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**The Effect of Hospital Accreditation on the Job Satisfaction of Nurses: A
Case Study of Aga Khan University Hospital-Nairobi**

EVANGELINE ADHIAMBO OWINO

MBA-HCM 93581/16

**Submitted in partial fulfillment of the requirements for the Degree of Master's in
Business Administration in Healthcare Management**



Strathmore Business School

June, 2018

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Evangeline Adhiambo Owino

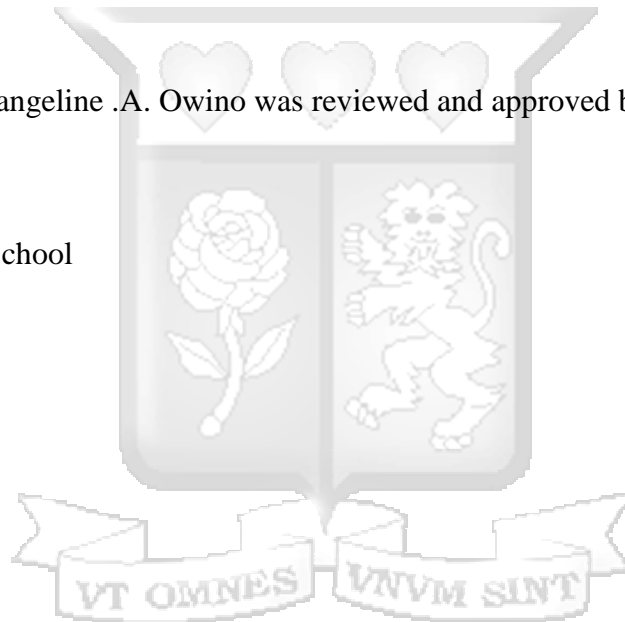
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Approval

The dissertation of Evangeline .A. Owino was reviewed and approved by:

Dr. Francis Wafula

Strathmore Business School



ABSTRACT

Accreditation is an externally administered instrument to promote continuous quality improvement. In July 2013, Aga Khan University Hospital (AKUH)-Nairobi was accredited by the Joint Commission International (JCI). It became the first hospital in East Africa to receive this accreditation. The JCI accreditation process is both time consuming and resource intensive. It brings about various organisational and job-related changes, which ultimately affect the workload and quality of work life of staff. This study sought to assess the effect that accreditation has had on the job satisfaction of nurses working at AKUH. This was a cross-sectional mixed methods study, combining quantitative and qualitative approaches. It was a case study of nurses working in the maternity department of AKUH. Quantitative data was collected through a questionnaire survey. Two focus group discussions were also conducted for the qualitative component. Thematic content analysis was used to analyse qualitative data, while descriptive statistics was used for quantitative data. This study established that hospital accreditation brings about both positive and negative changes to the work environment. 76% of participants agreed that the department became better equipped after accreditation. Teamwork was also seen to have improved since accreditation. However, staffing levels were seen to be inadequate which resulted in heavier workloads and overtime work as accreditation came with extra demands for staff including compulsory documentation. Another important aspect of accreditation was JCI surveys which are mandatory. These were seen to cause high levels of stress. The nurses also noted that they are not really involved in decisions affecting their work since accreditation. Accreditation resulted in feelings of pride and achievement. However nurses lacked recognition and advancement opportunities. Overall, most nurses were proud to work in an accredited hospital but job satisfaction was low with 74% of respondents saying that they were not satisfied with their jobs.

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LIST OF ABBREVIATIONS

AKUH	Aga Khan University Hospital
FGD	Focus Group Discussion
IOM	Institute of Medicine
JCI	Joint Commission International
UHC	Universal Health Coverage
NHIF	National Hospital Insurance Fund
SDGs	Sustainable Development Goals



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CHAPTER ONE: INTRODUCTION

1.1 Background to the study

There is increased recognition globally that healthcare institutional reforms are necessary to achieve the Sustainable Development Goals and other health targets. Key among them are institutional reforms aimed at strengthening the quality and safety of services and products provided through the health systems. This has become particularly important in the present day, with more informed patients seeking better services, and unlimited access to social media putting providers at risk should they fail to meet client expectations. To remain relevant in the highly competitive industry, healthcare facilities are therefore forced to adopt mechanisms that increase the likelihood of delivering quality and safe services. One way of providing this assurance is through seeking accreditation (Jaafaripooyan, Akbari-Haghighi, & Agrizzi, 2011)

Accreditation involves a rigorous, systematic and periodic evaluation by an external body to determine whether an organisation is complying with predetermined standards. It serves to assure clients that they are receiving the highest quality of care, and that the services provided are safe and effective, based on standards set by experts across different areas. From the business perspective, accreditation has the potential to improve organisational performance, thus giving the accredited facilities a competitive advantage over rivals (Lewis, 2007).

For hospitals, compliance with accreditation standards has the potential to benefit patients and also enhance professional development of clinicians and other healthcare workers (El-Jardali, Ammar, Hemadeh, Jamal, & Jaafar, 2013). Hospital accreditation was first developed by the American College of Surgeons nearly a century ago. Low and middle income countries have only recently started embracing accreditation as a means of ensuring quality (Smits, Supachutikul, & Mate, 2014).

1.1.1 JCI Accreditation

In 2013, the Aga Khan University Hospital (AKUH) in Nairobi became the first hospital in East Africa to receive the well-regarded Joint Commission International (JCI) accreditation. The JCI accreditation is designed to ensure that hospitals provide the highest quality of care based on international standards. The Joint Commission is an independent, not for profit organisation that accredits and certifies healthcare organisations in the USA. The Joint Commission International is an affiliate of The Joint Commission that provides leadership in healthcare accreditation outside the USA (Algahtani, Aldarmahi, Manlangit, & Shirah, 2017).

The Joint Commission International develops quality standards in collaboration with accredited hospitals and experts in quality and safety. The standards are usually categorised into two broad areas: those concerned with patient safety and those related to providing an effective, safe and well-managed organisation. These standards are usually revised every three years to reflect current healthcare practice. JCI conducts intensive on site surveys every three years as a prerequisite for accredited hospitals to maintain their status. The auditors who come to survey gather data from all departments within the organisation and their final decision is based on the hospital's overall compliance (Joint Commission International, 2017).

For quality improvement initiatives to be successfully implemented, accredited hospitals have to undergo some organisational changes to meet the prerequisite standards. JCI shapes the decisions that management makes and affects the structures and systems of a hospital's operational and support activities. These organisational changes have an effect on the work life of staff (Ghareeb, 2016). Studies have shown that hospital accreditation has a direct impact on the work environment of hospitals. It has been seen that accreditation results in better equipped facilities, increased teamwork and better management-line staff relations (Kagan & Fish, 2016).

The JCI accreditation process is both time consuming and resource intensive. A key to successful implementation of accreditation is the involvement of staff; particularly those directly involved in providing patient care. Studies have shown that employees who are engaged in decision making regarding their work are more likely to be satisfied than those not engaged (Ye, Verma, Leep, & Kronstadt, 2018).

1.1.2 Job Satisfaction

To achieve quality and safety, employees need to be involved and motivated. Highly motivated staff are likely to have more job satisfaction and be less stressed. They are also more likely to be whole-heartedly involved in the organisation. Healthcare professionals' motivation to be involved in the accreditation process is critical (Greenfield, Pawsey, & Braithwaite, 2011). It is important to ensure full participation of healthcare workers in the accreditation process. Furthermore, healthcare organisations must not overlook the satisfaction of their staff as they are critically important in putting into practice accreditation standards (Alkhenizan & Shaw, 2011). Researching the effects of Joint Commission accreditation on hospital employees is essential because staff are vital in achieving this accreditation and maintaining the set standards for subsequent reviews. The findings of such studies will inform the organisations on what

measures to take to make the lives of their employees easier and maintain their job satisfaction (Elkins et al., 2010).

1.1.3 Role of nurses

Nursing staff play an essential role in ensuring quality is maintained in the hospital setup. The degree of nurses' involvement in their work and their perceived quality of work life is important to achieving and maintaining the highest level of quality in a hospital set up. This is because nurses spend the longest time in direct contact with the patients (Hsu & Kernohan, 2006). Research has linked poor nurse work environment to poor outcomes such as low job satisfaction and high turnover. More hospitals are thus looking for ways to improve work environment so as to improve outcomes (Baernholdt & Mark, 2009).

1.2 Problem Statement

Hospital accreditation is a relatively recent phenomenon across low and middle-income countries like Kenya. As a consequence, there is little information on how the process of acquiring and maintaining accreditation affects the different health systems building blocks, including staff. Studies have enumerated various benefits of accreditation including better teamwork, cohesion within the organisation, improved image of the hospital and most importantly ensuring patient safety and a safe work environment for employees. The biggest challenge however is that organisational changes that come about during the accreditation processes have the potential to cause additional strain on employees.

As Kenya's economy grows and the population becomes more educated, consumers are now more keen on quality in healthcare. Insurers such as the National Hospital Insurance Fund (NHIF) are starting to tie hospital reimbursement with each hospital's performance on quality measures. As such, more healthcare institutions are seeking certification and accreditation to increase their market share. As this trend continues to grow, it is important to study the effects of these quality measures. Being in the service industry, the most important asset of healthcare organisations is human resource. Their well-being and satisfaction is critical to achieving organisational goals.

The key points of focus for this study would be how organisational and job-related changes that come about due to accreditation affect the job satisfaction of clinical staff. The main changes that will be assessed will be the work environment, level of nurses' involvement in decision making regarding their work and the effect of accreditation on internal motivators. These variables are important because they have a direct effect on job satisfaction and hence employee

performance, which in turn affects organisational performance. This study seeks to describe and explore the perceptions of nursing staff on the role, importance and implementation of accreditation at AKUH. The aim will be to understand the impact that accreditation has had on their workloads and quality of work life overall. Essentially, the study should inform the leadership of accredited organisations on how to mitigate any inadvertent effects of accreditation on their staff.

1.3 Research Objectives

1.3.1 General Objective

To examine the effect of the Joint Commission International accreditation on nurses' work and job satisfaction at the Aga Khan University Hospital in Nairobi

1.3.2 Specific Objectives

1. To describe the impact of accreditation on the work environment of the nursing department at the Aga Khan University Hospital in Nairobi
2. To determine the level of involvement of nursing staff in key decisions that affect nursing services and operations since accreditation
3. To assess the effect of accreditation on internal motivators and job satisfaction of nursing staff at the hospital since accreditation

1.4 Research Questions

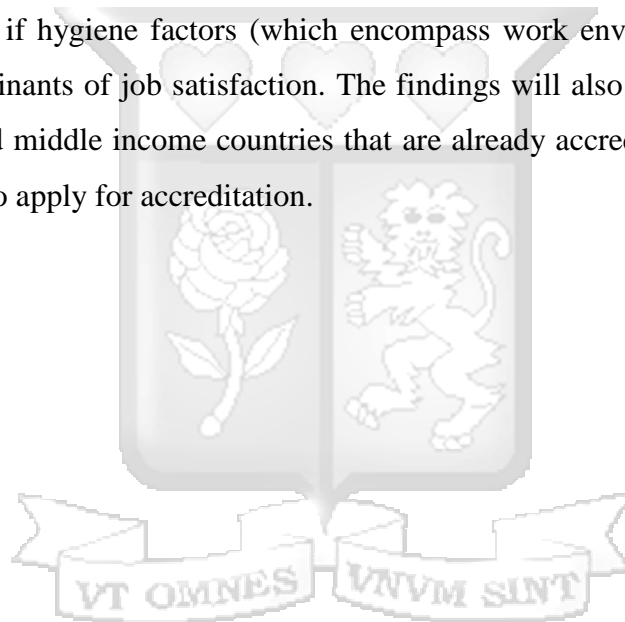
1. What impact has accreditation had on the work environment of the nursing department at the Aga Khan University Hospital?
2. What is the level of involvement of nursing staff in key decisions that affect nursing services and operations since accreditation?
3. What effect has accreditation had on internal motivators and job satisfaction of nursing staff since accreditation?

1.5 Scope of the Study

This study will be conducted on nurses working at the Aga Khan University Hospital-Nairobi. The specific department to be studied will be the maternity department.

1.6 Significance of the Study

While obtaining accreditation is directly linked to improved systems and operational performance overall, it is easy to overlook the effect that ensuing organisational changes may have on key staff cadres. Organisations usually require additional effort from staff, particularly where the accreditation standards carry considerable stringency. Staff are more likely to embrace additional responsibility required for accreditation if they are involved in decision making and the process is managed well, with their welfare in mind. Nurses are at the frontline of providing direct care to patients and would therefore be best placed to enumerate the challenges and successes of accreditation. Their opinions are important because without satisfied nurses, chances of long term success of accreditation are slim. This study will determine whether accreditation has had an influence on the job satisfaction of nurses. It will also seek to establish if hygiene factors (which encompass work environment) and internal motivators are determinants of job satisfaction. The findings will also be important for other institutions in low and middle income countries that are already accredited, in the process of accreditation or plan to apply for accreditation.



CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

The Literature Review Chapter is broadly divided into two sections: a section examining theoretical foundations underpinning job satisfaction (Section 2.1) and a section reporting key experiences with accreditation based on past research and analyses (Section 2.2). These will then guide to the development of a conceptual framework and subsequent analytical work (Section 2.4)

2.1 Theoretical (Methodological) Review

2.1.1 Defining job satisfaction

Job satisfaction has been defined as a positive emotional state that comes about due to one's experiences with their job (Lambrou, Kontodimopoulos, & Niakas, 2010). It is dependent on the characteristics of the individual and how the job is organised (Adams & Bond, 2000). Job satisfaction has still been defined as the level of contentment one has with their job and it remains an important concept in research on behaviour management and issues of human resource. It can be categorised as either affective job satisfaction or cognitive job satisfaction. Affective satisfaction relates to positive emotions in response to a job. On the other hand, cognitive satisfaction is said to be based on job conditions. Cognitive job satisfaction is therefore not based on emotional aspects but on assessment of issues such as remuneration, opportunities, achievement among others (Thompson & Phua, 2012).

2.1.2 Defining motivation

Motivation on the other hand is derived from the Latin word 'to move'. It has been defined as the willingness of an individual to exert persistent effort towards attaining a goal (Bennett, Franco, Kanfer, & Stubblebine, 2001). Motivation has been said to result from fulfilment of the needs of an individual, which can be intrinsic or extrinsic. When these needs are fulfilled, it leads to specific behaviour from the individual (Lambrou et al., 2010). Motivation has also been defined as what people desire to do. It seeks to explain what it is that makes employees behave the way they do and explores the incentives behind certain behaviours (Golshan et al., 2011).

Theories around job satisfaction vary considerably across disciplines and fields of study. This study will be founded on Herzberg's Two-factor theory.

2.1.3 The Two-Factor Theory

The Two-Factor theory is also known as the Motivation and Hygiene theory. It was pioneered by Fredrick Herzberg, a clinical psychologist who set out to establish what influence the nature of one's job and work activities had on motivation and performance (Miner, 2005). He stated that there are certain factors that cause job satisfaction and other factors that cause job dissatisfaction. The hypothesis was that job satisfaction and job dissatisfaction were independent of each other and could not be measured on the same continuum (Maidani, 1991). Job satisfaction and job dissatisfaction are not opposites of each other. They are measured on different scales and different factors contribute to each. The presence of hygiene factors decreases job dissatisfaction while motivating factors increase job satisfaction (Siemens & Business, 2005).

Herzberg said that hygiene factors are extrinsic to the job itself and are also known as 'dissatisfiers' or maintenance factors. These relate to the need of employees to avoid unpleasantness (Alshmemri, Shahwan-Akl, & Maude, 2017). When hygiene factors deteriorate or lack, it causes dissatisfaction to the employee. However, the presence of hygiene factors by themselves do not lead to job satisfaction; rather their presence leads to decreased dissatisfaction (Stello, 2014). Hygiene factors describe the work environment or job context. Examples include salary, fringe benefits, physical working conditions, job security and interpersonal relations.

On the other hand, motivation factors are intrinsic to the job and their presence yields positive satisfaction. They are also referred to as 'satisfiers'. Motivators are factors that give employees morale to work harder and be more committed. Examples include recognition, sense of achievement, growth and promotional opportunities, responsibility and meaningfulness of work (Herzberg, Mausner, & Snyderman, 1959).

Motivation is an internal process and the only way for an organisation to ensure motivated employees is to create a conducive work environment. Worker motivation is critical in healthcare because healthcare delivery is labour-intensive and the quality of services offered is directly related to motivation of employees (Bennett & Franco, 1999)

The managerial implication for this theory is that human resource is an integral part of the organisation. If the goals of the firm are to be achieved, then there is a need to ensure that employees are satisfied. Satisfaction normally leads to increased motivation levels which in turn results in increased productivity within the organisation (Parvin, 2011).

Managers need to ensure that hygiene factors are always present to prevent employee dissatisfaction. However, people are not motivated by addressing hygiene needs. If they want employees to be truly satisfied, then they have to embark on job enrichment by providing motivating factors (Stello, 2014).

2.2 Empirical Review

Quality in healthcare remains an important issue globally, especially for low and middle income countries. Kenya, being a United Nations member state committed to trying to achieve the Sustainable Development Goals (SDGs). Sustainable Development Goal 3 in particular has mandated that member states achieve Universal Health Coverage (UHC) by 2030. UHC covers financial protection and access to quality essential health services.

The Constitution of Kenya 2010 in Article 43(1) (a) also declared that “every person has a right to the highest attainable standard of health, which includes the right to health care services”. This means that even as the government strives to increase access to health care services, it is imperative that it ensures the quality of those services. Accreditation can provide a framework to bring about provision of standardised quality healthcare both in the public and private sector (W. Nicklin, Fortune, Ostenberg, O’Connor, & Mccauley, 2017).

2.2.1 Healthcare Quality and Accreditation

In 2001, The Institute of Medicine (IOM) defined healthcare quality as the extent to which health services provided to individuals and patient populations improve desired health outcomes. It came up with a framework that categorised quality healthcare as that which meets six key dimensions: Safe, Effective, Patient-centred, Timely, Efficient and Equitable (National Committee for Quality Assurance, 2016).

Accreditation is an evaluation process that can be used to ensure hospitals are maintaining the highest standard of care. It is an externally administered instrument to promote continuous quality improvement. Obtaining accreditation is considered an indicator of commitment to quality and safety. It is becoming an important element for healthcare organisations to gain credibility, not only in developed countries but also in developing countries. Other than assuring patients of an acceptable level of quality of healthcare, for the organisation itself, it stimulates continuous improvement in quality through self-assessment, review and measurement by external auditors (Lewis, 2007).

The aim is to improve the effectiveness and efficiency of healthcare organisations in terms of three parameters: structure, processes and outcomes. Accreditation reduces variations in structures and processes when it comes to provision of healthcare thus eliminating or reducing risks which results in better outcomes (Wendy Nicklin & Dickson, 2009).

2.2.2 Experiences with healthcare accreditation

A review of healthcare accreditation research literature showed inconsistent findings when it came to healthcare professionals' attitudes towards accreditation. Different cadres expressed both support and criticism to the process. In the studies where health professionals supported accreditation, the reasons given were it assured quality and better performance of the organisation. The critics however said it was bureaucratic and time consuming, created increased workloads and stress for staff. Of note is that nurse managers were more motivated and positive towards the process due to their organisational responsibilities (Greenfield & Braithwaite, 2008).

Algahtani et al (2017) showed that healthcare workers are generally open to participation in the process of accreditation especially when they are aware of the potential benefits overall. However, they noted that physicians, out of all cadres of healthcare workers, gave the lowest scores on the benefits of accreditation (Algahtani et al., 2017).

A study done in USA showed that there is increased job stress that occurs with accreditation. Nurses in management and administrative positions reported increased workload especially during hospital accreditation reviews. The study suggested that the stress the nurses felt during and before reviews was related to symptoms of depression and anxiety, decreased job satisfaction and deterioration in interpersonal relationships (Elkins et al., 2010). A study done in Ghana (Alhassan et al., 2013) showed a positive correlation between staff motivation levels and quality standards in health facilities. In order for quality improvement plans to be successful and sustainable, there is need to integrate staff motivation strategies.

Greenfield et al (2011) conducted research in Australia to explore staff experiences with and attitude towards the accreditation process. Overall, staff exhibited a positive reaction towards being involved in the accreditation process as it clarified things and gave them a sense of direction. However, frontline staff expressed frustration with regards to documentation especially prior to survey visits by the accreditation team. It was demanding and increased their workload requiring after-hours work time. Although the idea was good, rethinking was needed to make documentation more focused thus less burdensome (Greenfield et al., 2011).

Research done in Denmark led the Ministry of Health to abolish the Danish quality model and hospital accreditation in 2015. This was because of hospital employees' negative attitudes towards accreditation. The main issues noted were increased bureaucracy and the burden of excessive registration and documentation. Frontline staff did not find this to be meaningful. It concluded that if employees were committed to quality improvement, accreditation would be effective. Furthermore, the effects of accreditation largely depended on how the management of organisations chose to implement it. They referenced Donabedian's thesis which postulated that if employees are genuinely committed to quality, almost any mechanism adopted will work. However if they had negative attitudes towards it, then even the best constructed mechanism would fail (Ehlers, Jensen, Simonsen, Rasmussen, & Braithwaite, 2017).

A study done in Brazil to gain perceptions of a multi-disciplinary team to accreditation showed that a majority of the interviewed staff felt a sense of pride working for an accredited institution. The professionals interviewed, including eight nurses and fourteen nursing technicians, felt that working in an accredited institution helped them to grow. Although accreditation demanded work and dedication, the resulting feeling of achievement and pride resulted in increased job satisfaction. The study also emphasised the importance of nursing staff in achieving accreditation as they are in direct contact with patients 24 hours a day (Camillo, Oliveira, Haddad, Cervilheri, & Matsuda, 2016).

A study done in Egypt to compare provider satisfaction in accredited and non-accredited health facilities concluded that those in accredited facilities had significantly higher job satisfaction than those in non-accredited facilities. The study population included doctors, nurses, technicians and administrators. The factors assessed to determine satisfaction were availability of supplies and equipment, workload, constraints at work, professional relationships and financial performance of their units (Al Tehewy, Salem, Habil, & El Okda, 2009).

2.2.3 Factors affecting employee satisfaction

2.2.3.1 Effect of work environment on employee satisfaction

A study done among nurses in American hospitals showed an inverse relationship between stress and job satisfaction. Stress here was seen to be caused by increased workloads and how the work is organised. The study also concluded that the perceived quality of the services nurses offered had an effect on their satisfaction. Nurses who felt that they delivered the highest standards of care to their patients recorded higher satisfaction rates (Adams & Bond, 2000). Still in the USA, a meta-analytical study done in 2007 showed that the three most important

variables connected to job satisfaction of nurses were autonomy, nurse-physician collaboration and stress. Ensuring nurses have autonomy and good interpersonal relations, coupled with mechanisms to reduce job-related stress would result in increased job satisfaction (Zangaro & Soeken, 2007).

Baernholdt & Mark in a study done in 2009 found that increased work complexity for nurses, without compensating increase in staff and support services, resulted in decreased job satisfaction. The main reason for this change was an increase in workload. This in turn results in high turnover and higher vacancy rates. It was recommended that to improve nursing outcomes, the work environment needed to be examined and optimised (Baernholdt & Mark, 2009). In Saudi Arabia, a study done among nurses in three main public hospitals using the Herzberg theory as the theoretical framework established that hygiene factors were less important to the satisfaction of nurses and that the presence of motivation factors led to increased job satisfaction (Alshmemri et al., 2017).

A study done in the pharmaceutical sector in Bangladesh (Parvin, 2011) found that compensation, promotion, work conditions and fairness were the main issues that affected satisfaction among employees. It recommended that pharmaceutical companies should find ways of increasing the pay package of employees while at the same time increasing the number of shifts to reduce workload. Review of literature further revealed that social and professional relationships in the workplace were major determinants of job satisfaction among nurses. Collaboration between nurses and teamwork were seen to have a positive effect on the nurses' job satisfaction (Utriainen, 2009). The study recommended that organisations prioritise strategies that enhance nurses' interpersonal relationships.

2.2.3.2 Effect of involvement in decision making on employee satisfaction

Studies have shown that employees in accredited facilities who are engaged in decision making regarding their work are more likely to be satisfied than those not engaged (Ye et al., 2018). Participation in decision making is a predictor of job satisfaction. The more an employee is given an opportunity to participate in decision making, the more likely they are to be satisfied with their job (Driscoll, 2017).

In Greece, (Iliopoulou & While, 2010) research done on nurses working in critical care showed that professional autonomy was a major factor contributing to job satisfaction. Autonomy here was described as the ability to exercise discretion when making decisions in healthcare. Lack of autonomy was seen to cause increased turnover and attrition. Zangaro et al in 2007 also

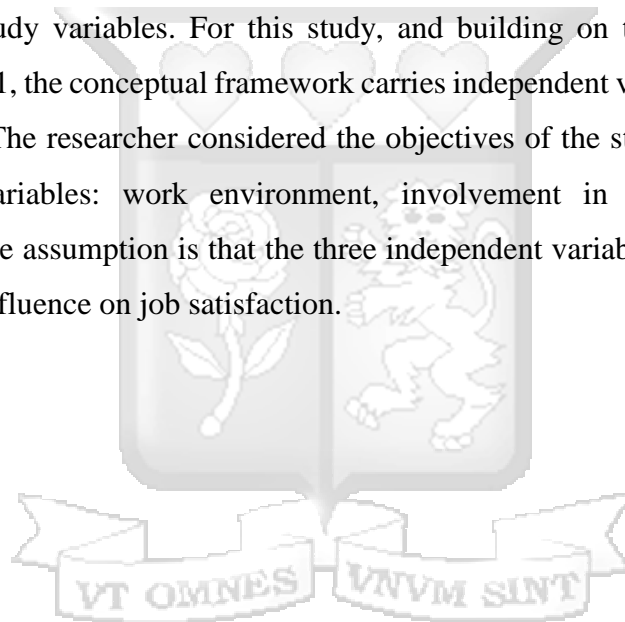
concluded that autonomy was one of the most important variables connected to job satisfaction of nurses. Increased autonomy was a major determinant of job satisfaction.

2.3 Research Gap

Despite numerous literature on job satisfaction among nurses, very few studies have been done on the effect of accreditation on the job satisfaction of nurses. Of the studies done on the link between job satisfaction and accreditation, most have been in high income countries in Europe, USA and Australia. There is very little information on low and middle income countries like Kenya. There is therefore a need to further explore accreditation in relation to the local context.

2.4 Conceptual Framework

A conceptual framework is a visual guide on the main things to be studied. It represents the relationship across study variables. For this study, and building on the Two-Factor theory discussed in section 2.1, the conceptual framework carries independent variables and dependent (outcome) variables. The researcher considered the objectives of the study and came up with three independent variables: work environment, involvement in decision making and motivating factors. The assumption is that the three independent variables could have either a positive or negative influence on job satisfaction.



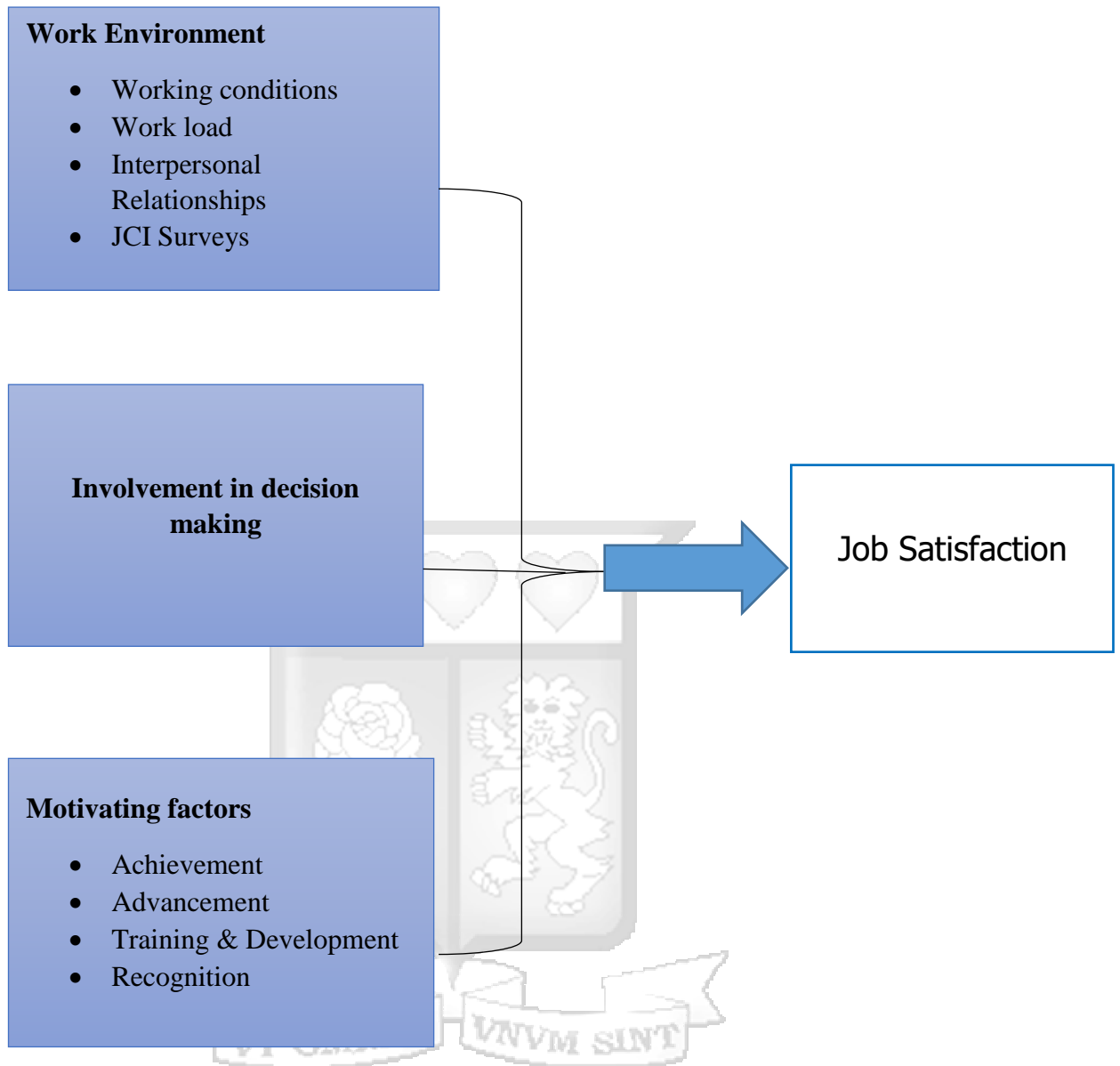


Figure 2.1: Conceptual Framework

According to the Two-factor theory, the presence of hygiene factors decreases job dissatisfaction. Relating to my objectives, work environment represents the hygiene factors. The factors measured were those directly linked to hospital accreditation. That is, the hospital getting accredited had effected a change in the factor. Work environment thus encompassed working conditions (equipment in the department, working hours, staffing levels, salary and documentation), work load, interpersonal relationships and JCI surveys. Involvement in decision making and motivating factors represent the motivators in the Two-Factor theory. According to Herzberg, the presence of motivators causes increased job satisfaction. For this study, the motivating factors focused on were achievement, advancement, training & development and recognition.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the methodology that was used in examining the effect of hospital accreditation on the job satisfaction of nurses at Aga Khan University Hospital- Nairobi. It includes study design, study population, sampling procedures, sample size, data collection tools and data analysis.

3.1 Research Design

The study was a cross-sectional mixed methods study. Mixed method approach comprises two phases; a quantitative survey and a qualitative approach. This enables exploration of underlying factors in more detail thus giving deeper insights as compared to using just one method. It gives a more holistic view (Yin, 2009). With cross sectional studies, data is usually collected at one point in time. This study thus helped to understand the effect that accreditation has had on the job satisfaction of nurses at AKUH at that particular time.

3.2 Population and Sampling

3.2.1 Study setting and Population

This was a case study of nurses working in the maternity department at the Aga Khan University Hospital (AKUH)-Nairobi. AKUH is a private tertiary hospital in Kenya and it was chosen because it was the only hospital in Kenya with the Joint Commission International (JCI) accreditation. There are approximately 300 nurses working at the main hospital, with the maternity department having 60.

The maternity department was chosen because of the associated high workload, which poses specific challenges where additional workloads may be required (as is the case usually when a hospital seeks accreditation). The study focused on nurses because anecdotal evidence suggests that they are the staff most involved in implementing JCI process improvement activities. In addition, they are the staff who interact most with the patients.

3.2.2 Sampling

3.2.2.1 Sample size for Quantitative Data

For the questionnaire survey, simple random sampling was used to select the sample of the study. Yamane's formula was used to determine an appropriate sample size (Yamane, 1967). This was chosen because the population of nurses is finite. The formula is as illustrated below:

$$n = \frac{N}{1 + N(e)^2}$$

Where,

n= the required sample size

N= the study population

1= a constant

e²= estimated standard error which is 0.05 at 95% confidence level

There are a total of 60 nurses working in the maternity department at AKUH. Using the above formula, a sample size of 53 nurses was used.

3.2.2.2 Sample size for Qualitative Data

Purposive sampling methods were used to select participants for the focus group discussions. Two focus group discussions (FGDs) were conducted with 6 nurses each from the maternity department. All these nurses had participated in the questionnaire survey. Bowling (2014) said that investigators should aim for between 6 and 20 participants in an FGD. One FGD focused on frontline nurses who had been with the organisation the longest, while the other included those who have worked for less than two years. It was expected that older and newer staff may have different experiences and perceptions of the accreditation process.

The first phase of the study involved the use of quantitative research methods whereby data was collected from nurses using questionnaires. In the second phase, two focus group discussions were held for the qualitative aspect of the study. The FGDs provided in-depth information and comprised of 6 members each.

3.3 Data collection methods

3.3.1 Questionnaire

Self-administered closed ended questionnaires were used to collect quantitative data (see Appendix 5). The participants were given hard copies that were personally delivered to them in the department by the researcher. This tool was preferred as it can collect a large amount of

quantitative data in a short time. The results of this method formed the basis of the qualitative aspect of the study.

3.3.2 Focus Group Discussion

A focus group is a group of people brought together to discuss a particular issue using open ended questions. The process is a collective activity. The whole essence of an FGD is to encourage interaction among participants so as to generate data (Bowling, 2014). This data collection tool was chosen so as to gain insights and generate ideas from participants which would give an in depth view of the research objectives.

Two focus group discussions (FGDs) were held using a guide with open ended questions (see Appendix 6). All the participants in the FGDs had participated in the questionnaire survey. One FGD included frontline nurses who had been working in the maternity department the longest. They were all working in the hospital before AKUH received accreditation. The second FGD included nurses who had been working in the maternity department for the shortest time. Following the signing of the study informed consent form, the nurses were encouraged to interact with each other and the researcher. The researcher used an unstructured question list to guide the discussions and give direction. This was done in a location that was comfortable to the participants and each FGD lasted approximately 2 hours. Data was collected to the point of saturation where adding participants would not result in additional information. All the discussions were audio-recorded.

3.4 Data Analysis Techniques

The data collected from questionnaires was coded and the Statistical Package for Social Services (SPSS) was used for analysis. Descriptive statistical analyses including measures of central tendency such as mean were used to summarise the data. These results provided the initial information needed for the qualitative component of the research. Qualitative data from the focus group discussions was transcribed and imported into MS Word where thematic content analysis was performed. Key themes and concepts were identified from the written transcripts and audio-recordings. Frequency counts of the main issues that came up during the discussions were undertaken. These key themes were categorized manually by the researcher.

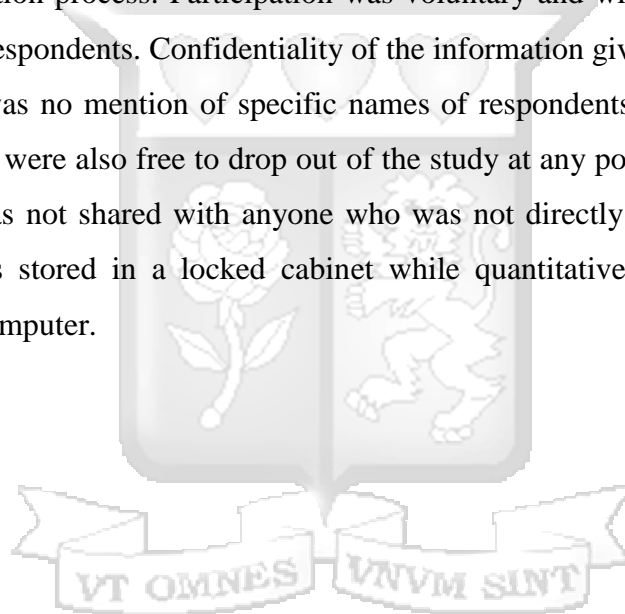
3.5 Research Quality

Reliability is the degree to which a research instrument yields consistent results after a number of trials. The extent to which results are reliable over time. If the results of a study can be reproduced under similar methodology, then it is reliable (Golafshani, 2003). Validity refers to

the accuracy of the instrument in measuring data; the evidence that the research instrument actually mirrors what it is supposed to measure. To enhance reliability, pilot testing of the questionnaire was done to test its clarity and ease of use. Ten nurses from the Accident and Emergency department were given questionnaires to fill. Afterwards, they were given a chance to voice their opinions on the suitability of the questionnaire. Their feedback was used to revise certain aspects of the instrument in terms of wording and length.

3.6 Ethical Issues

Ethical clearance was sought from Strathmore University Institutional Review Board. The researcher also got a letter from Strathmore University that clarified the aim of the research. This was to make it easier for the respondents to understand what the study was about thus easing the data collection process. Participation was voluntary and written informed consent was sought from the respondents. Confidentiality of the information given by respondents was also ensured. There was no mention of specific names of respondents from whom data was collected. Participants were also free to drop out of the study at any point had they wished to. The data collected was not shared with anyone who was not directly involved in the study. Quantitative data was stored in a locked cabinet while qualitative data was stored in a password protected computer.



CHAPTER FOUR: DATA ANALYSIS, RESULTS AND FINDINGS

4.1 Introduction

In this chapter, data collected was analysed and interpreted. The results presented included demographic characteristics of the study population and findings of the study based on the objectives previously outlined.

4.2 Response rate

The study targeted 53 nurses from the maternity department for the questionnaires. 47 nurses filled the questionnaires making it a response rate of 89%. This response rate was adequate to make inferences from the study.

Table 4.1 Response Rate

Questionnaire	Frequency	Percentage
Filled and Returned	47	89%
Unreturned	6	11%
Total	53	100%

For the FGDs, the targeted number was 12 nurses and they all participated. The 12 nurses who took part in the FGDs were part of the initial 53 nurses who participated in the survey.

4.3 Demographics

4.3.1 Gender

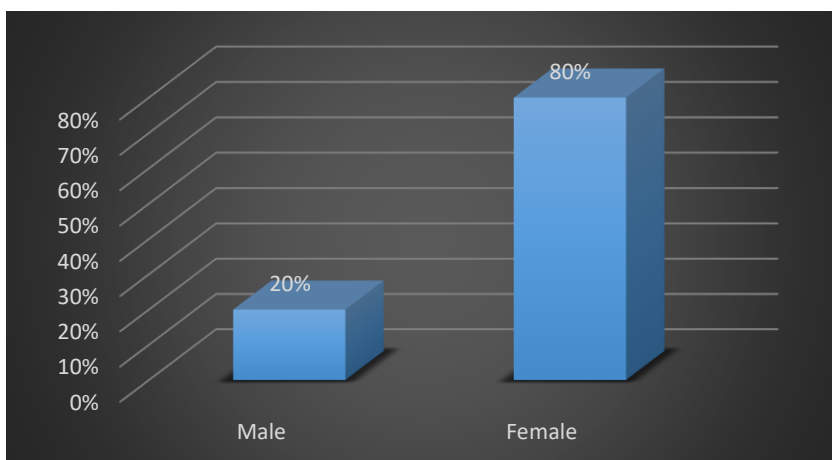


Figure 4.1: Gender

In this study 80% of the respondents were female while 20% were male. Females thus formed a majority of the respondents. This was expected as the nursing profession has historically been dominated by women.

4.3.2 Age

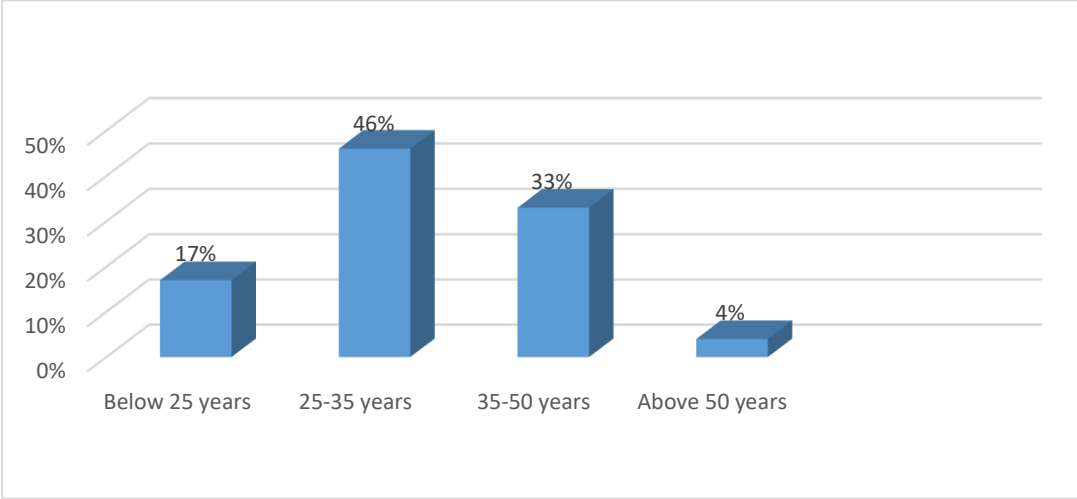


Figure 4.2: Age

Most of the respondents, as shown above were between 25-35 years old, representing 46% of the study population. 33% were between 35-50 years, 17% below 25 years and 4% indicated that they were below 50 years. This indicates that respondents were fairly distributed with regards to age.

4.3.3 Education level

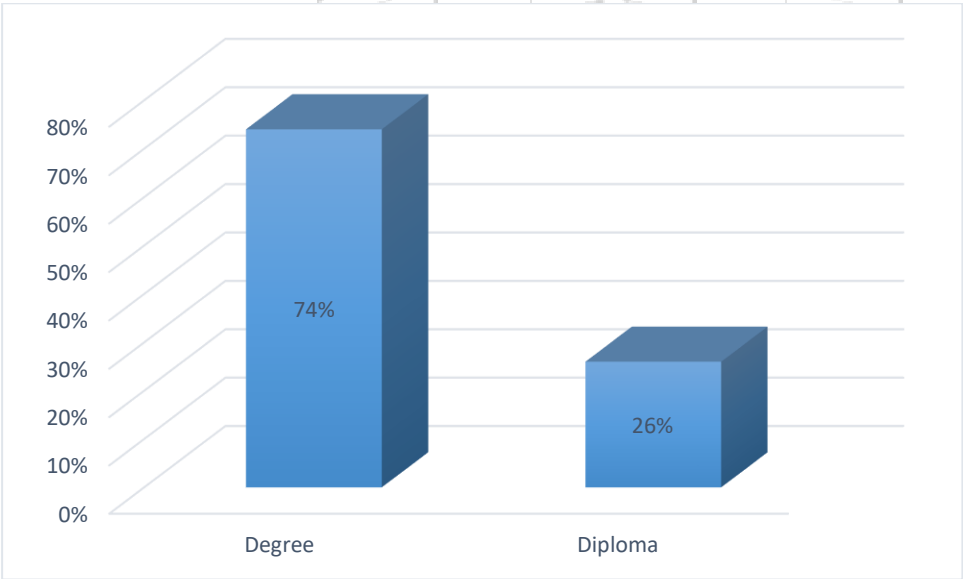


Figure 4.3: Education level

From the findings of this research, all the participants either had a Bachelor's Degree or Diploma. 74% of participants noted that they had a diploma in nursing. This represented a majority. 26% had a Bachelor's Degree. These findings show that the study population was well educated and thus able to give reliable information.

4.3.4 Role in the department

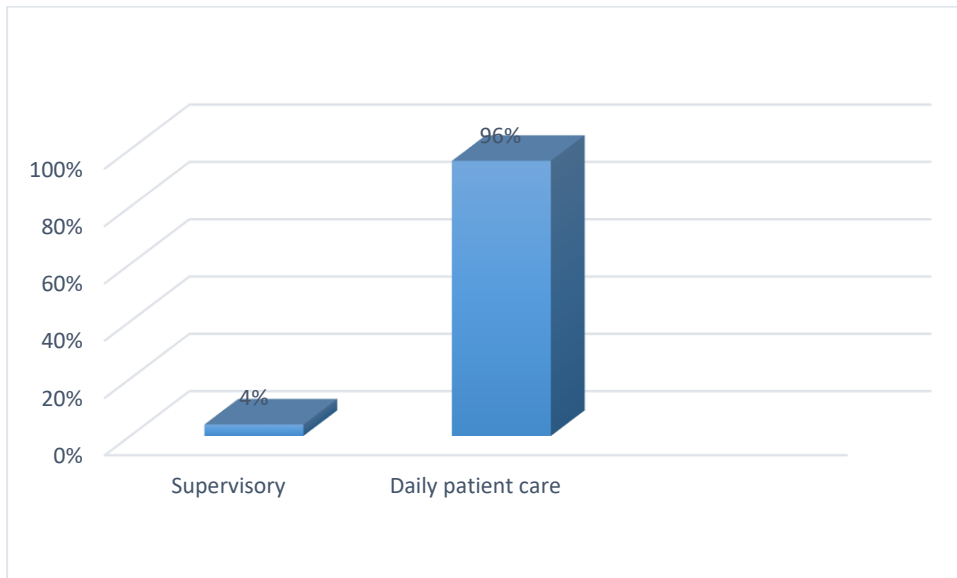


Figure 4.4: Role in department

A vast majority of the respondents at 96% were involved in direct patient care while 4% played a supervisory role. This is illustrated in figure 4.4 above. This indicates that most were frontline nurses and would thus be able to give in-depth views of how accreditation had affected their clinical work.

4.3.5 Duration of work at Aga Khan University Hospital

The study showed that most of the participants at 41% had been working at the facility for 2-5 years, 33% had been working for 6-10 years, 22% for less than two years and a minority 4% for over 10 years. This shows that most had worked for a considerable amount of time (over two years) and hence would be well placed to give insight on the impact of accreditation on their work.

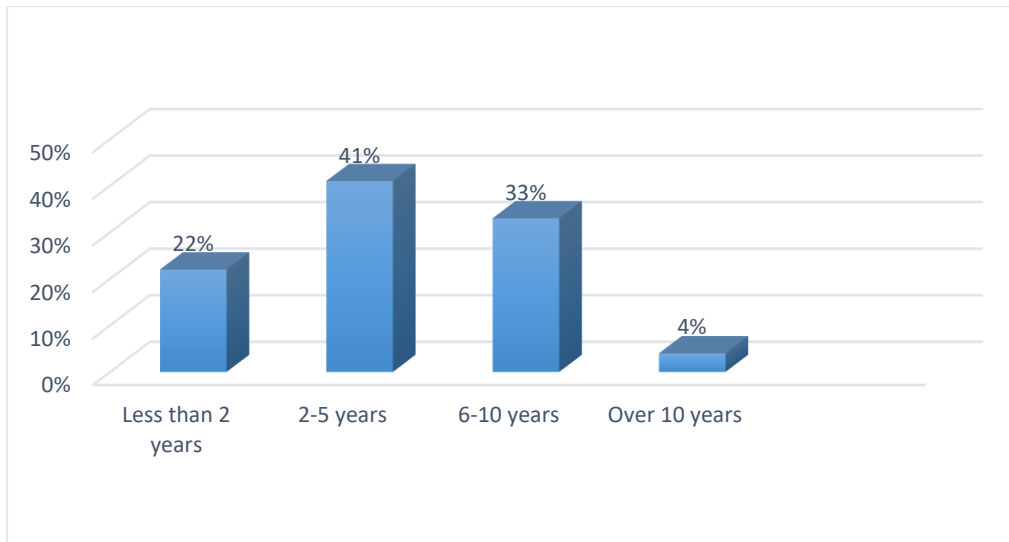


Figure 4.5: Duration of work in AKUH

3.3.6 Duration of work at the Maternity department

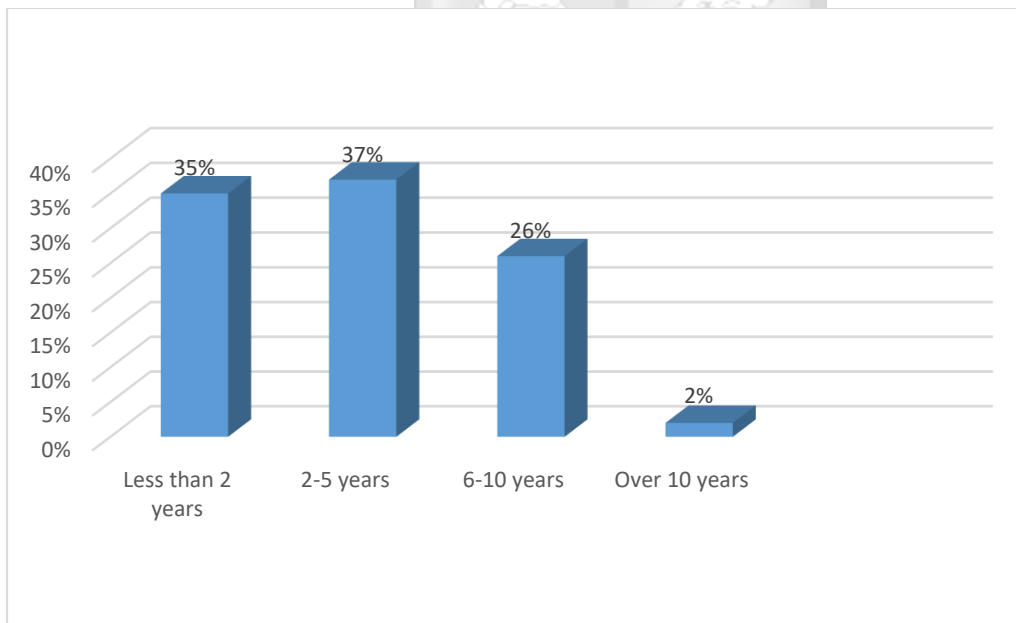


Figure 4.6: Duration of work in maternity department

This indicated that there would be a sufficient number of nurse for both focus group discussions. That is, 6 nurses who had been working in maternity for over five years and 6 who had been working for less than two years as described in the research methodology.

4.4 Work Environment

This study first sought to determine the impact of accreditation on the work environment of nurses. Theory suggests that work environment has an effect on job satisfaction. Respondents were asked specific questions which were ranked on a scale. The findings have been summarised in table 4.2 below:

Table 4.2 Work Environment

	Agree (%)	Neutral (%)	Disagree (%)
Department is well equipped with patient facilities since accreditation	87	2	11
Staffing level is adequate to meet JCI requirements	17	7	76
Workload has been heavy and overwhelming since JCI accreditation	70	13	17
Working hours have been comfortable and satisfactory since accreditation	29	13	58
Accreditation has led to excessive documentation	50	22	28
There has been increased teamwork since accreditation	72	11	17
Accreditation has resulted in a positive relationship with management	48	21	31
I am satisfied with my salary working in an accredited hospital	22	2	75

Based on the results on table 4.2 above, the most positive result on the working environment of a JCI accredited hospital was availability of equipment and facilities in the department. 87% agreed that they had the requisite equipment and facilities to effectively carry out their duties. Another parameter that received largely positive reviews was teamwork within the department with 72% of respondents agreeing that there had been increased teamwork. This is evidence that working towards accreditation left no choice but to work as a team which is a positive effect.

On the other hand, in terms of the staffing level of the department, majority of the respondents at 76% disagreed that the staffing level was adequate. Closely related to that was the issue of workload with 70% agreeing that the workload was heavy and at times overwhelming. This suggests that with the perceived low staff ratios came increased workload. There were mixed views when it came to level of documentation with 50% agreeing that documentation was excessive. 75% of respondents said they were not happy with their salary.

The qualitative component of the study confirmed the various changes that had occurred in the work environment since accreditation. The respondents noted that one of the most positives outcomes of JCI accreditation was access to high quality equipment and state of the art facilities. Many were happy with the reduction to risk when carrying out clinical procedures as they had adequate personal protective equipment. JCI also required regular inspection and maintenance of equipment and appropriate records of this. This ensured that all equipment in the department were always in top condition. Another said that she was happy with the facilities provided for the comfort of staff including a lounge area. Said one of the respondents:

“I have worked in many hospitals before as a nurse and one of my biggest frustrations was lack of proper equipment to do my job satisfactorily. Many were the times I had to improvise which would sometimes put my health at risk. But at AKUH, I have all the equipment I need. This really makes our work easier and more enjoyable.....”

Most of the respondents agreed that the staffing levels could be improved. They said that with the advent of JCI accreditation, the amount of work they had to do automatically increased. This included documentation, checklists and direct care to patients. However, even with the increased workload, there was no proportional increase in the number of nurses working in the department. This explained the perceived heavy workload. In order to effectively complete one’s duties, a nurse had to leave the department even one hour past the end of their shift. The handover procedures were also said to be stringent and many felt it went against their conscience to just leave the department just because their time was up. One nurse said:

“The amount of work I need to do has definitely increased since JCI accreditation. However the number of nurses remained the same for the most part. They try to bring locum nurses every now and then but this is not a permanent solution. We need more permanent nurses”

The FGDs also highlighted that accreditation increased the level of teamwork in the department. The pressure to constantly meet accreditation standards meant that the department was only as strong as the weakest link. They had to work in unity to maintain the quality standards and

ensure the success of their department. This teamwork extended to other cadres working in the department including doctors and housekeeping staff. The result of this was a sense of camaraderie and togetherness. Many expressed that feeling like they were part of a team increased their motivation. One nurse said they were more willing to help each other and this extended even to their personal lives.

On the issue of documentation, views seemed to be split in the middle. The nurses who had been working in the department the longest did not feel like documentation was excessive. This was because they had gotten used to it due to their many years of experience. On the other hand, the nurses who had been there for the shortest time felt like the level of documentation was excessive and increased their workload. Some of the views expressed were:

1. *“...when accreditation was still new of course it took a bit of getting used to but now it is second nature....I’m accustomed to the documentation....In fact I believe it is beneficial for many reasons including patient safety and medico-legal issues”*
2. *“...there are just too many forms to be filled, some I feel are unnecessary...”*

There were also mixed views when it came to their relationship with the management. At least a total of seven in both FGDs expressed that they could speak openly with the nurse in charge of the department and express their concerns. However, many did not feel that accreditation had necessarily opened communication channels with senior management. One noted that openness with management was probably a factor of one’s personality and had nothing to do with accreditation or lack thereof. She felt that she, personally, had a positive relationship with the management and could speak freely. However, many of the respondents still had the fear of being victimised and preferred to lay low. One respondent said:

“I have a positive relationship with our nurse in charge. This is because she is one of us and directly understands our struggles. I’m not sure I would be able to approach senior management though. You never know...what if they consider me a troublemaker....I would rather just tell our nurse in charge and let her follow it up”

The issue of compensation was a contentious one. Some of the respondents said they were satisfied with the overall benefits they received including salary, medical cover, life insurance and gift vouchers every year. Most of the respondents however said they were not satisfied with their pay. One who had been there before accreditation said that they had assumed that with the

advent of accreditation, their salary and benefits would increase. This was not the case. Another issue raised was lack of compensation for overtime work. They felt that if staffing levels were not increased, then it behoved the management to pay them for any extra hours worked.

1. *“Nothing changed for us. Yes, we have the prestigious title, but this has not translated into any tangible benefits for us financially”*
2. *“Our colleagues out there think we are paid so well, working in an accredited hospital and all. You can imagine how discouraging it was to find out that some nurses at public hospitals like Kenyatta National Hospital are paid better than us.....”*

Another aspect of the work environment that was studied was the mandatory JCI surveys which are an integral part of maintaining accreditation status.

Table 4.3 JCI Surveys

	Agree (%)	Neutral (%)	Disagree (%)
I am aware of JCIA goals and expectations	74	6	20
I cope well with workload during the surveys	30	4	66
Management offers adequate support during JCI surveys	48	17	35
JCI surveys are very stressful	61	7	32

From table 4.3, it is evident that the management of the hospital has done a lot to sensitise and create awareness among the nurses on what is expected of them during JCI site visits. 74% agreed that they were aware of JCI goals and expectations. However, a majority 66% indicated that they do not cope well with the workload during surveys. Most of the respondents when asked about stress during JCI surveys agreed that the site visits were very stressful.

The FGDs revealed that all the respondents knew what was expected of them during JCI surveys. The hospital had done a good job of sensitizing them on what accreditation was, its importance and the role of nurses in ensuring JCI surveys are successful. They noted that there was constant communication year in year out on what JCI accreditation entailed. They also had frequent departmental meetings where this was discussed and planned. One respondent said:

“One thing I can say is since accreditation, there has been a concerted effort to educate staff on their role during JCI audits. Even the screen savers on our department computers are automatically set to show JCIA tips! We can’t escape it .This helps to keep us up to date and makes us more confident during the audits...”

The discussions also revealed that the workload during JCI surveys had increased. One participant said that it was well known that when people are being watched they tend to follow the rules more than when no one is watching. This explains the perceived increase in workload. They were quick to clarify that it does not mean that they do not follow JCI standards in between surveys; just that having a third party watching made them more meticulous. They felt that nothing could be left to chance thus things they would normally overlook had to be done as per book during the surveys. One participant said:

“The amount of work we do definitely feels heavier during audits. Even you (the researcher) know how it is when you are being watched (participant chuckles) ...you do extra things to make yourself look better...”

In terms of support from management during surveys, they said that the hospital management ensured they had all the physical resources and information needed prior to the audits. However many said that other than providing the necessary resources to ensure success, they did not feel any emotional or psychological support. Many attributed it to the anxiety and pressure that came about during JCI surveys- no one, not even management, was exempt.

An overwhelming majority said that JCI surveys were very stressful. Apparently some staff dread the surveys so much that they end up taking annual leave when they know the surveys will be conducted. At least two respondents admitted they had deliberately taken sick-off during the surveys. When asked what made it stressful, they said that it was the fear of the unknown. Some said that the surveyors were usually strict and asked random questions, which they didn’t always have the correct answers to. This made them feel like they were letting the team down. Some said they do not cope well in high pressure situations. Even if they know what they are expected to do, sometimes they freeze in stressful situations. The stress was also compounded by management expectations and expectations of the hospital at large. Accreditation is resource and time intensive therefore failure would be disastrous. A respondent said:

“Surveys are no joke. Those external surveyors are no nonsense. Sometimes you find yourself being so nervous and stressed even weeks to the survey....almost like you are actually getting sick”

4.5 Involvement in decision making

The second objective sought to determine the nurses' level of involvement in decisions regarding their work since accreditation. The views of participants with regard to their involvement in decision making are summarised in table 4.4 below:

Table 4.4 Decision making

	Agree (%)	Neutral (%)	Disagree (%)
I often participate in decision making regarding JCIA	24	26	50
I am free to make important patient care decisions since accreditation	56	9	35
Recommendations I make are taken seriously	28	33	39

The quantitative results in table 4.4 showed that only 24% of participants agreed that they participated in decision making regarding their work since accreditation. With regards to professional autonomy in making decisions on patient care, 56% agreed that professional autonomy had increased since accreditation.

The FGDs generally revealed that majority of the nurses felt that they were not really involved when it came to decisions involving their work. One noted that decisions were usually made from the top and trickled down to them. On the other hand, another argued in support of management saying that being an accredited facility, they just had to follow the rules as set by JCI. Meaning that even if the management consulted the staff, at the end of the day, they had to follow the requirements of the Joint Commission International in order to be successful. Many of the respondents agreed that their views were usually sought regarding how to make their work life better. However, they felt that this was just an exercise in public relations as their recommendations were rarely implemented. On the issue of professional autonomy, two respondents said that they had more authority to make decisions regarding direct patient care. This was because they just needed to follow the guidelines set by JCI.

1. *“At the end of the day, decisions are made by the senior managers. We as frontline staff have to toe the line. Don't get me wrong, most of the decisions made are beneficial to us and the patients. It would just be good to be involved more often....”*

2. *“Most of the times I can make independent decisions regarding patient care without always having to seek a go ahead from my seniors”*

4.6 Motivators and Employee Satisfaction

Table 4.5 Motivators

	Agree (%)	Neutral (%)	Disagree (%)
JCI accreditation gives me a sense of achievement and accomplishment	55	11	34
The hospital management recognises my effort in meeting JCI standards.	26	30	44
I have had career advancement opportunities since accreditation	28	7	65
I have had training and development opportunities working in an accredited hospital	60	9	31
Motivation levels among nurses in my department are high	50	2	48
I am willing to put in extra effort to ensure JCI surveys are successful	68	6	26
I would prefer very much to continue working in an accredited hospital in the long run	50	11	43
I am proud to work in a JCI accredited hospital	71	9	20
I am satisfied with my job as a nurse in an accredited hospital	17	9	74

The results from table 4.5 above show that most of the participants felt a sense of achievement and accomplishment working in an accredited hospital. However only 26% felt recognised for their efforts. Approximately 65% of participants did not feel that working in an accredited hospital had given them career advancement opportunities. A majority at 60% agreed that they

had had training and development opportunities since accreditation. Most of the respondents said they were proud to work in an accredited hospital. In terms of overall satisfaction, 74% said they were not satisfied with their job.

The qualitative component of the study revealed that indeed majority of the nurses felt a sense of achievement and accomplishment working in an accredited hospital. Some said that most of the patients who came for treatment usually commended them on the standards of care they had received, compared to other hospitals. This vote of confidence made them feel accomplished. One participant said that every time they were successful after JCI surveys, it made her feel very satisfied and gave her the drive to work even harder for the next audit. Another said working in a facility that abides by the highest standards of quality in healthcare made him feel like he was using his skills to make the lives of patients better.

In terms of recognition for their efforts, the nurses said that the hospital management had made attempts at recognising them for their work. One said the hospital had come up with awards for nurses who were exemplary in their work, for example the 'Huduma Bora' award. This motivated them to do their very best. Another noted that the management also gave all the staff vouchers worth Ksh.5000 every time JCI audits were successful. However, one said that she did not really feel like she was personally recognised for her efforts. She believed that sometimes the mistakes they made were given more attention than their victories. Generally they felt more could be done to recognise their efforts.

In terms of advancement and career growth, many of the participants said they did not feel like working in an accredited facility necessarily put them at an advantage. In fact, one said that she had expected that with JCI accreditation, there would be more opportunities for growth. However that had not been the case. Another said that she had been in the same position career wise for many years and did not have any hopes of making any drastic strides. Three expressed a desire to have a more supervisory role.

These views also applied when it came to their thoughts on training and development opportunities. There was no doubt during the FGDs that working in an accredited hospital had helped to develop the nurses in terms of short courses, Continuous Medical Education (CMEs), seminars among others. Majority noted that the trainings offered by the hospital were to ensure compliance with JCI standards; for example Basic Life Support and short managerial courses. However, some said that they expected the hospital to give them more opportunities to advance their qualifications including sponsoring them for Bachelors and Masters Degrees. More so

because it was actually a university hospital with a nursing school. They said that only a small percentage of nursing staff got to be sponsored for such studies and this was discouraging. One said:

“You would think that having worked in this hospital for many years, I would be given an opportunity to advance my education. Despite many applications, I have never received positive feedback....”

There were mixed views when I asked about their thoughts on working at Aga Khan in the long run. The younger nurses who had not been working at AKUH for more than five years said that they were always on the lookout for better opportunities. Most said that if they found jobs with better working hours that paid more they would leave AKUH. However, most of the nurses who had worked for over five years seemed more content. Some said that the systems at AKUH were hard to replicate elsewhere. They had already become accustomed to certain standards and were not willing to compromise or downgrade. One said that he had already been working at AKUH for ten years and did not see himself going anywhere else. He had seen the growth in the hospital and believed that things could only get better. As quoted:

“...better the devil you know...”

Overall, most felt proud to work in an accredited hospital. One respondent said that in the nursing profession in Kenya, nurses that worked at AKUH were held in very high regard. This was because of their perceived expertise and commitment to quality. Another said that she felt very proud every time the audits were successful. Said one participant:

“I am always eager to associate myself with AKUH because of the good reputation it has. I know I have colleagues who work in other hospitals that never want to say where they work due to bad publicity or reputation...”

CHAPTER 5: DISCUSSION, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter discusses the results of the study and relates them to the study objectives. The study was meant to determine the effect of hospital accreditation on the job satisfaction of nurses working at Aga Khan University Hospital- Nairobi.

5.2 Discussion of Key Findings

5.2.1 Impact of accreditation on work environment

This study sought to find out the perceptions of nurses on the impact of accreditation on the work environment of the nursing department. The results showed that accreditation brought about certain changes in the work environment of the nursing department. First, it was seen that accreditation has had a positive impact on the availability of equipment and facilities to nurses. Another positive outcome that came about due to accreditation was increased teamwork and better interpersonal relationships. This was in line with a study done in Canada that concluded that hospital accreditation enhances teamwork (O'Beirne et al., 2013). Utriainen (2009) also agreed that professional relationships in the workplace were a major determinant of job satisfaction among nurses.

Most of the respondents noted that they had experienced excessive documentation working in an accredited hospital. This necessitated overtime hours to complete one's work. Excessive documentation has been a regular theme in many studies around accreditation. Greenfield and Braithwaite (2011) agreed with the findings of this study in terms of frontline staff saying documentation increased their workload, especially in the run-up to JCI surveys. Heavy workload and unsatisfactory working hours were another central feature in the findings of this study. Most of the nurses expressed that their workload had increased after accreditation. The quality initiative was very stringent and standards to be met were very high. Despite this, the number of nurses working in the department had remained relatively unchanged. The result of this was overtime work that was uncompensated. This had a negative effect on their job satisfaction. Hsu et al (2006) established that for nurses to be satisfied with their jobs, their free time should not be affected by their work. Other studies (Baernholdt & Mark 2009) also determined that increasing work complexity without increasing the number of staff needed to do the work resulted in decreased job satisfaction.

The results of this study also showed that the nurses did not all seem to have a positive relationship with the management. Some expressed fear of being victimised if they aired out their views. Studies have shown that management support is vital to the success of accreditation and maintaining positive employee attitudes. It is important for management to establish open communication channels for staff to air their views (Ehlers et al., 2017). When it came to compensation, most respondents felt like their pay was not satisfactory. Many had expected that accreditation would result in a better benefit package for them. However this was not the case and thus caused increased job dissatisfaction. This is in line with studies done by Parvin (2011) and Hsu et al (2006) that showed that compensation is an important element when it comes to employee job satisfaction.

The mandatory JCI surveys by external reviewers are the most vital component of maintaining a hospital's accreditation status. The results of this study showed a general apathy towards the JCI surveys. Many noted that the survey visits by external observers increased their stress and workload. This is in line with a study done in the USA by Elkins et al (2010) which showed that the stress nurses felt during and before JCI audits were related to symptoms of depression and anxiety. Even though the nurses knew what was expected of them during the survey process, the context and environment of the surveys created anxiety and pressure among them. Greenfield and Braithwaite (2011) said that the style adopted by accreditation surveyors had an impact on motivation of staff. Health workers preferred auditors who engaged them in a collaborative and engaging manner as opposed to those who adopted an investigative manner that undermined their confidence. Critics of Joint Commission have said that it is very rigid and the external reviews have been shown to be punitive and negative rather than encouraging improvement (Smits et al., 2014).

5.2.2 Level of involvement of nurses in decision making since accreditation

Most of the participants said that they did not actively take part in decisions involving their work since accreditation. They noted that there was a top-down approach when it came to decision making. Although their views were normally sought through surveys via the intranet, many were neutral as to whether their recommendations were taken seriously. Another aspect of decision making that was explored was professional autonomy to make decisions regarding patient care. Majority of the nurses said that since JCI accreditation, they had more opportunities to make clinical decisions without having to seek permission from their supervisors- so long as these decisions were in line with JCI standards. This autonomy was seen to increase the satisfaction of nurses. Iliopoulou & White (2010) in their study on the link

between professional autonomy and job satisfaction showed a direct relationship between the two variables.

5.2.3 Effect of internal motivators on job satisfaction since accreditation

The results of this study showed that most of the participants felt a sense of achievement and accomplishment working in an accredited hospital. They linked this to being able to deliver the highest level of quality in healthcare to patients. Camillo et al (2016) showed that even though accreditation demands work and dedication, the result is usually achievement for those involved. When it came to recognition, many nurses said they did not feel recognised for their efforts. Even though the hospital management had come up with the 'Huduma Bora' award that recognised the best nurses, they felt this was not adequate. Some felt that mistakes were also usually focused on more than successes. The discussions revealed that they would be more satisfied if their role was recognised more often for its positive aspects. These findings were in line with a study done in Lebanon that showed that staff working in accredited hospitals did not feel recognised and rewarded for their efforts which decreased their job satisfaction (El-Jardali et al., 2014).

Most respondents said they had not experienced career advancement opportunities working in an accredited hospital. Many had been in the same level for a long time while others expressed a desire to be given a supervisory role. Studies have shown that lack of career advancement in nurses leads to decreased job satisfaction (Mehrdad, Izadi, & Pouryaghoub, 2014). Opportunities for training and development were seen to have increased since the accreditation of the hospital. This is in line with JCI standards that require employees to have specific clinical competencies. Greenfield (2008) in his study found a positive relationship between accreditation programs and the development of healthcare professionals. However, the nurses said that although they were happy with the short courses and continuous medical education, what they really desired was the opportunity to upgrade their qualifications. Most were diploma holders and wanted to be sponsored to pursue Bachelor's degrees at the hospital's university.

Most of the respondents said they were proud to work in an accredited hospital. A majority of the nurses expressed pride at AKUH successfully completing the JCI surveys and the good reputation the hospital had. These findings can be related to a study done by Camillo et al (2016) that linked pride in one's work to increased job satisfaction. There were mixed views when it came to overall motivation levels among nurses. Half of the respondents said motivation levels were high. Most of the nurses during the FGDs said that they were willing to put in extra effort

to ensure that the accreditation processes were successful. This was because of the duty of care they had towards the patients and the overriding culture of quality and safety in the organisation. However, they noted that this did not mean that everything about their jobs was satisfactory.

Overall, most of the nurses said they were not satisfied with their job. This was contrary to a study done in Egypt that showed that health care workers working in accredited hospitals usually have high job satisfaction (Al Tehewy et al., 2009). The respondents said that the key things that made them feel dissatisfied were the perceived high workload and poor pay, lack of recognition and lack of advanced training and advancement opportunities.

5.3 Conclusion

This study showed that nurses working at AKUH were not satisfied with their jobs. Nurses were dissatisfied with certain aspects of the work environment including excessive documentation, heavy workload, low staffing levels, poor pay and JCI surveys. These changes in the work environment were linked to accreditation. The study also revealed that there was little involvement of nurses in decision-making regarding their work since accreditation. To add on to that, nurses were not satisfied with the level of recognition, career advancement and training opportunities since the hospital got accredited.

5.4 Recommendations

Work Environment

On the issue of staffing levels and workload, the hospital should make efforts to increase the number of nurses working in each department based on the workload. This would then improve the working hours. This should not be a stop gap measure like hiring locum nurses (temporary staff who are hired when there seems to be a need). More permanent nurses need to be employed. Clinical staff do not contest that documentation is important, however changes need to be made in order to make it more focused and less burdensome. This however would need to be done in collaboration with JCI so as to tailor make it for AKUH. Even as this is done, it is important not to compromise on the core principles of the quality initiative.

There should also be an effort to improve the remuneration and benefits of nurses so that they are commensurate to their working hours and also to the current market rates. It was perceived that since they do more work than nurses in other hospitals, then realistically they should be paid more and given extra benefits. Any overtime work done also needs to be compensated.

Overall, staff agree that JCI surveys are important as the auditors' reports are essential for quality improvement efforts. Changes however need to be made on how these surveys are conducted to make it more acceptable to staff. There seemed to be a positive reaction towards group interviews as opposed to formal one-on-one interviews. Participants noted that this would reduce their fears and anxieties as they would have support from their colleagues.

Involvement of nurses in decision making

Even as the management seeks the input of nurses through online surveys and department meetings, they should make a concerted effort to update staff on the findings of such surveys and the actions taken if any. This feedback would prevent disillusionment among the nurses. Management also needs to ensure that there are open communication channels and that staff feel free to air their views without victimisation. This could be by holding open forums with select nurses representing various departments so that employees can give their suggestions and express their concerns; management can then respond directly. Staff involvement and participation will positively affect satisfaction.

Internal motivators

The management should improve on their recognition of nurses. This can be by simple mechanisms such as offering gratitude if they do something well or through official appreciation and recognition by senior management. When it comes to training, the management should find a way of offering higher level training opportunities including Bachelor's degrees for those who have shown commitment to working in the hospital. They can start small – sponsoring one or two nurses per department every year and then grow the numbers with time. Such people can then be bonded at AKUH for a few years after. Nurses should also be given a fair chance when it comes to professional growth and career advancement. This is important because for them to feel satisfied in the long run, they need to be challenged and have opportunities for promotion.

5.5 Areas for further research

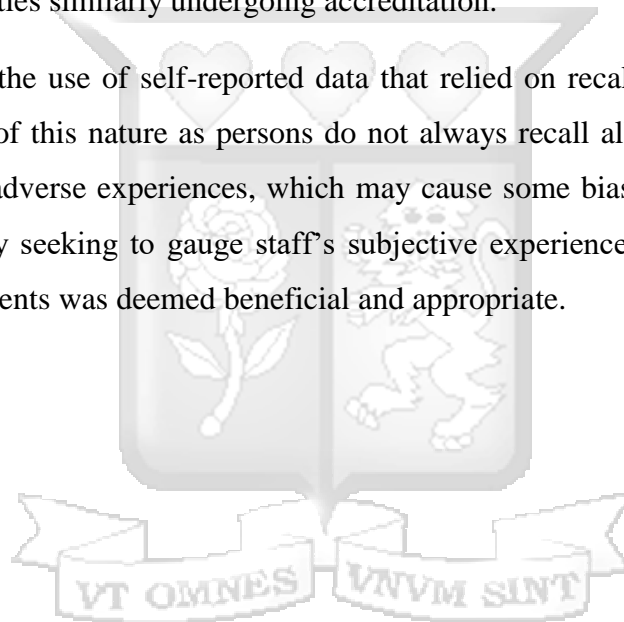
Studies on the effect of accreditation on job satisfaction should be done among nurses in other departments in the hospital. The findings of this study could form a framework to focus any further research. Other cadres within the hospital, including doctors and allied professionals should also be studied to assess the impact of accreditation on their jobs. As more facilities get

accredited, research should be done on nurses in these institutions to assess the effect of accreditation and make comparisons to AKUH.

5.6 Limitations of the study

This study was a single-site, single department study, limiting its applicability across other types of facilities and departments. This was mainly due to time and resource constraints. Maternity department was purposely chosen as maternal care is currently a major policy issue and this department is known to have a high workload already without bringing in accreditation. It was felt that nurses working in this department would be best placed to enumerate the effect accreditation has had on job satisfaction among nurses. For this reason, while the results cannot be generalised broadly, the themes identified are likely to reflect experiences across other departments and facilities similarly undergoing accreditation.

Another limitation is the use of self-reported data that relied on recall. Recall bias is a real challenge for studies of this nature as persons do not always recall all experiences (they are more likely to recall adverse experiences, which may cause some bias). However this was a case study specifically seeking to gauge staff's subjective experiences, and getting them to report such adverse events was deemed beneficial and appropriate.



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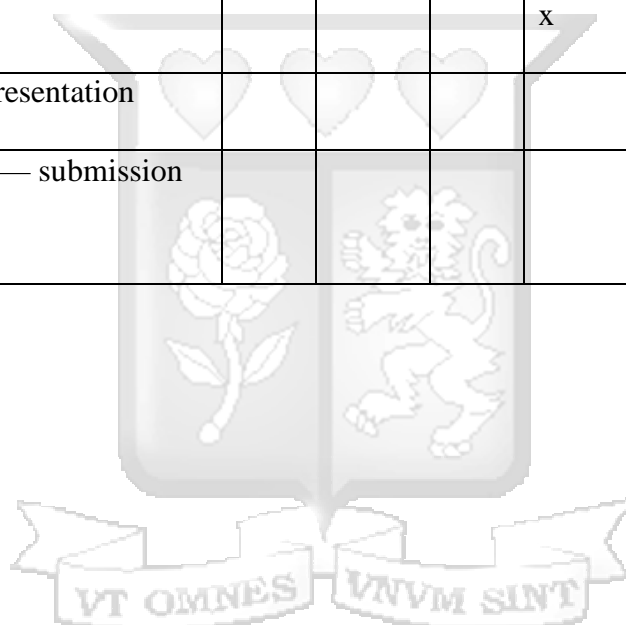
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APPENDICES

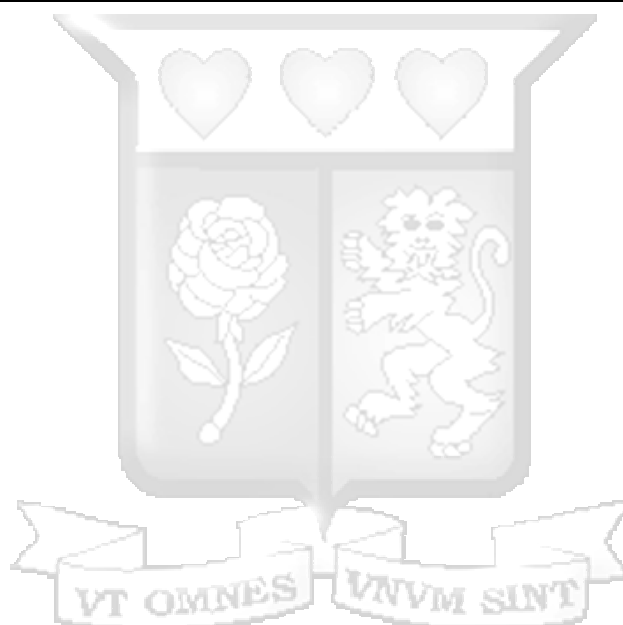
APPENDIX 1 - Timeline Of Activities

Activity	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Apr 2018
Problem identification and proposal development	x	x	x				
Submit and defend proposal				x			
Data collection				x	x	x	
Data analysis and presentation						x	
Final draft prepared— submission of study report							x



APPENDIX 2 - Research Budget

ITEM	QUANTITY	PRICE (Kshs)	TOTAL COST (Kshs)
Questionnaires	60	10	600
Printing and binding proposal	3	400	1,200
Printing and binding final report	4	600	2,400
Refreshments for focus group discussions (FGDs)		5,000	5,000
Audio recorder		7,000	7,000
Miscellaneous		10,000	10,000
TOTAL			26,200



APPENDIX 3 - Participant Information and Consent Form

TITLE: THE EFFECT OF HOSPITAL ACCREDITATION ON THE MOTIVATION AND JOB SATISFACTION OF NURSES: A CASE STUDY OF AGA KHAN UNIVERSITY HOSPITAL-NAIROBI

SECTION 1: INFORMATION SHEET

Investigator: Dr. Evangeline Owino

Institutional affiliation: Strathmore Business School (SBS)

SECTION 2: INFORMATION SHEET–THE STUDY

2.1: To determine the effect of hospital accreditation on the motivation and job satisfaction of nurses at AKUH- Nairobi

2.2: Do I have to take part?

Taking part in this study is entirely optional. If you decide to take part, you will be asked to complete a questionnaire to get information on the effect accreditation has had on your job satisfaction and motivation. You are free to decline to take part in the study from this study at any time.

2.3: Who is eligible to take part in this study?

Nurses working in the maternity department at the Aga Khan University Hospital- Nairobi

2.4: Who is not eligible to take part in this study?

Anyone who doesn't fall in the above (2.3) category

2.5: What will taking part in this study involve for me?

You will be approached by the researcher and requested to take part in the study. If you are satisfied that you fully understand the goals behind this study, you will be asked to sign the informed consent form (this form) and then taken through a questionnaire to complete.

2.6: Are there any risks or dangers in taking part in this study?

There are no risks in taking part in this study. All the information you provide will be treated as confidential and will not be used in any way without your permission.

2.7: Are there any benefits of taking part in this study?

The information will be used to:

- Bring out the experiences of nurses working in a JCI accredited hospital. There have been no such studies in Kenya yet. This will help to encourage further studies in this field.
- The hospital management will benefit from this study too as they will be informed of the possible consequences that the pursuit of accreditation may be having on their staff and propose possible solutions to mitigate any inadvertent effects.
- The study will also be beneficial to the health sector in Kenya as more hospitals are projected to seek accreditation. It will act as a guide when it comes to staff welfare.

2.8: What will happen to me if I refuse to take part in this study?

Participation in this study is entirely voluntary. Even if you decide to take part at first but later change your mind, you are free to withdraw at any time without explanation.

2.9: Who will have access to my information during this research?

All research records will be stored in securely locked cabinets. That information may be transcribed into a database but this will be sufficiently encrypted and password protected. Only the people who are closely concerned with this study will have access to your information. All your information will be kept confidential.

2.10: Who can I contact in case I have further questions?

You can contact me, Dr. Evangeline Owino, at Aga Khan University Hospital- Nairobi, or by e-mail (evaowino@gmail.com), or by phone (0725 528 375).

You can also contact my supervisor, Dr. Francis Wafula, at the Strathmore Business School, Nairobi, or by e-mail (fwafula@stathmore.edu) or by phone (0722 679 467).

If you want to ask someone independent anything about this research please contact:

The Secretary–Strathmore University Institutional Ethics Review Board, P. O. BOX 59857, 00200, Nairobi, email ethicsreview@strathmore.edu, Tel number: +254 703 034 375

I, _____, have had the study explained to me. I have understood all that I have read and have had explained to me and had my questions answered satisfactorily. I understand that I can change my mind at any stage.

Please tick the boxes that apply to you:

Participation in the research study

- I AGREE to take part in this research
- I DO NOT AGREE to take part in this research

Storage of information on the completed questionnaire

- I AGREE to have my completed questionnaire stored for future data analysis
- I DO NOT AGREE to have my completed questionnaire stored for future data analysis

Participant's Signature: _____ Date: _____

_____/_____/_____

DD / MM / YEAR

Participant's Name: _____ Time: _____

/_____

(Please print name) HR / MN

I, _____ (Name of person taking consent) certify that I have followed the SOP for this study and have explained the study information to the study participant named above, and that he/she has understood the nature and the purpose of the study and consents to the participation in the study. He/She has been given the opportunity to ask questions which have been answered satisfactorily.

Investigator's Signature: _____ Date: _____

_____/_____/_____

DD / MM / YEAR

Investigator's Name: _____ Time



APPENDIX 4 - Participant Questionnaire

THE EFFECT OF HOSPITAL ACCREDITATION ON THE MOTIVATION AND JOB SATISFACTION OF NURSES: A CASE STUDY OF AGA KHAN UNIVERSITY HOSPITAL- NAIROBI.

Please tick as appropriate

DEMOGRAPHICS

1. What is your gender?

- Male
- Female

2. How old are you?

- Below 25years
- 25-35years
- 35-50years
- Above 50years

3. How long have you worked at Aga Khan University Hospital- Nairobi?

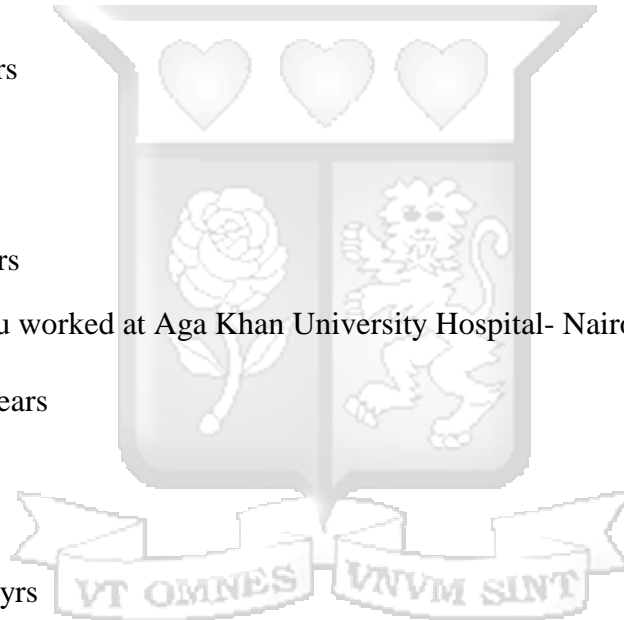
- Less than 2 years
- 2-5years
- 6-10years
- More than 10yrs

4. How long have you worked in the maternity department?

- Less than 2 years
- 2-5years
- 6-10 years
- More than 10 years

5. What qualifications do you hold?

- Degree
- Diploma
- Certificate



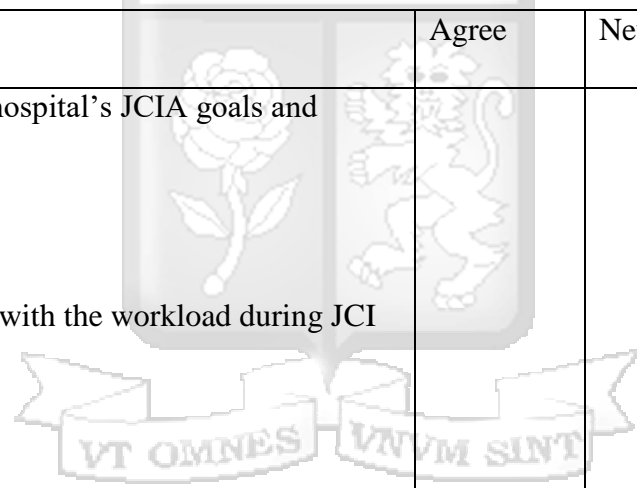
6. What is your primary role in the department?

- Supervisory
- Daily patient care

Please read each of the following statements and rank their importance based on the scale provided.

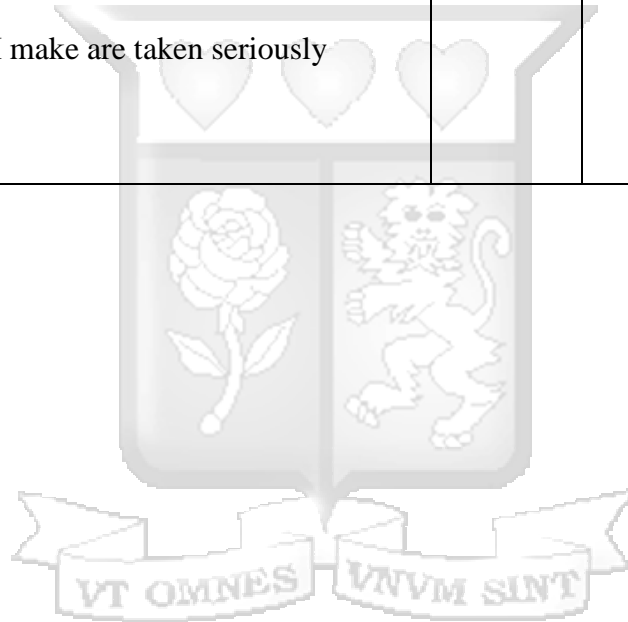
WORK ENVIRONMENT	Agree	Neutral	Disagree
The department is well equipped with patient facilities to meet JCI standards			
Staffing level of nurses is adequate given the workload since accreditation			
Workload since JCIA is heavy and overwhelming			
Current working hours are comfortable and satisfactory			
Level of documentation since JCIA has been excessive.			
There has been increased teamwork since JCIA			
I have a positive relationship with management since accreditation			

COMPENSATION	Agree	Neutral	Disagree
I am satisfied with my current salary			
I am compensated well for any overtime work in pursuit of JCIA			



JCI SURVEYS	Agree	Neutral	Disagree
I am aware of the hospital's JCIA goals and expectations			
I usually cope well with the workload during JCI surveys			
The management offers adequate support during JCI surveys			
JCI surveys are stressful			

DECISION MAKING	Agree	Neutral	Disagree
<p>I often participate in decision making regarding my work since JCI accreditation</p> <p>I am free to make important patient care decisions since the hospital was accredited</p> <p>Recommendations I make are taken seriously</p>			



MOTIVATIONAL FACTORS	Agree	Neutral	Disagree
<p>JCIA processes give me a sense of achievement and accomplishment.</p> <p>The hospital management recognises my effort in meeting JCI standards.</p> <p>I have had career advancement opportunities since accreditation</p> <p>I have had training and development opportunities working in an accredited hospital</p> <p>Motivation levels among nurses in my department are high</p> <p>I am willing to put in extra effort to ensure JCI audits are successful</p> <p>I would prefer very much to continue working at AKUH in the long run</p> <p>I am proud to work in a JCI accredited hospital.</p> <p>Overall, I am satisfied with my job since the hospital was accredited</p>			

APPENDIX 5 - Guide for Qualitative Data

1. Let's talk about the job related changes that occurred with the implementation of Joint Commission International (JCI) accreditation:

(Assess changes in the work environment and operations of nursing department; also include effect of JCI audits and their levels of involvement in decision making)

2. What are some of the challenges you have faced since JCI accreditation?
3. What are some of the successes that have come about due to working in an accredited facility?
4. What needs to be done to make you more satisfied with your job?
5. Are you still highly committed and motivated to work at Aga Khan University Hospital – Nairobi for the considerable future? Why?

