

Health organisations have long considered the importance of assessing patient satisfaction as part of the accreditation process. For example, in the United States (US) in 1994, the Joint Commission of Accreditation of Health Care Organizations embraced patient satisfaction as a valid indicator in its accreditation standards and took appropriate action on the information they received about patient satisfaction [5].

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However, whileaccreditation standards have been implemented more widelyover the past 40 years, and the probability of receiving safe and high quality healthcare has increased for patientsworldwide [2], healthcare accreditation has rarely been evaluated in terms of itsimpact on patient satisfaction. In order to understand the relationship between accreditation and patient satisfaction, a review of the available evidence is essential.

MATERIALS AND METHODS

Inclusion Criteria: Studies that satisfied the following inclusion criteria were used:

Studieswhich focused on accreditation of health organisations were included. However, studies which presented data which had no specific information on the relationship between patient satisfaction and accreditation were excluded. Studies evaluating the relationship between accreditation and patient satisfaction were incorporated. In addition, hospitals, clinics and other health organisations were included.

Search Strategy: The literature was searched for the period of 01 February 2013 to 19 June 2013. A comprehensive search of four electronic databases (Medline, Embase, Ovid MEDLINE and PUBMED) was conducted. In order to achieve the intended results, a combination of two keywords, "accreditation" and "patient satisfaction" were utilised. The focus of the research was restricted to publications in English.

Two hundred and twenty articles met the initial search criteria and were identified as potentially eligible for inclusion in the review. After removal of duplicate articles, 198 unique citations remained. The subsequent selection process consisted of three stages. First, the titles of all 198 articles were scanned and 120 were excluded due to their inconsistency with the aims of the review. Second, the abstract of the remaining 78 articles were evaluated and a further 33 were excluded. Third, the full texts of the remaining 45 articles were obtained; twenty-eight studies that described accreditation and patient satisfaction in general rather than empirical investigations were excluded. This strategy left 17 articles that were judged highly relevant to the review topic.

| No | Authors | Country | Aim | Method | Result |
|----|---------------------|----------------|------------------------------------------|-------------------------|------------------------------------------------|
| 1 | Beaulieu, 2002 | United States | Examine patient-reported measures | Database | No relationships. |
| | | | of quality and satisfaction between | | |
| | | | accredited and non-accredited plans. | | |
| 2 | Heuer, 2004 | United States | Examine the relationship between | Survey | No association between them. |
| | | | hospital accreditation scores and | | |
| | | | patient satisfaction rating. | | |
| 3 | Durieux, 2004 | France | Compare patients' and health | Questionnaire | The satisfaction rank-order correlations |
| | | | professionals' view about compliance | | for the two groups were similar. |
| | | | with accreditation standards | | |
| 1 | Al Tehewy, 2009 | Egypt | Determine the effect of accreditation | Questionnaire | Accreditation had a positive, short-term |
| | | | of health units on patient satisfaction. | | effect on patient satisfaction. |
| | | | | | This short term effect was shown within the |
| | | | | | first year after accreditation. |
| 5 | Menachemi, 2008 | United States | A comparisonof accredited versus | Hospital discharge data | |
| | | | non-accredited ambulatorysurgical | | Systematic differences in quality of care |
| | | | centres. | | do not exist between accredited and |
| | | | | | non-accredited organisations. |
| 5 | Sack, 2010 | Germany | Assess the relationship between | Questionnaire | There was no significant relationship. |
| | | | patient satisfaction and accreditation | | |
| | | | status. | | |
| 7 | Sack, 2011 | Germany | Assess the relationship between | Questionnaire | Accreditation was not linked to measurable, |
| | | | patient satisfaction and | | better quality care as perceived by patients. |
| | | | accreditation status. | | |
| 8 | Walsh, 1999 | United Kingdom | Measure patient satisfaction before | Questionnaire | Accreditation failed to indicate a statistical |
| | | | and after accreditation. | | difference in patient satisfaction. |
| 9 | Leddy, 2005 | United States | Examine patient satisfaction before | Survey | There was an overall upward trend |
| | | | and after accreditation. | | but within a relatively narrow range. |
| 10 | Parthasarathy, 2006 | United States | Study the effect of accreditation | Questionnaire | Accredited centres achieved greater |
| | | | (by the American Academy of | | satisfaction ratings from patients than |
| | | | Sleep Medicine) on sleep centres | | non-accredited centres. |
| | | | managing patients with obstructive | | |
| | | | sleep apnea. | | |

| No | Authors | Country | Aim | Method | Result |
|-----|-------------------|---------------|----------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Fong, 2008 | United States | Assess patient satisfaction. | Survey | No difference between accredited and non-accredited hospitals. |
| 12 | Cheng, 2003 | Taiwan | Examine patient satisfaction with and recommendation of hospitals. | Telephone Survey | Despite high levels of patient satisfaction, health care providers did not receive a higher number of recommendations from their patients. |
| 13 | Auras, 2010 | Europe | Compare nine accreditation programs to the collection of patient experience. | Literature Review | Patient survey had no or only limited impact on the ultimate accreditation decision. |
| 14 | O'Connor, 2007 | Ireland | Evaluate the role of consumers' surveyors in accreditation process. | Mixed Methods | The involvement of consumer surveyors was successful. However, the role and level of involvement needs to be re-examined. |
| 15 | Hayati, 2010 | Malaysia | Compare patient satisfaction between accredited and non-accredited hospitals. | Survey | There was no difference in patient s atisfaction between accredited and non-accredited hospitals. |
| 116 | Griffith, 2002 | United States | Compare patient satisfaction against Joint Commission scores. | Report Data | No relationship between hospital accreditation status and patient satisfaction. |
| 17 | Al-Qahtani, 2012 | Saudi Arabia | Compare patient satisfaction between accredited and non-accredited hospitals. | Survey | Patients in accredited hospitals were more satisfied in most departments. However, patients in non-accredited hospitals were significantly more satisfied with laboratory units than those in accredited ones. |
| 18 | Braithwaite, 2010 | Australia | Determine whether results of accreditation are associated with consumer involvement. | Interview | Accreditation was unrelated to consumer involvement. |
| 19 | Greco, 2001 | Australia | Examine patients' views to provide directions for improving the quality of general practice. | Survey | No relationships were identified between hospital accreditation scores and patient-satisfaction ratings, suggesting adissociation between them. |
| 20 | Salmon, 2003 | South Africa | Examine the impact of accreditation. | Questionnaire | No difference in the effect of accreditation on patient satisfaction between intervention and control groups. |

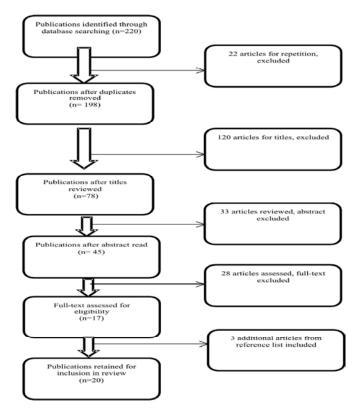


Fig. 1: Study flow diagram

A further search for possible literature was then undertaken using the reference lists of the 17 included articles; this identified three more relevant articles. Therefore, 20 articles were included in this review (Figure 1).

RESULTS

Study Characteristics: The previous studies were conducted in eleven countries and one study was conducted in Europe. Seven studies were conducted in the United States. Two studies were conducted in each of the following countries: Germany and Australia. The remaining eight countries all had one study; the United Kingdom; France; Ireland; Saudi Arabia; Egypt; Taiwan; Malaysia; and South Africa; and Europe. Most of the studies selected (13/20) use quantitative methods (questionnaires or databases). Three studies were qualitative (interview) and one study used mixed methods (quantitative and qualitative).

The results of the 20 reports are presented below, under three headings: comparison of patient satisfaction in accredited and non-accredited healthcare organisations, comparison before and after accreditation and consumer involvement. These headings are summarised below.

Comparing Accredited and Non-accredited Healthcare **Organisations:** Half of the identified studies (10/20) compared measures of patient satisfaction with the care received in accredited and non-accredited healthcare organisations. Most of studies found no difference between accredited and non-accredited healthcare organisations. For example, in the United States, a study [6] compared patient-reported measures of quality and satisfaction with accredited and non-accredited health plans and found that it was not possible to differentiate between them. Beaulieu et al's findings were supported by other studies [7-11]. In addition, accreditation was not linked to measurable better quality of care standards, as perceived by patients and may not be the key factor in a patient's willingness to recommend a healthcare service [12].

Only three studies established a positive relationship between accreditation and patient satisfaction. Two of these studies were conducted in Middle Eastern countries. For example, an Egyptian study [13] found that accreditation had short-term positive effects. However, this short-term effect occurred within the first year after the healthcare organisation gained accreditation and this

may limits the veracity of this study. Moreover, this study was conducted in health units as opposed to hospitals, which tend to be much larger and more complex, so its results cannot be considered broadly applicable. Similarly, in Saudi Arabia, a study [14] found that patients in accredited hospitals were more satisfied overall than those in non-accredited hospitals. However, the same study found that patients in non-accredited hospitals were more satisfied with laboratory department than those in accredited ones. The importance of this study is limited by a small sample size. The third study, conducted in the United States, found that accredited sleep centres achieved greater satisfaction ratings from patient than non-accredited centres [15].

Compare Patient Satisfaction Before and after Accreditation: Two studies examined patient satisfaction before and after accreditation. In the United Kingdom a study [16] found no difference in patient satisfaction before and after accreditation, while in the United States, a study [17] found an upward trend. However the upward trend was within a relatively narrow range.

Patient Involvement and Accreditation **Scores:** Some programs use patient surveys and the involvement of patients as part of the accreditation process. For example, a study found that patient surveys had no impact on accreditation decisions [18]. Accreditation was not related to consumer involvement [19]. However, a study in Ireland found the involvement of consumer surveyors was successful [20], but the author argued that the role and level of this involvement needed to be reexamined. In France, a study [21] compared patients' and health professionals' views about compliance with accreditation standards, finding that there were correlations between the order in which satisfaction was ranked for the two groups, with no statistically significant differences.

The relationship between accreditation scores and patient satisfaction ratings were examined and no association was identified between them [22]. Similarly, no relationship between hospital accreditation status and patient satisfaction was found [23]. A survey of patients during accreditation showed that patients scored doctors' interpersonal skills more highly than practice issues (access, availability and information availability) [24]. In Taiwan, a study found that despite high levels of patient satisfaction, health care providers did not receive a higher number of recommendations from their patients [25].

DISCUSSION AND CONCLUSION

This paper describes a systematic review of empirical studies on the impact of healthcare accreditation on patient satisfaction. Twenty studies met all the inclusion criteria.

Although accreditation programs are designed to improve quality of care [26] and hence patient satisfaction, the principal finding of this review is that no significant relationship between accreditation and patient satisfaction is identifiable from the literature. This is probably because accreditation standards focus primarily on structures and processes of care rather than outcomes [27]; in effect, the target of accreditation is less visible to patients [28].

In isolation, patient satisfaction may not be a useful measure of the impact of accreditation programs. Accreditation is a complex system [28], so a multi-method approach is required to provide rigorous results. Ultimately, patient satisfaction will inevitably drive the health care provider organisations [23]. Patient satisfaction should be on the agenda in order to improve accreditation programs.

To conclude, the comprehensive search presented in this review indicates that the current literature provides no consistent evidence of a positive relationship between healthcare accreditation and patient satisfaction. Without this comprehensive evidence, positive or negative perspectives on the relationship remain unclear.

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