Develop Accreditation Standards for Nursing Departments at Mansoura University Hospital.

Prof. Dr. Neamat Mohamed and Ass. Prof. Hala Gabr
Nursing Administration Department, Faculty of Nursing, Mansoura University, Egypt

Abstract

Accreditation has gained worldwide attention as an effective quality evaluation and management tool. Accreditation has been defined as a system of external peer review for determining compliance with a set of standards. Accreditation standards are written to reflect current practice and expectations for the specific functions the nurses perform. Accreditation systems provided better quality results in nursing care; positive changes in leadership, commitment and support, use of data, staff involvement, and quality management; impact or effectiveness of health sector accreditation. Accreditation has recently gained great importance in Egypt, but nursing departments still lack accreditation standards and criteria. Hence, the present study aims to develop and validate a set of relevant, feasible, and reliable standards that needs for accrediting nursing departments at Mansoura University Hospital. The study subjects includes a jury group includes 12 academic staff from Faculty of Nursing and 10 nurse managers from Mansoura University Hospital. All head nurses (n=46) works in all inpatient departments at Mansoura University Hospital were included in the study. Three tools were used for data collection, namely; a validity form, interview questionnaire sheet, and an audit form. The study findings indicated that the proposed accreditation standards for nursing departments at Mansoura University Hospital are valid. A most proposed accreditation standard was met in less than a half of the cases. It is recommended that the developed accreditation standards could be used in Mansoura University Hospital.

Introduction

Accreditation has gained worldwide attention as an effective quality evaluation and management tool. Accreditation has been defined as a system of external peer review for determining compliance with a set of standards. It is a procedure that evaluates the institutional resources periodically and confidentially, seeking to ensure the quality of care on the basis of previously accepted standards[1]. Accreditation standards are usually regarded as simultaneously optimal and achievable. Accreditation provides visible commitment by an organization to improve the quality of care provided to patients and to ensure a safe care environment as well as improves the abilities of health care personnel [2].

There are three purposes of accreditation. First, for quality improvement using the accreditation process to bring about changes in practice that will improve the quality of care for patients. Second for informing decision-making; providing data on the quality of health care that various stakeholders, policymakers, managers, clinicians and the public can use to guide their decisions. Third, for accountability and regulation; making healthcare organizations accountable to statutory or other agencies, such as professional bodies, government, patient groups society and regulation their behaviors to protect the interests of patients and others stakeholders [1].

Accreditation is a rigorous external evaluation process that comprises self-assessment against a given set of standards. Standards are defined as written value statements from the rules that apply to key processes and the results that can be expected when the processes are performed according to specifications[3]. Accreditation standards are written to reflect current practice and expectations for the specific functions the nurse performs. Setting standards involves Most standards today are not quantitative or prescriptive; they require evidence and analysis of outcomes, outputs, and impact. They emphasize the importance of each organization's clear statement of mission, goals, and objectives, and its plans to achieve these objectives[4].

Accreditation standards have evolved to encompass an additional higher level of standards known as optimal achievable. Standards are set at a level which encourages staff and management to aspire to higher levels of quality. The accreditation standards usually contain a variety of levels, thus allowing different accreditation statuses to be assigned according to the degree of compliance with the standards. Therefore, accreditation standards need to be written to reflect and build on the requirements of any national regulatory and financing processes already in place [5].

Accreditation standards may take the form of procedures, clinical practice guidelines, treatment protocols or statements of expected healthcare outcomes. Performance in accordance with standards is thus the cornerstone of quality assurance in healthcare and the end result of a wide range of quality assurance activities, including

accreditation of health facilities, external quality evaluation and performance improvement [6]. Nurses work interdependently with other health care practitioners; they now plan and implement client care more independently. In even nurses are held responsible and accountable for providing client care that is safe and appropriate and reflects currently accepted standards for nursing practice. Accreditation systems provided better quality results in nursing care; positive changes in leadership, commitment and support, use of data, staff involvement, and quality management; impact or effectiveness of health sector accreditation[7].

In addition, some researchers indicate that the accreditation improves their operations and performance in terms of effectiveness and efficiency. Accreditation may be advantageous regarding standardization of procedures, cost containment or marketing. However, there are reservations that accreditation is a suitable instrument for quality improvements that are relevant to patient satisfaction. Hospitals are accredited for their compliance with standards[8]. Accreditation related improvements have affected not just quality and risk management but other types of management as well[9]. Accreditation is constructed around norms or standards related to the inputs, processes and outputs with which organizations must comply in order to receive accreditation. Originally, the primary goal of healthcare organization accreditation was to improve the performance of health systems through the standardization of practices and quality improvement.

Most accreditation programs focus their accreditation processes around a collection of standards, performance measures, and assessment criteria developed internally by the program. Programs typically develop these standards using an expert panel process involving professionals and scholars with experience in the relevant field of practice. In most cases, accreditation standards reflect structural and process-based measures of organizational performance derived from the consensus judgments of expert panelists. Accreditation programs rely on a relatively large collection of performance standards and measures that reflect multiple domains of organizational performance. Common domains of performance include the scope of services offered, service quality, consumer protection and safety, financial performance and stability, administrative processes, staffing and training, and customer service [10,11].

Accreditation has recently gained great importance in Egypt. This was especially witnessed in healthcare and medical and nursing education. While many efforts were exerted in accreditation of hospital in general and nursing department specifically. Nursing departments still lack accreditation criteria. Therefore, this study is an attempt to fill this gap through developing accreditation standards for nursing departments and measuring to what extent nursing departments are fulfilling the accreditation criteria.

Research Questions:

1. What are the standards needed for accrediting nursing departments at Mansoura University Hospital?

2. What are the extent nursing departments at Mansoura University Hospital to fulfill the adopted accreditation criteria?

Aim of the study

The aim of the present study is to develop and validate a set of relevant, feasible, and reliable standards that needed for accrediting nursing departments at Mansoura University Hospital.

Subjects and Methods

Design:

Descriptive study design was used in the present study.

Setting:

The study is conducted in Mansoura University Hospital. The study was conducted at Mansoura university hospital that affiliated to teaching university hospital. The Main Mansoura university hospital, with total bed capacity is 1860 beds with general and special units.

Subjects:

The subjects of the present study include two groups, namely a jury and nurse leaders group.

- **Jury group**. This group used to confirm validating of the developed accreditation standards and criteria. It consists of 22 members, of which 12 were from academic staff in faculty of nursing and 10 from nursing administrators or leaders, and quality management specialists.

- **Nurse managers group.** This group served to assess of fulfillment of accreditation criteria in their hospitals. It includes all directors of nursing and their assistants, nursing supervisors, and head nurses in the study hospitals making a total of 46 subjects.

Tools of Data Collection

Three tools were used for data collection, namely: a validity form, interview questionnaire sheet, and an audit form.

I.   Validity form

It was developed by the researchers based on standards that were developed by the Joint Commission on

Accreditation of health care organization, standards of Egyptian Hospital Accreditation Program, and standards from Central Board Accreditation Health Institution (CBAHI) of Saudi Arabia. It consists of 21 standards with 88 criteria covering the following:

Vision (4 criteria)

2.Mission (5 criteria)

3. Policies and procedures (5 criteria)

4. Nursing care plan (4 criteria)

5. Discharge plan (3 criteria)

6. Nursing department organizational structure (3 criteria)

7. Job description (3 criteria)

8. Nursing assignment (4 criteria)

9. Nursing director qualification & experience (8 criteria)

10. Nursing director determine standard of practice (5 criteria)

11. Nursing director role & participate in hospital committee (5 criteria)

12. Nursing standard for evaluating nursing care (3 criteria)

13. Quality assurance plan (7 criteria)

14. Orientation program (4 criteria)

15. Continuing training program (3 criteria)

16. Documenting annul training (3 criteria)

17. Patient rights (6 criteria)

18. Patient education (6 criteria)

19. Performance appraisal (one criteria)

20. Occupational hazards (2 criteria)

21. Scheduling policy (4 criteria)

For each of the 88 criteria, the jury member has to respond on the face validity (does it look like a standard criterion), and its content validity (is it achievable, observable, measurable, desirable, written in professional context, relevant to nursing field, and its language is understandable). For each criteria, a score was calculated for validity based on summing up the number of agreements upon the seven content validity indicators. The sub-items with 60% agreement or higher was considered agree upon and valid **Saad[12].**

II. Interview Questionnaire Sheet

This questionnaire sheet was developed to assess nursing department fulfilling with accreditation standards as perceived by nurse managers. It includes as the same validity form standards which consists of 21 standards with 88 criteria. Each criteria was to be marked as met, partially met, or not met.

III. Audit Form.

This form was developed to assess nursing department fulfilling with accreditation criteria by the researcher. This tool was developed based on the validated accreditation standards. It consists of 21 standards with 88 criteria. Each criteria was to be marked as met, partially met, or not met. For each of the 21 standards, the number of sub-items marked "met" were counted and their percentage was calculated by dividing their total by the total number of criteria of the standard. This was also done for the " partially met" items.

Methods of Data Collection

Approval was obtained from the director of Mansoura University Hospital as well as the director of nursing service administration in each hospital. Data collection forms were developed based on national and international standards of accreditation. The developed accreditation standards and criteria was tested for its face and content validity by jury group members. Researchers met every nursing managers in the sample to explain the purpose of the study, and ask for verbal consent to participate. The questionnaire sheet was handled to everyone, it took about 30 minutes for fill it. Data collection information for the audit form tool were from: patients' record; observation of the patients; interview conducted with the patients; interview conducted with the nurse; observation of the nurse; observation of the patient's environment; observer's inference; and interview conducted with the main caregiver. Total time taken for data collection was five months, starting July 2010.

Statistical analysis

Data analyzed and summarized using percentages for categorical variables and mean and standard deviation for numerical variables. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables and mean and standard deviation for quantitative variables. Comparison of means was done using t-test for independent samples For comparative purpose, score are presented as absolute values and as percentages from the maximum score of each topic. This maximum score depends on the number of items of each topic The threshold of statistical significance was p-value <0.05.

Results

Table 1 describes demographic characteristics of the jury group. It was revealed that 31.82% ranged age from 31 to 35 years old and 54.5% of them were academic staff. More than a half of jury group was 54.5% works as a lecturer followed by 27.3% works as a head nurses and 45.46% of the sample had a working experience ranged from 15 to 20 years.

Table 2 shows jury group agreement and validation proposed of nursing departments' accreditation standard.

The face validity of all accreditation standards was 70.51%. And, face validity of standards ranged between 80.96% and 66.39%. All the proposed accreditation standards were agreed upon by more than a half of the jury group members. The highest agreement upon inclusion of being dissemination of nursing department vision 80.96 followed by 74.31 and 73.10 for nursing departments policies and procedures and discharge plan respectively.

Table 3 shows no statistically significant difference between academic staff and nurse managers' groups agreement for proposed accreditation standards ($p<0.05$). The overall academic staff agreement upon proposed accreditation standard was 69.58% of maximum score and 71.62% of maximum score for nurse managers. The highest maximum score was 80.41% as perceived by academic staff for dissemination of nursing department mission and 83.12% for dissemination of nursing department vision as perceived by nurse managers.

Table 4 illustrates number and percent of fulfilling proposed accreditation standard in the assessment study units by the researcher. This table shows most of the standards were either not met and partially met. The percentages of fully met standards ranged between45.65% and 6.52%. Moreover, some standards was observed to be not met as nursing department vision, discharge plan, nursing organizational structure, job description, performance appraisal, and annual education on occupational hazards. About half of standards to be partially met reported for quality assurance plan and patient education. And 6.52 % of study settings not met patient rights standard. As well as, half of study settings not met nursing care plan and nursing director and managers should develop and implement standards for evaluating nursing care standard.

Table 5 demonstrates comparison between assessing the extent of fulfilling proposed accreditation standards as perceived by nurse managers with those observed. In this table there was a statistically significant differences between proposed accreditation standards as perceived by nurse managers with those observed $p<0.05$. The overall assessed met standards were 33.86%, while 39.11% was met as perceived by nurse managers. in the table the highest maximum score was 55.43% for nursing assignment, followed by 52.17% and 51.44% for patient education and rights as perceived by nurse managers respectively. As for assessment by the researcher, most proposed accreditation standards were met in less than a half of the cases.

Table (1): Demographic Characteristics of the jury group (n=22).

Demographic Characteristics	Jury group	
	No.	%
Age		
< 25	4	18.18
25-	5	22.73
30-	7	31.82
>35	6	27.27
Academic staff	12	54.5
Nurse manager	10	45.5
Job Position		
Professor	2	9.1
Assistant professor	2	9.1
Lecturer	8	36.4
Director	1	4.5
Assistant director	1	4.5
Supervisor	2	9.1
Head nurse	6	27.3
Years of experience		
< 15	4	18.18
15-	10	45.46
>20	8	36.36

Table (2): Jury group agreement and validation proposed of nursing departments accreditation standard (n=22).

Accreditation standards	Mean rating score	Face validity
Vision	12.95	80.96
Mission	16	80
Policies and procedures	14.86	74.31
Nursing care plan	11.40	71.30
Discharge plan	8.77	73.10
Nursing organizational structure,	8.27	68.93
Job description,	8	66.66
Nursing assignment	10.90	68.18
Nursing director should be licensed and qualified	18.59	66.39
Nursing director should be responsible for determining & implementing nursing standards	13.72	68.63
Nursing director should attend & participate in hospital committees	14.04	70.22
Nursing director and nursing managers should develop and implement standards for evaluating nursing care	10.72	67.04
Quality assurance plan is consistent with the overall hospital quality management plan	17.18	71.59
Orientation program	11.09	69.31
Staff development training program in all nursing practice areas	8.136	67.80

Continue table 2.

Accreditation standards	Mean rating score	Face validity
Documented annual training review for all nursing staff	8.31	69.31
Patient rights	17.40	72.53
Patient education	16.50	68.75
Performance appraisal,	2.77	69.31
Annual education on occupational hazards	2.72	68.18
Scheduling policy	10.90	68.18

Content validity index = 70.51

Table (3): Comparison between academic staff and nurse managers' agreement of proposed nursing departments' accreditation standard.

Accreditation standards	Jury group		t	p
	Academic staff (n=12)	Nurse managers (n=10)		
	Mean**$\pm$ SD	Mean** $\pm$ SD		
Vision	79.166$\pm$11.095	83.125$\pm$7.822	.94	.35
Mission	80.416$\pm$9.159	79.500$\pm$11.167	.21	.83
Policies and procedures	73.750$\pm$10.471	75.000$\pm$10.000	.28	.77
Nursing care plan	70.312$\pm$13.089	72.500$\pm$8.936	.46	.64
Discharge plan,	72.916$\pm$16.713	73.333$\pm$14.593	.06	.95
Nursing organizational structure,	68.750$\pm$11.306	69.166$\pm$19.661	.05	.95
Job description,	66.666$\pm$13.295	66.666$\pm$17.568	.00	1.00
Nursing assignment	68.750$\pm$13.055	67.500$\pm$14.373	.21	.83
Nursing director should be licensed & qualified	66.666$\pm$10.587	66.071$\pm$7.941	.14	.88
Nursing director should be responsible for determining & implementing nursing standards	67.083$\pm$15.441	70.500$\pm$19.068	.45	.65
Nursing director should attend in hospital committees	68.750$\pm$10.897	72.000$\pm$9.189	.74	.46
Nursing director & nursing managers should develop &implement standards for evaluating nursing care	66.666$\pm$13.675	67.500$\pm$12.774	.14	.88
Quality assurance plan is consistent with the overall hospital quality management plan	71.875$\pm$16.295	71.250$\pm$6.646	.11	.91
Orientation program	67.708$\pm$13.280	71.250$\pm$9.409	.73	.47
Staff development training in all nursing practice areas	61.805$\pm$13.970	75.000$\pm$11.111	2.41	.02*
Documented annual training for all nursing staff	65.277$\pm$11.695	74.166$\pm$13.292	1.64	.11
Patient rights	73.611$\pm$6.957	71.250$\pm$11.528	.59	.56
Patient education	68.055$\pm$14.250	69.583$\pm$7.362	.32	.75
Performance appraisal,	66.666$\pm$28.867	72.500$\pm$18.446	.55	.58
Annual education on occupational hazards	68.750$\pm$18.844	67.500$\pm$20.581	.14	.88
Scheduling policy	67.708$\pm$17.029	68.750$\pm$9.771	.17	.86
Total	**69.58$\pm$5.88**	**71.62$\pm$4.01**	**0.93**	**.35**

*Significant p<0.05   **Mean percentage from maximum score*

Table (4): Number and percent of fulfilling proposed accreditation standard in the assessment study units by the researcher (n=46)

Standards　　　　Source of information	Not met		Partially met		Fully Met	
	No	%	No.	%	No.	%
Vision (5,6)	36	87.26	10	21.74	0.0	0.00
Mission (5,6)	22	47.83	20	43.48	4	8.69
Policies and procedures (5,6)	22	47.83	15	32.61	9	19.56
Nursing care plan (2,3)	23	50	17	36.96	6	13.04
Discharge plan (2,6)	33	71.74	13	28.26	0.0	0.00
Nursing organizational structure (2,6)	35	76.09	11	23.91	0.0	0.00
Job description (2,6)	41	89.13	5	10.87	0.0	0.00
Nursing assignment (2,3,4)	14	30.44	29	63.04	3	6.52
Nursing director should be licensed and qualified (2,6)	6	13.04	22	47.83	18	39.13
Nursing director should be responsible for determining & implementing nursing standards (2,6)	20	43.48	17	36.96	9	19.56
Nursing director should attend and participate in hospital committees (2,6)	10	21.74	31	67.39	5	10.87
Nursing director & nursing managers should develop & implement standards for evaluating nursing care (2,4,6)	23	50	14	30.44	9	19.56
Quality assurance plan is consistent with the overall hospital quality management (2,6)	13	28.26	25	54.35	8	17.39
Orientation program (2,6)	24	52.17	18	39.13	4	8.70
Staff development training program in all nursing practice areas (2,4,6)	32	69.57	14	30.43	0.0	0.00
Documented annual training for all nursing staff (2,6)	34	73.91	11	23.91	1	2.17
Patient rights (1,4)	3	6.52	22	47.83	21	45.65
Patient education (1,3,6)	5	10.87	23	50	18	39.13
Performance appraisal (2,5,6)	46	100	0.0	0.0	0.0	0.00
Annual education on occupational hazards (2,6)	36	78.26	10	21.74	0.0	0.00
Scheduling policy (2,6)	22	47.83	21	45.65	3	6.52

No=Source of information　　　　　　　　　　　　　　　　*1- Interview patients*　　　　　*2- Interview nurses*　　　*3-Observe nurses*　　　　　　*4- Observe patient's environment*　　*5- Observe inference*　　　　*6- Interview with care giver*

Table (5): Comparison between assessing the extent of fulfilling proposed accreditation standards as perceived by nurse managers with those observed.

accreditation standards	Nurse managers perceptions	Assessment by researcher	t	p
	Mean**+SD	Mean**+SD		
Vision	26.087+16.837	17.391+16.557	2.49	.01*
Mission	33.913+22.058	26.521+18.999	1.72	.08
Policies and procedures	33.913+22.752	29.565+21.391	.94	.34
Nursing care plan	34.782+28.493	31.793+26.181	.52	.60
Discharge plan	27.173+26.142	24.275+23.754	.55	.57
Nursing organizational structure	29.347+25.382	21.014+21.208	1.70	.09
Job description	27.898+18.939	21.376+15.580	1.80	.07
Nursing assignment	55.434+21.352	42.391+18.348	3.14	.002*
Nursing director should be licensed & qualified	42.857+16.835	37.888+17.999	1.36	.17
Nursing director should be responsible for determining & implementing nursing standards	38.478+21.599	35.434+21.980	.67	.50
Nursing director should attend and participate in hospital committees	40.434+12.988	37.826+14.592	.90	.36
Nursing director and nursing managers should develop and implement standards for evaluating nursing care	41.304+25.802	37.500+26.744	.69	.48
Quality assurance plan is consistent with the overall hospital quality management plan	33.333+17.916	30.072+17.345	.88	.37
Orientation program	41.576+22.677	35.869+22.914	1.20	.23
Staff development training program in all nursing practice areas	39.855+19.076	33.695+22.079	1.43	.15
Documented annual training review for nursing staff	35.869+21.933	32.971+23.436	.61	.54
Patient rights	51.449+19.665	46.739+21.479	1.09	.27
Patient education	52.173+18.875	47.644+21.564	1.07	.28
Performance appraisal	45.652+40.587	41.304+39.866	.51	.60
Annual education on occupational hazards	50.000+40.824	44.565+41.134	.63	.52
Scheduling policy	39.945+20.686	35.326+20.967	1.06	.29
Total	**39.118+8.857**	**33.865+10.102**	**2.65**	**.01***

Significant p<0.05   **Mean percentage from maximum score*

Discussion

The use of accreditation systems to improve healthcare quality and patient safety has been widespread across many countries, where accreditation is a process whereby an organization is assessed on a set of pre-determined standards. It intends to promote quality improvement through diverse approaches which are either mandated by the government, voluntary or initiated by independent agencies[13]. In the present study, validation of the developed accreditation standards was done through a jury group to judge about practicability and applicability of the standards. The jury group approved face and content validity of the developed standard. The results of the present study revealed that there no statistical significance difference between agreement of academic staff group and nurse leaders group regarding proposed standards for nursing departments at Mansoura University Hospital. Also, findings of the present study revealed that there a significant difference between nurse leaders perception of fulfilling accreditation standards in the study nursing departments with those assessed by auditing form.

According to findings of the present study majority of the jury group members agreed that the nursing department should have a vision and mission that must be written, and be consistent with the hospitals' mission. Their agreement was represented a higher percentage of face validity. This could be contributed to the wording of the standard and language is clear and findings point to the importance that these standard must included in the accreditation. This result is agreed with **Hall**[14] who recommended that vision and mission should be written

in simple manners, and be set for at least three years. In this respect **Simpson**[15] recommended vision statement should require all organization members to stretch their expectations aspirations and performance. As well as **Hader** [10]suggested that a mission statement needs to be a managerial and staff commitment that's developed by an organization's leaders following an exhaustive dialogue between all levels of the organization.

As regard to assessment the extent of fulfilling vision and mission standards in the study nursing departments at Mansoura University Hospital, it revealed that this standard did not met. This may be contributed to vision and mission standards were not written and not disseminated and not engaged in hospitals system. On the same view, **Luthans & Jensen2005** [16] proved the importance of a clear vision and mission of the nursing service department which must be written with organizational values and culture to meet the community needs. This is supported by **Shirey**[17] as well as **Ingersoll et al.,**[18] that an organization's mission, vision, and values statements are guiding force behind the health care institution's administrative strategic planning are evident in nurses' daily work life.

Policies and procedures are two functional standards of a health care organization that are derived from the mission statements. The results of the present study assured that the majority of the jury group members agreed upon its content and face validity. In addition to assessing the extent of fulfilling policies and procedures standards in the study nursing departments, it revealed that the minority had met related standard. This is the same view of the **Mays** [19] who proved the importance of standard of policies and procedures in guiding nursing care. However, the research highlighted that these policies and procedures standards should be designed according to community needs.

In relation to nursing care plan, discharge plan, and nursing assignment standard the findings of the present study revealed that there was no statistical significance difference among agreement of academic staff group, and nurse manager, whom all agreed that the nursing department should have nursing care plan, discharge plan, and nursing assignment plan standards. This is standard with **Mays & White**[19,20] who clarified that designed accreditation criteria form regarding nursing care plan and discharge plan were vital criteria for accreditation and should be valid in their content. For assessing the extent of fulfilling nursing care plan, discharge plan, and nursing assignment plan standards in the study nursing departments revealed the few had met for nursing care and nursing assignment plan, while the discharge plan was not met. According to **Barrett et al.**[21] nursing care plan as an intermediate stage of the nursing process in resolving nursing problems identified by assessment and guides the ongoing provision of nursing care and assists in the evaluation of that care is fully met standard in his research.

For discharge plan standard, the present study findings indicated it was not met. This may be due to concept of discharge plan is new concept in study setting and discharge plan is not a common practice in Egypt hospitals and is not part of the nursing system despite of their importance. This is supported by **McMurray et al.'s** research[22] to investigate general surgical patients' perspectives of the adequacy and appropriateness of their discharge planning. They concluded the need for a more individualized approach to discharge planning standers, taking into account the patient's age, gender, surgical procedure and family and community support for immediate and longer-term nursing follow-up.

The results of the present study at Mansoura University Hospital revealed that the majority had partially met nursing care assignment standard in. This may be due to head nurses in the study nursing departments have a history of selecting methods of organizing patient care based upon the most current popular mode (case method of patient assignment) rather than objectively determining the best method for a particular patient needs. In the same line, **O'Rourke** [23] proposed a nursing care assignment's conceptual framework that incorporates nurse practice, team practice, and organizational practice in order to determine the patient care standard which are needed for enhancing the professional practice of all disciplines, clarify accountability for outcomes, and focus decision making at the point of service.

The majority of jury group agreed that face and content validity of the designed accreditation standard in Mansoura University Hospital regarding nursing organizational structure, and job description is valid. The assessment of the extent fulfilling of criteria related to nursing organizational structure, and job description revealed the majority had not met. This result supported by **Gill**[24] who described in similar study for job description that organizational structure standard should be clear and written in an organizational chart which includes clear lines of authority and responsibility and communication channel to help the nursing staff to understand the work policies.

Job description is the proper way to accomplish these changes because it is a written statement of duties, responsibilities and working condition of a particular job *Ivancevich* [25]**.** In Egypt, absence of job description of the head nurses has negative impact on both nursing personnel and health organizations. As regard nursing personnel the most frequent complaint is uncertainty of what specific work is required. This would feel nurses insecure due to misunderstanding and conflict may be developed. As regard health organization, absence of job

description would affect on quality of services provided and goal accomplished *Hermina et al.,* [26].

As regard to nursing director role, the present study revealed that a majority of jury group members agreed upon the content and face validity of the standards regarding nursing director should be licensed and qualified by educational and managerial experiences, responsible for determining and implementation nursing standards of practice, and should attend and participate in hospital committees. Assessment the extent of fulfilling nursing director should be licensed and qualified for accreditation standard's findings of the present study revealed that the majority accreditation standard revealed the majority had partially met and the minority had met of nursing director should be responsible for determining and implementing nursing standards and should uses for evaluating nursing care. This is the same view of **Jama**[27] who mentioned that the standards of practice and their implementation content should be valid and include at least a documented nursing assessment, a documented nursing diagnosis, a documented nursing care plan, as well as documented nursing treatment and its effect. In addition, **Goldstein**[28] stressed that nursing director and her management team' job role is attending and participating in hospital committees and should be active in all the procedures and updates of these committees.

As regard to nursing director qualifications and experience in leadership and management, the present study revealed that the majority had partially met this standard. This is the same view of **Greenfield & Braithwaite** [29] who emphasized that nurse director was the most important entity in achieving a successful accreditation. Results of the present study is supported by **Schmitt & Landy**[30] who asserted that nursing director should develop and implement standards for evaluating nursing care, which should include a written evaluation of the performance of nursing personnel. The findings of the present study revealed that the jury group members agreed upon content and face validity related to the quality assurance plan, orientation program plan and staff development continuing training programs in all nursing practice as a standard at Mansoura University Hospital. Assessment the extent of fulfilling quality assurance plan, orientation program plan and staff development continuing training programs in all nursing practice accreditation standard revealed that the minority had met the accreditation standard. This is supported by **SIO**[31] who reported that the quality assurance plan should be valid and written with the overall hospital quality management plan.

Assessment the extent of fulfilling nursing training accreditation standard, findings of the present study revealed it was not met. While, **Potter**[32] who emphasized the importance of continuing nursing staff development and training which based on nursing standard. According to **Sambrook**[33] who mentioned that in order to meet clients' high expectations, they must be competent to provide the highest quality of care and this can be achieved through training and continuing education. In relation to training and nursing education of the designed accreditation standard agreed that there should be planned documented orientation program for newly employed nursing staff members. This agreed with **Jama**[27] who reported that planned documented orientation programs should provided for newly employed. These must include orientation about hospital system, policies and procedures, nursing quality assurance plan.

As regard for patients' rights and education of the designed accreditation standard, it was found that jury group members agreed upon content and face validity of both previous items as valid standard at Mansoura University Hospital. Assessment the extent of fulfilling patients' rights and education criteria in the study setting revealed the majority had partially met. This is inconsistence with **Gill**[24] who mentioned that nursing staff should comply to and apply rules of patients rights and nursing ethics should consistence with laws. Nurse leader/managers often find themselves in the role of advocate for their patients, subordinates, and the profession. **Benner**[34] concurs that being a good practitioner means more than just examining patient rights; it requires being moved by the patient's plight and responding to the patient as a person.

As well as jury group members agreed upon content and face validity of performance appraisal, annual education on occupational hazards and scheduling policy as valid standard at Mansoura University Hospital. Effective appraisals are believed to motivate nurses to improve their practice provide job satisfaction, and improve staff morale. Assessment the extent of fulfilling performance appraisal criteria in the study setting revealed the majority had not met. According to **Marquis & Huston**[35] who proved that managerial controlling through job performance enhance nurses, carry out duties of their assigned jobs.

In the present study the jury group members agreed upon content and face validity related to annual education on occupational hazards as a valid standard at Mansoura University Hospital. Assessment the extent of fulfilling annual education on occupational hazards criteria in the study setting revealed the majority had not met. The result is supported by **Marquis & Huston**[35] who emphasized the responsibilities of the hospital towards their nurses fall within three areas: providing a safe workplace for nurses, informing and training nurses about health and safety issues. However, many hospitals go beyond these minimal requirements with more proactive approach to safety and health[36].

The profession of nursing is inextricably linked to the practice of shift work, with inpatient care necessitating 24-hour work schedules. In the present study the jury group members agreed upon content and face validity

related to scheduling policy. Assessment the extent of fulfilling scheduling policy criteria in the study setting revealed the minority had fully met. Staffing and scheduling are complex, multifaceted responsibilities that are central to nursing efforts to effectively integrate organizations and systems. Nursing care is a major component of health care. The major goal of staffing and scheduling systems is to identify the need for and provide the number and type of nursing personnel required to deliver care. The nurse leader and manager will find staffing and scheduling to be critical, core function[3].

Conclusion and Recommendations

The present study revealed that developed accreditation standards were considered the essential part of the accreditation system. The proposed accreditation standard (content and face) were validated and approved by the agreement of a group of jury. Less than half of the studied nursing departments revealed that they met the proposed accreditation standards. Also, there was a significant difference between proposed accreditation standards as perceived by nurse managers with those observed.

Based on the findings study, the following recommendations were detected:

1. Nursing personnel should be aware and use the validated developed accreditation standards through staff development sessions at Mansoura University Hospital.

2. A legal framework is needed to be developed to support the correct application of standards of accreditation in hospitals.

3. A system for recognition and compensation of nursing personnel working in the health care settings fulfilling the accreditation criteria needs to be established to promote and reinforce the accreditation process.

4. Vision, mission, policies and nursing procedures should be established, revised periodically, and to be known to all working personnel.

5. Further researches are proposed to assess the impact of serial application of the developed accreditation standards and criteria on nurses' knowledge and practice.

References

1. World Health Organization. Report on expert group meeting on hospital accreditation, Regional   Office for the Eastern Mediterranean Cairo, 2003,pp.1-2,22-23,31.

2. Joint Commission International Accreditation Standards for Hospitals. Joint Commission International Accreditation of Healthcare Organizations, 1999, USA,p.1.

3. Huber, D. Leadership and nursing care management, 3rd ed., Saunders Elsevier comp., United States of America,2006,p829, 846

4. Smits.P, Champagne.F, Contandriopoulos.D, et al. Conceptualizing performance in accreditation, International Journal for Quality in Health Care 2008; 20(1): pp. 47–52.

5. Pomey.M, Lemieux-Charles.L, Champagne.F, Angus.D, et al.,.Does accreditation stimulate change? A study of the impact of the accreditation process on Canadian healthcare organizations, Pomey et al. Implementation Science 2010, 5:31   http://www.implementationscience.com/content/5/1/31.at Accessed on September, 2010.

6. Huang.C, Wung.C and Yang.C. Developing 21st century accreditation standards for teaching hospitals: the Taiwan experience, BMC Health Services Research 2009, 9:232 doi:10.1186/1472-6963-9-232.This article is available from: http://www.biomedcentral.com/1472-6963/9/232. Accessed on September 30th, 2010.

7. Timby B.K. Fundamental nursing skills and concept,9th ed.St.Louis: Lippincott Williams & Wilkins, 2009,p.6,16,23.

8. Sack.C, Lütkes.P, Günther.W, et al. Challenging the holy grail of hospital accreditation: A cross sectional study of inpatient satisfaction in the field of cardiology, Sack et al. BMC Health Services Research 2010, 10:120 http://www.biomedcentral.com/1472-6963/10/120. Accessed on September, 2010.

9. Touati.N. & Pomey.M. Accreditation at a crossroads: Are we on the right track?_ Health Policy 90,2009, 156–165doi: 10.1016/ j. healthpol. 2008.09.007.

10. Hader, R. More than words: Provide a clear and concise mission statement. Nursing Management,2006,37(7),6. 121-128

11. Chuang. S. and Inder.K. An effectiveness analysis of healthcare systems   using a systems theoretic approach, BMC Health Services Research 2009, 9:195,1-9.This article is available from: http://www.biomedcentral.com/1472-6963/9/195. Accessed on September, 2010.

12. Saad,H.A. Measuring nursing department fulfillment for accreditation criteria in different health care sectors, Ain Shams University: Doctorate degree thesis of nursing administration; 2010.

13. Moffetti.M.L., Morgan.R.o. and Ashton.C.M. Strategic opportunities in the oversight of the U.S. hospital accreditation system, Health Policy 75 (2005) 109–115

14. Hall K. Study the mission and vision satisfaction with the work New Castle County v. 16.89 Acres of Land, Del. Supr., 404 A.2d 135,136; Board of Education v. 13 Acres of Land, Del. Super., 2007,131 A.2d 180,183.

15.Simpson,R.L. Patient and nurse safety. How information technology makes a difference. Nursing Administration Quartery, 2005,29(1),97-101

16.Luthans, K.W., &   & Jensen, .M. The linkage between psychological capital and commitment to organizational mission, Journal of Nursing Administration,2005,36(6),304-310.

17.Shirey, MR. Ethical Climate in Nursing Practice The Leader's Role, JONA'S Healthcare Law, Ethics, and Regulation,2005, 7(2 / B), 59-67

18.Ingersoll , G.L., Witzel, P.A., & Smith, T.C. Using organizational mission, vision, and values to guide professional practice model development and measurement of nurse performance, Journal of Nursing Administration,2005, 35(2),86-93.

19. Mays. G.P. Can accreditation work in public health? Lessons from other service industries, Working Paper Prepared for the Robert Wood Johnson Foundation, November 30, 2004,1-30

20.White J.J. Measure of criteria of accreditation among hospital staff: Inc.v.Metropolitan Merchandise Mart,2008,Del.Super.,107A.2d892.

21.Barrett D., Wilson B., and Woollands A. Care planning: A guide for nurses. Harlow, Pearson Education. Retrieved from: Wikipedia: the free encyclopedia, 2009.http://www.en.wikipedia.org/wiki/nursingcareplanning. Accessed on December, 2009

22.McMurray. A,. JohnsonP., Wallis.M., Patterson.E., and Griffiths.S. General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home, Journal of Clinical Nursing,2007doi: 10.1111/j.1365-2702.2006.01725.x,1062-1069

23.O'Rourke, M.W. Rebuilding a professional practice model. The return of role based practice accountability, Nursing Administration Quarterly, 2003,27(2),95-105.

24.Gill V. Job description, Medical Journal, Del.Super.,565 A.2d21,23-24; Mergenthaler V.Super.,277 A2d691,2009,692-93

25.Ivancevich, J. Human Resource Management : 2nd ed Tata Mcgraw – Hill Publishing Company Limited, New York,2004; 155- 187

26.Hermina, M. Nabawy, Z.& Baddar, F. Head Nurses Perception and Performance of the Elements Promoting Effective Team Work, Bulletin Alexandria Scientific Nursing Journal, 2003; 2(2): 85- 101.

27.Jama A. Proposal of the physicians' working group for single-payer national health insurance.2003, 290:798-805.

28.Goldstein I.L. An exploration of the job analysis-content validity process. In N. Schmitt & W.C. Borman (Eds), Personnel selection in organizations. San Francisco,CA:Jossey-Bass, 2003, p4.

29.Greenfield.D. and Braithwaite J. Health sector accreditation research: a systematic review, Centre for clinical governance research in health, Faculty of Medicine, University of New South Wales, Sydney NSW, Australia, International Journal for Quality in Health care;2008, 20(3):172-183.

30.Schmitt N.and Landy F. The concept of validity.In N. Schmitt & W.C.Borman (Eds.), Personnel selection in organizations. San Francisco, CA:Jossey-Bass,2003, pp.409-411.

31.Society for Industrial and Organizational(SIO). Principles for the validation and use of personnel selection procedures, 4th ed., College Park, MD:Author,2007, p.25.

32.Potter P.A. Fundamental of Nursing,6th ed.,Mosby St.Louis: Mosby. Retrieved from,2005,: http"//www.en.wikipedia.org/wiki/ patient_ safety_ and_ nursing. Accessed on December, 2009

33.Sambrook S. Exploring HRD in two Welsh NHS Trusts. Analyzing the discursive resources used by senior managers. Journal of Health Organization and Management,2007, 21:418-431.

34.Benner,P. Current controversies in critical care. Enhancing patient advocacy and social ethics, American Journal of Critical care,2003, 12(4),374-375.

35.Marquis.B.L. & Huston.C.L. Leadership roles and management functions in nursing, theory and application, 6th ed., Lippincott Williams&Wilkins omp.,New York, 2009,p245, 362, 414

36.Ramsay J., Frank Denny F, Kara Szirotnyak K., et al. Identifying nursing hazards in the emergency department: A new approach to nursing job hazard analysis, Journal of Safety Research, 2006, 37; 63-74

CALL FOR PAPERS

The IISTE is currently hosting more than 30 peer-reviewed academic journals and collaborating with academic institutions around the world. There's no deadline for submission. **Prospective authors of IISTE journals can find the submission instruction on the following page:** http://www.iiste.org/Journals/

The IISTE editorial team promises to the review and publish all the qualified submissions in a **fast** manner. All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Printed version of the journals is also available upon request of readers and authors.

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar