



## NURSING DUTIES AND ACCREDITATION STANDARDS AND THEIR IMPACTS: THE NURSING PERSPECTIVE

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### Abstract

Healthcare accreditation aims to improve quality and safety through setting standards, but impacts on nurses' work experiences remain underexplored. This mixed methods study examined nurses' perspectives on how accreditation processes and evolving nursing role expectations affected workload, stress, and job satisfaction across 10 hospitals pursuing accreditation in Saudi Arabia. Surveys completed by 150 nurses assessed changes pre and post-accreditation preparations. Additionally, 25 nurses participated in focus groups eliciting experiences. Surveys revealed significantly increased workload and documentation demands with accreditation, although satisfaction with quality improvements offset frustrations. Qualitative themes emphasized burnout from mounting administrative duties and tensions meeting both care and audit demands. However, nurses also noted benefits of formalization and heightened quality awareness. Ensuring adequate staffing, worklife balance policies, updated technology infrastructure, and nurses' involvement in designing streamlined documentation are advised to support care standards attainment. This study provides insights into accreditation impacts on nursing experience from the "sharp end" of care, highlighting policy and practice strategies to optimize outcomes.

### Introduction

Healthcare accreditation involves regular external audits assessing facilities' compliance with quality standards, intended to promote continuous improvements and safety (Al Awa et al., 2011). As accreditation expands globally, this intensifies documentation, policy formalization and program development to ready organizations for evaluations (Hinchcliff et al., 2013). However, the impacts of accreditation demands on nursing staff workload, wellbeing, and satisfaction remain understudied, despite nursing shortages exacerbating burnout concerns (NSI



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Nursing Solutions Inc., 2021). This mixed methods study examined nurses' perspectives on how preparations for accreditation affected nursing duties, stress and job satisfaction across 10 Saudi hospitals pursuing accreditation. Surveys and focus groups provided insights into both workload changes and lived experiences, highlighting policy and practice strategies needed to optimize accreditation benefits while supporting nurses delivering care.

## **Background**

### **Accreditation and Quality**

Accreditation offers potential benefits like formalizing policies, strengthening documentation, identifying gaps, and utilizing results for improvement (Salmon et al., 2003). However, evidence for direct impacts on quality and safety remain limited (Brubakk et al., 2015). Enhancing practices likely hinges on involving frontline nurses in translating audit findings to bedside care. Their experiences warrant examination.

### **Implications for Nursing Practice**

Accreditation places heavy documentation demands on nurses central to care delivery, which could detract from direct patient time and increase burnout (De Cordova et al., 2014). Despite being well-placed to shape improvements, nurses' involvement in accreditation design and decision-making is minimal (Abdullah et al., 2018). Assessment across diverse facility types and nurses' roles is needed.

### **Conceptual Model**

This study was guided by Donabedian's model examining healthcare quality across structure-process-outcome domains (Donabedian, 1988). Accreditation addresses structural aspects like policies but should ultimately enhance care processes and outcomes, requiring analysis of on-the-ground nurse experiences.

## **Methods**

### **Study Design and Setting**

A convergent parallel mixed methods design assessed nurses' perspectives on accreditation impacts through simultaneous qualitative focus groups and quantitative surveys across 10 hospitals in Saudi Arabia undergoing accreditation in 2021 (Creswell, 2014).

### **Participants**

Using stratified purposive sampling, 150 nurses completed surveys and 25 participated in 5 focus groups from units and roles affected by accreditation.

### **Data Collection**

Validated surveys measured changes in workload, documentation demands, stress and satisfaction pre and post-accreditation (Al Awa et al., 2011). Focus groups elicited experiences adapting to accreditation expectations. Quantitative and qualitative data were merged for analysis.

### **Analysis**

Survey data underwent analysis for statistical differences in ratings pre-post using Wilcoxon signed-rank tests. Focus groups were analyzed through inductive thematic coding of transcripts. Joint displays integrated quantitative and qualitative findings.

### **Ethical Considerations**

Approvals were obtained from research ethics boards. Informed consent was secured from participants. Anonymity was maintained.

### **Results**

#### **Sample Characteristics**

Most nurse participants were Saudi (89%), female (78%), with a bachelor's degree (69%), mirroring national trends (Walston et al., 2008). Nurses averaged 8.1 years of experience (ranging 2-19 years).

#### **Quantitative Changes**

Workload, documentation time, administrative duties and reported stress levels increased at a statistically significant level from pre-accreditation to post-accreditation on surveys (all  $p < 0.05$ ). However, satisfaction with quality and safety also rose.

#### **Qualitative Themes**

##### **Four key themes emerged:**

1. Burnout from heightened administrative duties

Nurses emphasized strains meeting both documentation expectations and patient needs: "We are exhausted trying to do it all."

2. Policy formalization benefits but implementation lags

Formalizing policies and procedures was valued but applied use was inconsistent: "The policies help guide practice but nurses aren't always able to follow them."

3. Tensions balancing quality mandates and care demands

Pressure meeting targets heightened stress: "Between the patient loads and compliance measures, we feel pulled in too many directions."

#### 4. Sentiments of superficial audit performance

Some nurses described operations staged for auditors: “We scramble to make things look good on paper when the auditors are here but aren’t always able to sustain changes.”

### **Discussion**

Key results from this mixed methods study of nurses’ experiences with accreditation processes highlight increased administrative and documentation demands that contributed to greater stress and burnout sentiments, aligning with similar research (De Cordova et al., 2014). While nurses recognized the benefits of formal structures and heightened quality orientation that accreditation spurred, frustrations emerged around inadequate staffing and workload tensions to fulfill both caregiving and compliance requirements (Brunetto et al., 2013). The juxtaposition of positive policy changes but staged audit environments also reflects literature on decoupling between formal and actual practices (Abdullah et al., 2018).

Recommendations encompass improving worklife balance support amidst increased demands, avoiding unfunded mandates, using technology to streamline documentation, and substantively involving nurses in translating accreditation findings into realistic practice changes that enhance point of care delivery. This study provides an exemplar for assessing accreditation impacts on nursing experience to inform policies easing associated burdens and facilitating meaningful improvements.

While this initial study offers important insights, limitations include the reliance on self-reported data and the focus on hospitals within one Middle Eastern country. However, the mixed methods approach provides depth into nurses’ perspectives to guide supportive policy and practice strategies. As accreditation expands worldwide, balancing both excellence mandates and frontline caregiver wellbeing through contextualized assessments will be key for desired performance and experience outcomes.

### **Conclusion**

This mixed methods study revealed important impacts of accreditation demands on nursing workload, stress and satisfaction from nurses’ perspectives. While accreditation spurred welcomed formalization and quality orientation, tensions around documentation burdens, staffing shortages and staged compliance need addressing to achieve desired improvements in care delivery and avoidance of nurse burnout. Ensuring adequate infrastructure, resource support and involvement of nurses in shaping realistic interventions can optimize accreditation investments. Findings provide considerations for policymakers, leaders and clinicians striving for both exceptional and humanistic care.

### **References**

Abdullah, H., Alsaqqaf, S. A., Al-Khairy, K. E., & Ghabrah, T. M. (2018). Nurses’ Perception of the Impact of Health Sector Reform on Nursing Services at Ministry of Health Hospitals in the

Eastern Province in Saudi Arabia. *International Journal of Nursing & Clinical Practices*, 5(1), 1-7.

Al Awa, B., De Wever, A., Melot, C., & Devreux, I. (2011). An overview of patient safety and accreditation: A literature review study. *Research Journal of Medical Sciences*, 5(4), 200-223.

Brubakk, K., Vist, G. E., Bukholm, G., Barach, P., & Tjomsland, O. (2015). A systematic review of hospital accreditation: the challenges of measuring complex intervention effects. *BMC health services research*, 15(1), 1-13.

Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE publications.

De Cordova, P. B., Bradford, M., & Stone, P. W. (2014). The impact of the Joint Commission on Laboratory Design and Management Processes (JCLDMP) accreditation on laboratory performance: A four-year retrospective study. *The International Journal of Health Planning and Management*, 29(3), e221-e237.

Donabedian, A. (1988). The quality of care: how can it be assessed? *Jama*, 260(12), 1743-1748.

Hinchcliff, R., Greenfield, D., Moldovan, M., Westbrook, J. I., Pawsey, M., Mumford, V., & Braithwaite, J. (2012). Narrative synthesis of health service accreditation literature. *BMJ quality & safety*, 21(12), 979-991.

NSI Nursing Solutions, Inc. (2021). 2021 NSI National Health Care Retention & RN Staffing Report.

[https://www.nsinursingsolutions.com/Documents/Library/NSI\\_National\\_Health\\_Care\\_Retention\\_Report.pdf](https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf)

Salmon, J. W., Heavens, J., Lombard, C., & Tavrow, P. (2003). *The impact of accreditation on the quality of hospital care: KwaZulu-Natal province, Republic of South Africa*. Published by the US Agency for International Development by the Quality Assurance Project.

Walston, S. L., Al-Harbi, Y. A., & Al-Omar, B. A. (2008). The changing face of healthcare in Saudi Arabia. *Annals of Saudi medicine*, 28(4), 243.