

An-Najah National University
Faculty of Graduate Studies

**Enhancement of Patient's Centered Healthcare
Services after Applying Hospital Accreditation
Standards at An-Najah National University Hospital:
Quantitative Cross Sectional Study**

By

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Supervisor

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**This Thesis is Submitted in Partial Fulfillment of the Requirements for
the Degree of Master of Public Health Management, Faculty of
Graduate Studies, An-Najah University, Nablus-Palestine.**

2021

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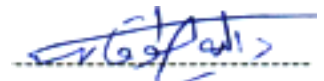
**By
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Dedication

إلهي لا يطيب الليل الا بشكرك ولا يطيب النهار الا بطاعتك ولا تطيب اللحظات الا بذكرك ولا تطيب الاخرة الا بعفوك ولا تطيب الجنة الا برؤيتك فلك الحمد.

الى سيدي وحببي وأطيب من وطئت قدماه الثرى الى سيدي محمد صلى الله عليه وسلم والى اصحابه الاطهار.

الى من كلله الله بالهيبة والوقار، الى من احمل اسمه بكل افتخار ارجو من الله ان يمد في عمرك لترى ثمارا قد حان قطافها بعد طول انتظار.... والدي الحبيب

الى التي راني قلبها قبل عينيها وحضنتني احشائها قبل يديها الى من ساندتني في صلاتها ودعائها. حفظها الله واطال في عمرها بالصالحات.... أُمي الغالية.

الى سندي وعضدي الى من شاركوني طفولتي وأحبوني بصدق واخلاص وتعاون معي لإتمام دراستي هذه ... اخوتي الأعزاء ،واخواتي الحبيبات (مصطفى، حسن)، (منار، مرام، جنان، شروق، ختام، روان). أدامكم الله لي سنداً.

الى من سكنت روحي بروحه فكان نعم السد والسند في رحلتي العلمية والبحثية ولم يدخر جهدا في مساعدتي ، ادامك الله لي سندا طول العمر، اشكر من لازال قلبه يحتضنني ويهديني العطاء والحب والتضحية.زوجي الحبيب (محمد).

الى ملائكتي، الصغار، الى اطفالي وقرة عيني الي بلسم جراحي، عصافير الحب (كرم، كريم، كنان).

الى الذين مهدوا لنا طريق العلم والمعرفة الى جميع أساتذتي الافاضل (د. مريم الطل، د. عبد السلام الخياط، د. حمزة الزبيدي، د. راية صوالحة، د. وفاء مناوي، د. فهد السيد) واخص بالذكر الدكتور (جمال القدومي) الذي كان له الفضل الكبير بعد الله عز وجل لإتمام رسالتي. جزاكم الله كل خير.

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الاقرار

أنا الموقع أدناه، مقدّم الرسالة التي تحمل العنوان:

**Enhancement of Patient's Centered Healthcare Services after Applying
Hospital Accreditation Standards at An-Najah National University
Hospital: Quantitative Cross Sectional Study**

أقر بأن ما اشتملت عليه هذه الأطروحة إنما هو نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد. وأن هذه الرسالة كاملة، أو أي جزء منها لم يقدم من قبل لنيل أي درجة أو لقب علمي أو بحثي لدى أي مؤسسة تعليمية أو بحثية أخرى.

Declaration

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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Date: 30 /12 /2021

التاريخ:

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List of Abbreviation

ISO	the International Standards Organization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCI	Joint Commission International
QI	Quality Improvement
A&E	Accident and Emergency
CCHSA	Canadian Council on Health Services Accreditation
N	PopulationThe size of the
Z	Class standard corresponding to the level of significance (0.95) and is equal to (1.96)
Q	The error rate is equal to(0.05)
P	Ratio provides a neutral property and equal (0.50)
IPSG	International Patient Safety Goals

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Abstract

Patient-centred health care is an approach in which people who use health services are equal partners in planning, developing and monitoring care to ensure that it meets their needs. Placing people and their families at the centre of decisions and considering them as experts who work alongside health professionals to achieve the best outcomes is the mainstay of this approach. The goal of implementing the hospital accreditation standards program is to ensure that standards and policies agreed upon and approved by a neutral body are followed and applied in hospitals, in order to improve the performance of health care services provided, and to grant them a certificate of accreditation as recognition of their implementation of quality improvement standards. Due to the challenges that facing the Palestinian health sector along with increasing criticism of it, we will shed the light on rights of patients and their families, access to and continuity of healthcare, diagnostic services, patient care and other hospital related services.

Aims of the Study: The main objective of the study is to investigate the enhancement of patient's centred healthcare services after applying hospital accreditation standards at Al-Najah National University Hospital.

Method: A cross sectional study conducted using a standardized self-administered questionnaire.

Results: The results of this study showed that gender, educational attainment, and job description positively affect the improvement of medical services provided to patients. However, age, experience and marital status do not affect the improvement of services provided to patients. This study also proved that the hospital with an accreditation certificate has better and more developed medical services.

Conclusions: There is a positive impact of accreditation programs on healthcare environmental processes.

Keywords: Accreditation, Patients, Hospital, Health services, Enhancement.

Chapter One

Introduction

1.1 Background

The quality system in the field of health care has a great peculiarity; the most important feature of which is that it deals with people, whether they are service providers or beneficiaries of this service. Therefore, many international organizations have begun to establish rules for accreditation systems for health care institutions, focusing primarily on the patient benefiting from the service, in addition to the technical, administrative, and technological aspects of health care service delivery systems (Reisi et al., 2019).

It should be noted here that the importance of nursing lies in the need for the health care provider to take care and treat the patient while he is in the hospital, to provide him with full health care, and to reduce his physical and moral pain. The health care provider is concerned with guiding the patient and his family to the matters that must be taken into account, in order to be treated and avoid any complications, and to guide them to preventive methods (Pomey, 2010).

Patient-centred health care is an approach in which people who use health services are equal partners in planning, developing and monitoring care to ensure that it meets their needs. This means placing people and their families at the centre of decisions and considering them as experts who work alongside health professionals to achieve the best outcomes. Through

this approach, patients and families are considered equal partners and experts in decision-making, especially with regard to their health services, where the philosophy revolves around providing services with patients, not to them. Accordingly, applying hospital accreditation standards would be of a great significance for the enhancement of patient's centered health care services (Andres et al., 2019).

Accreditation in the field of health care has been defined as an integrated process that includes a set of steps by which a health organization is evaluated to see if it meets a set of standards and principles related to quality. This evaluation is usually carried out by an impartial, independent national body, not affiliated with the hospital (Devkaran & O'Farrell, 2015).

The standard is a level that determines the type of work to be accessed or achieved, in order to reach accreditation. Indeed, it covers all areas of hospital work, such as the rights of patients and their families, access to and continuity of health care, diagnostic services, infection control and prevention, safety, support services, information management, human resources, publication and training, quality improvement, patient safety, and nursing services (Shaikh, 2019).

Accreditation standards for the quality of hospitals and other health care facilities were developed by the American College of Surgeons, and were first applied in the United States in 1917. In 1947, the International Standards Organization (ISO) was established, and accreditation officially began in the United States with the establishment of the Joint Commission

on Accreditation of Healthcare Organizations (JCAHO) in 1951. And between (1960 and 1970) this model was exported to Canada and Australia until it reached to Europe in 1980, then the accreditation programs began to spread all over the world, including the Arab countries in 1990(David & Valas,2017).

The goal of implementing the hospital accreditation standards program is to ensure that standards and policies agreed upon and approved by a neutral body are followed and applied in hospitals, in order to improve the performance of health care services provided, and to grant them a certificate of accreditation as recognition of their implementation of quality improvement standards. Applying hospital accreditation standards affects the health care facility's culture, which plays a major role in shaping the identity and communication channels; refining the decisions of managers, dyeing its organizational structures, and drawing career growth paths in it as well. (Shaikh, 2019).

In Palestine, at August 2020, An-Najah National University Hospital is the first Palestinian academic medical center accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCI). It should be noted here that the accreditation has been granted, in accordance with its commitment to the evaluation standards of the International Committee, which focused on three main axes. The first axis is related to patient care and direct safety, the second axis focused on the administrative system of

the hospital, and the third axis is manifested in the standards of student training and development, in addition to scientific research.

It is worth mentioning here that the hospital's accreditation is a testimony to the hospital's progress and vision aimed at improving all services it provides to move forward in keeping pace with scientific progress and international health development. Besides that, it deepens its commitment to providing high-quality medical services to patients, preserving their safety and advancing the scientific, research, and academic level. In a nutshell, this study aimed at investigating the impact of applying hospital accreditation standards on improving health care services level and enhancing patient's centered health care services at An-Najah National University Hospital.

1.2 Problem statement

Because of the challenges facing the Palestinian health sector and with the increasing criticism of the reality of health services in Palestine, This study is the first in Palestine that sought this topic, in this study we will shed the light on rights of patients and their families, access to and continuity of healthcare, diagnostic services, patient care, in addition to environmental safety, support services, patient safety, medical records and information management, medical and nursing staff, in order to see the effect of hospital accreditation on improving health care services provided to patients in An-Najah National University Hospital, and whether it affects the hospital negatively or positively.

1.3 Significance of study

The importance of the study stems from the fact that it focuses on the ability of An-Najah Hospital, being the first hospital that obtained (JCI) certification at the end of 2020, to implement hospital accreditation standards policies and their impact on improving the level of health care services provided to patients in the hospital.

The importance of these standards and their application in the hospital's ability to advance healthcare services provided in both theoretical and practical terms. As for the practical application, it appears through setting clear strategic goals as qualification and training of medical and administrative cadres to provide optimal service, the development of scientific research ,develop medical services to simulate international laws, and ensure the highest levels of safety and quality, working permanently on hospital departments, and providing them with the latest medical devices worldwide; providing the best medical services to patients and reviewers with high quality within a professional environment, solving problems and overcoming obstacles through the presence of a professional team working in a team spirit, local cooperation, partnership and cooperation relations with the Arab community and the organic origin, the neighbouring region , to exchange scientific and practical experiences. to implement the standards and clarify their importance in improving the health service provided to patients and its continuity, thus enabling the hospital administration to reach the ultimate goal behind all this, which is to

maintain the health of patients at the highest possible degree through the quality of application of accreditation standards.

The theory is to develop the hospital's ability to represent these standards through approved policies written in the hospital's manuals for implementing the standards and identifying the staff working in the hospital.

The importance of the study is a step in the path of scientific research, which helps researchers to progress, and provides them with topics related to the subject of study, and this study will be a starting point for new studies about it, and thus it will be in libraries and an important reference for scholars in the same field.

1.4 Aim of the study

The main objective of the study is to investigate the enhancement of patient's centred healthcare services after applying hospital accreditation standards at An-Najah National University Hospital.

1.5 The sub-objectives of the study are as follows:

- To assess the relationship between the application of hospital accreditation standards with its components (patient rights standards, standards for the application of medical and nursing procedures, environmental safety standards, standards for improving quality and patient safety) and improving the level of medical and nursing care services at An-Najah University Hospital at Nablus City.

- To assess the relationship between the application of hospital accreditation standards with employment characteristics (age, gender, experience and academic qualification) and improving the level of medical and nursing care services An-Najah University Hospital at Nablus City.

1.6 Research questions

- Are there statistically significant differences in the application of hospital accreditation standards with its components (patient rights standards, standards for the application of medical and nursing procedures, environmental safety standards, standards for improving quality and patient safety) and improving the level of medical and nursing care services at An-Najah University Hospital at Nablus City?
- Are there statistically significant differences in the application of hospital accreditation standards, related to employment characteristics (age, gender, experience and academic qualification) An-Najah University Hospital at Nablus City?

1.7 Null Hypothesis

- H_0 : There are no statistical differences at the significance level ($\alpha=0.05$) in the application of hospital accreditation standards with its components (patient rights standards, standards for the application of medical and nursing procedures, environmental safety standards, standards for improving quality and patient safety) and improving the

level of medical and nursing care services at An-Najah Hospital University at Nablus City.

- H 1 :There are a statistical differences at the significance level ($\alpha=0.05$) in the application of hospital accreditation standards with its components (patient rights standards, standards for the application of medical and nursing procedures, environmental safety standards, standards for improving quality and patient safety) and improving the level of medical and nursing care services at An-Najah Hospital University at Nablus City
- H 0 :There are no statistical differences at the significance level ($\alpha=0.05$) in the application of hospital accreditation standards and the variables of personal, related to employment characteristics (age, gender, experience and academic qualification) An-Najah Hospital University at Nablus City.
- H 1 :There are a statistical differences at the significance level ($\alpha=0.05$) in the application of hospital accreditation standards and the variables of personal, related to employment characteristics (age, gender, experience and academic qualification) An-Najah Hospital University at Nablus City.

1.8 Conceptual Definitions

- **Patient:** Any person receiving medical attention, care or treatment, and is often sick or injured and needs treatment by a doctor or any medical specialist. This person may suffer from weakness, fatigue, and the inability to carry out his life affairs in a proper manner as in the normal situation (Frampton et al., 2017).
- **Health Care Services:** It is a specific set of main services provided by health facilities or canters with the aim of providing all drug treatments for all diseases and various health problems, and working to provide the necessary set of instructions for the prevention of diseases in addition to the development of healthy behaviours of individuals (Al-Damen, 2017).
- **Hospital Accreditation:** It is a process of self-evaluation and external peer evaluation used by healthcare facilities and organizations in order to accurately assess their performance against established standards and to implement methods for continuous improvement (Shaikh, 2019).
- **Enhancement:** It is a systematic approach used to reduce or eliminate waste, reduce losses, and restore business performance (Desveaux et al., 2018).

1.9 Operational Definition

- **Patient:** is any person who receives medical attention, care, or treatment. This person is often sick or injured and needs treatment by a doctor or any other medical specialist. A- person who visits a doctor for a periodic examination is considered sick.
- **Health care services:** are the sum total of public and private services and institutions provided by the state to take care of the health of its citizens, whether in its sector or within the private sector, and it is entrusted with the approach of the patient. It includes all hospitals, clinics, pharmacies, human resources, including doctors, nurses, engineers, medical devices, technicians, researchers, and all those who work in this field.
- **Hospital accreditation:** has been defined as “A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve”. And hospital accreditation is not only limited to setting and rules: analytical, guiding and self-improving dimensions of the process.
- **Enhancement: transitive** Verb: Increase, Special Augmentation: To increase or improve value, quality, desirability or attractiveness, measured by questionnaire.

Chapter Two

Literature Review

2.1 Overview

This chapter will present the studies that discuss the enhancement of patient's centred healthcare services after applying hospital accreditation standards.

The increased international focus on improving patient outcomes, safety and quality of care has led stakeholders, policy makers and healthcare provider organizations to adopt standardized processes for evaluating healthcare organizations. Accreditation and certification have been proposed as interventions to support patient safety and high quality healthcare (Brubakk et al,2015).

A literature review using twelve recent studies showed that hospitals that obtained hospital accreditation, improving and enhancing the level of medical care provided to patients and increasing the strength of hospitals in the country.

Previous studies in Arab Country:

In Asia:

Despotou et al, (2020) performed cross-sectional observational study in South Korea, the aim of this study to explore nurses' attitudes toward Joint Commission International (JCI) accreditation and its perceived impact on

patient safety, as well as the perceived degree of implementation of the International Patient Safety Goals (IPSG), in tertiary care , the sample size was focused on nurses working in South Korean tertiary hospitals with an aim to include representation from all ranges of experience ,the tool consisting of an on line questionnaire (N = 76) and a semi-structured Skype interview (N = 5,The result showed , An overarching positive attitude toward accreditation was found. Association between experience and attitude toward certification ($\rho = .345$, $p = .002$) and perceived positive impact of safety ($\rho = .338$, $p = .003$) were identified. Participants agreed that the IPSG have been implemented.

Another qualitative approach study conducted in Jordan (Algunmeeyn et al 2020), the main purpose of this study was to explore the benefits associated with implementing an accreditation programme in hospitals, from the perspective of doctors and nursing staff,

The study sample consists of 10 nurses at different levels and 10 doctors, including different specialists from two Jordanian hospitals (one private and one public), The study tool is face-to-face interviews, The results of the study showed that four key benefits of accreditation were recognized in the sampled hospitals: quality improvement, patient satisfaction, patient safety, cost-effectiveness and improved reputation.

Also across-sectional survey study conducted by Reisi et al.(2018)in Iran, the purpose of this study was to examine the impact of accreditation on nurses' perceptions of quality of care and to determine those barriers and facilitators needed for effective implementation of accreditation, the sample size included nurses with at least 5year work experience, the study tool was questionnaire and its components were the following 10 socio-demographic variables were used: age, gender, professional experience, educational status, and staff position. The questionnaire also includes 9 dimensions, encompassing a total of 54 items, with quality results, 5 items; leadership, commitment, and support, 9 items; strategic quality planning, 7 items; quality management, 6 items; education and training, 3 items; rewards and recognition, 3 items; use of data, 7 items; staff involvement, 5 items; and benefits of accreditation, 9 items. Questions were scored on point Likert scale ranging from 1“strongly disagree” to 5 “strongly agree” combined with a “don't know” option. Cronbach α coefficient for the questionnaire was 0.958 and for dimensions represented, in addition, the questionnaire included 2 open-ended questions allowing the respondent to identify challenges and barriers to the process of accreditation, enabling accreditation and success factors for improving its implementation.

1. What are, in your opinion, the most important barriers/challenges in the accreditation process?
2. List the enabling and success factors to better implement accreditation in the future?

The result showed ,the scales measuring benefits of accreditation had the highest mean score followed by strategic quality planning, education and training, and staff involvement. Regression analysis indicated that leadership, commitment, and support; education and training; rewards and recognition; and staff involvement were factors affecting quality results. Barriers encountered included financial and capital resources, staff, institutional, and patients. Hospital accreditation has a positive impact on quality of care.

Katoue et al, (2018) conducted a phenomenological qualitative framework study in Kuwait. This study aimed to explore the perceptions of healthcare professionals (HCPs) about healthcare accreditation, perceived challenges to implementing accreditation, and views on how to overcome these challenges. Sample size 30 HCPs ,a tool using seven focus group interviews, the result noted The HCPs indicated that accreditation enhanced patient safety culture at their organizations through staff adherence to good practices, improved documentation and patient handover practices, and incident reporting. The facilitators to the implementation of accreditation that emerged from interviews included administrative support, staff training about accreditation, and expansion in application of electronic systems. Participants reported several challenges to implementing accreditation including challenges related to staff (eg, high workload, burdens imposed by accreditation requirements), challenges related to organizational system and resources (eg, poor teamwork among HCPs, inadequate infrastructure in some facilities), and challenges related

to patients (eg, poor understanding about accreditation). However, most participants expressed positive attitudes towards accreditation and appreciated its impact on quality of healthcare. Participants suggested ways to support accreditation such as increasing staff numbers to reduce workload, enhancing staff motivation and education about accreditation, developing proactive leadership and staff teamwork, and improving patients' awareness about accreditation.

Yahyavi et al (2018), conducted a study in Iran. The study design descriptive-applied study, the main purpose of this study to investigate the challenges of establishing the 3th edition of Iranian national accreditation standards in the hospitals affiliated to Islamic Azad University. Sample size was 239 employees (37 directors, 143 nursing staff and 59 physicians) participated in the study from two educational, research and therapeutic hospitals of Bu-Ali and Amir al-momenin. Nursing staff and physicians were selected by simple random sampling and managers by census method, The measurement tool was a questionnaire, The results showed that the most challenges of accreditation implementation from the viewpoint of participants were lack of personnel (87.87%), high number of standards and measures (81.17%), encountering the hospital's medical staff with heavy shift work (79.92%), the lack of budget (75.73%), and non-participation of physicians (62.76%).

Saddati et al (2018), carried out a qualitative study involving a phenomenological approach to studying nurses' in Iran. The purpose of this study is to investigate nurses' accreditation experience and its effects on Iranian teaching hospital service quality, the sample size Iranian nurses, the tools of this study using two focus groups in which nurses were selected using purposive sampling the result noted, Nurses' experiences showed that hospital administrators and nurses had greater role in implementing accreditation than other occupational groups. Accreditation improved patient-centeredness, patient safety, logistics and managerial processes and decision making. However, a weak incentive system, extra documentation and work stress were negative experiences.

Another across-sectional and descriptive-analytic study conducted by Pourrabia et al,(2018) aimed to investigate nurses' perceptions of and attitudes toward the effects of hospital accreditation on their service quality in an eye hospital in Tehran in 2016, sample size was 200 nurses , questionnaire was used as a tool ,the result was noted that the independent variables of nurses' participation and the benefits of accreditation had predicted 63% of the variations in the dependent variable of "quality. "Also, the results of structural equation modelling showed that the benefits of accreditation (regression weight = 0.22) had a significant effect on quality outcomes ($P = .02$). Moreover, the participation of nurses (regression weight = 0.61) had an important effect on quality outcomes ($P < .001$). Finally, the benefits of accreditation had a significant association with the nurses' participation (regression weight = 0.50) ($P < .001$).

According to the results of the present study, the hospital accreditation program had positive effects on the quality of care from the studied nurses' perspective.

A paper published in Iran, a cross-sectional study conducted by Mohebbifar et al (2017), the main objective of this study was to test any relationship between patient satisfaction and hospital accreditation, the tool included a self-made questionnaire and data on hospitals accreditation scores were obtained from the Curative Deputy of Hamadan University of Medical Sciences, the sample size was seven hospitals in Hamadan, the result showed a strong relation between satisfaction scores and length of stay, hospital type, human resources condition, information, communication and education, medical equipment and physical structure, accessibility to clinical services, emotional support, management and coordination of care. Findings also revealed a significant negative association between hospital accreditation and patient satisfaction except for the domain of emotional support.

Algahtani et al, (2017) conducted Cross-sectional survey study in Jeddah, Saudi Arabia, The main aim of this study was to assess the perceptions of health professionals on the impact of JCI accreditation and implementation of change towards the delivery of quality patient care, the sample size of the study consist of physicians, nurses, medical technologists, dietitians, and other allied healthcare professionals, The study tool was questionnaire, The results of the study showed that demographic data shows that the

majority of the participants were nurses (n = 488, 54.16%), followed by doctors (n = 166, 18.42%). Most of the respondents presenting the department for surgery were (n = 92, 10.2%). There were only 4 (0.4%) ICU responders. Hospital accreditation combined an overall worthy response from various occupational health groups in the three dimensions. The mean (standard deviation) of the dimensional values was the co-dependence, benefit of accreditation, and quality of dependence results, as perceived by health professionals in our survey, accreditation had a positive impact on the process and implementation of change in the hospital that resulted in improvement in the delivery of patient care and other health services.

In Africa

Another study in Port-Said –Egypt ,A descriptive exploratory research study , conducted by [Farh et al \(2020\)](#).The study aimed to identify factors affecting implementation of nursing services accreditation standards in Port Said general hospitals ,the tool of this study was questionnaire, the sample size included 105 from different categories of nursing staff, the results was noted showed that more than one third of studied nursing staff had high awareness score about hospital accreditation while less than half of them had moderate awareness score , in addition nursing staff awareness for such aspects of accreditation (Preparation - Outcomes- Pre-requisites) was generally high. Continuous improvement was the highest factor affecting implementation of Nursing Services Accreditation

Standards (NSAS) in Port Said general hospitals while financial incentives was the lowest from studied nursing staff point of view.

Sulistyo et al.(2019), conducted a cross sectional study in four hospitals in Selman, Yogyakarta , Indonesia .This study aimed to determine the status of accreditation and other factors that influence the satisfaction of hospitalized patients in the hospital. The sample size in this study was 200 inpatients were selected for this study by proportional random sampling, The tool of this study was questionnaire and analysed by path analysis, the result was noted Patient satisfaction was directly and positively affected by age >18 years old (b = 2.34; 95% CI= 0.33 to 2.50; p= 0.023), gender (b = 1.02; 95% CI = 0.08 to 1.96; p = 0.034), length of care> 3 days (b= 0.99; 95% CI= 0.043 to 1.95; p= 0.041), independent funding sources (b= 1.50; 95% CI= 0.47 to 2.53; p= 0.004), good service quality (b = 3.42; 95% CI = 2.31 to 4.53; p <0.001), and good accreditation status (b = 3.33; 95% CI = 2.12 to 4.54; p<0.001). Satisfaction is directly and negatively influenced by work (b = -1.37; 95% CI = -2.32 to -0.41; p = 0.005). Patient satisfaction was influenced indirectly and positively by accreditation status through good service quality (b = 0.70; 95% CI = -0.04 to 1.96; p = 0.037). Patient satisfaction was influenced indirectly by age> 18 years through service quality (b = 1.50; 95% CI = 0.49 to 2.50; p = 0.036).

Nemat-Allah et al, (2019) conducted descriptive study in Egypt. The aim of this study is to investigate the impact of hospital accreditation on the quality of health services delivery, from the point of view of the health

service providers and recipients of the service. The study surveyed 500 clients of the health care services recipients and 400 service providers. A total of (400) questionnaires were distributed to the service providers, (560) for the service recipients and (500) questionnaires were retrieved from the service recipients and (360) and staff. The result showed of this study have shown that health accreditation leads to the improvement of the quality of the provided healthcare services, from the point of view of both recipients of the health service and health providing services. Accreditations are necessary to be applied to health care organizations and systems and are designed to support and sustain improvement of patient care and environmental safety.

Chapter Three

Methodology

3.1 Overview

This chapter presents an overview of the research methodology that was used for this study. It included: study design, site and setting, Population, inclusion and exclusion criteria, sample size and sampling process, ethical consideration, reliability and validity, Data collection procedure, Data Collection, Data analysis plan.

3.2 Study Design

A cross sectional study conducted using a standardized questionnaire.

3.3 Study site and setting

The study was at An-Najah National University Hospital in Nablus City, which is one of the main and educational hospitals in Palestine, and it is the first hospital that obtained a JCI certificate at the end of 2020.

3.4 Population

The researcher was targeted all nurses (diploma, bachelor's, master's) in various departments and units as (ICU, CCU, E/R , NICU ,Surgical ward, medical ward, pediatric ward, obstetrics and gynaecology word ,who worked in An-Najah National University Hospital in Nablus.

3.5 Sample Size Calculation

Sample size was calculated (162) nurses, according to population (100-279) nursing who worked at An-Najah hospital, and the equations were used the sample size was calculated based on the equation was to Steven Thompson including:

N: The size of the Populations.

Z: Class standard corresponding to the level of significance (0.95) and is equal to (1.96)

Q: The error rate is equal to (0.05)

P: Ratio provides a neutral property and equal (0.50)

$$n = \frac{N \times P(1 - P)}{\llbracket N - 1 \times (d^2 \div z^2) + P(1 - P) \rrbracket}$$

According to the analysis of power, (162) nursing were recommended for sample estimated size.

The researcher took all the samples(279) .

3.6 Eligibility Criteria

3.6.1 Inclusion criteria

- Male and Female nurses.
- Aged ≥ 22 years old.

- Diploma, bachelor, master and doctor degree.
- Nurses with full time work in An-Najah National university Hospital.

3.6.2 Exclusion criteria

- Nurses ≤ 21 years old.
- Nurses with part time work.
- Nurses whose working outside An-Najah National university hospitals.

3.7 Data collecting tools

The tool consisted of: a questionnaires was used as a tool, for nursing staff at An-Najah National university Hospital, the questionnaire used in this study consisted of two parts; the first part covered demographic data of participants, and the second part included general questions related to the study, 4 sections representing the accreditation standards in which the level of strengthening the services provided by nursing to patients were studied, these levels are: the patients' rights standards which consisted of 18 questions, the nursing medical care standards consisting of 22 questions, The criteria for improving quality and patient safety consist of 15 questions and the Environmental Safety Standard consists of 15 questions, with a score of 1 to 5 on the Legert scale where (5) is considered strongly agreed and (1) strongly disagreed.

3.8 Reliability and validity

These questionnaires are taken from a previous research about reliability and validity and they were audited by specialist Doctors before being published, these questionnaires are taken from previous research on reliability and validity and have been audited by specialized doctors before being published. The researcher distributed (279) questionnaires. 270 questionnaires were returned.

Reliability

Table 1: Reliability Statistics

	Cronbach's Alpha	N of Items
Patients' Rights Standards	.910	18
Standards for improving medical and nursing care	.930	22
Standards for quality improvement and patient safety	.958	15
Environmental safety standards sub-scale	.926	15

3.9 Data collection procedure

First of all, the required approvals was obtained from the Institutional Review Board (IRB) for the College of Medicine and Health Sciences at An-najah National University ,First, the required approvals were obtained from the Institutional Review Board (IRB) of the Faculty of Medicine and Health Sciences at An-Najah National University, then the researcher went to An-Najah National Hospital to meet with the nursing official there, where the study was explained, its objective, the contents of the questionnaire and the target party in the study, and that the participant can withdraw From the study, since the participant's personal data will not be

required in the research and the purpose of participation is for scientific research only and there are no risks. Then, questionnaires were distributed to the appropriate nurses in An-Najah hospitals in Nablus city.

3.10 Data analysis plan

For data statistical processing, the researcher used (SPSS) statistical packages. Descriptive part includes frequency, percentage, mean, SD, and graphs as appropriate. For inferential statistics part, the t-test and ANOVA test. It is noted here that study tool reliability tested using split half method, so that Cronbach Alpha was used.

3.11 Ethical considerations

The study proposal was submitted to the Ethics Committee of An-Najah University to obtain ethical approval aimed at ensuring and preserving the rights of research participants and the capabilities of researchers to qualify and have basic research principles. In addition to an ethical permit from An-Najah National University Hospital represented by its medical director.

The researcher included that the participants voluntarily participate in this research, and they were always be reminded of their right to withdraw from the study at any time, and they were allowed to ask any direct inquiries or request any clarification. Each participant was provided with private information including study procedures and the researcher's contact number, even minor risks of annoyance were explained, their rights to

confidentiality and anonymity were outlined, and no names would be mentioned in the analysis, and the data was secured with limited access to the researcher only. Use the data for scientific purposes only.

3.12 Limitations

The COVID-19 pandemic and the quarantine may affect feasibility and time of research conduction.

The study was conducted in one centre as there is no other hospital in west bank got the accreditation yet.

Strength point:

This is the first study of its kind to exist regarding Enhancement of Patient's Cantered Healthcare Services after Applying Hospital Accreditation Standards in Palestine.

Participant response was high 270 out of 279 (response rate= 96.7%).

Cooperation of employees participant of participating in the study.

Chapter Four

Results

4.1 Overview

This chapter presents the study results containing the features of the respondents and the average percentages of the responses for each of the survey's items.

Participants' characteristics:

It is clear, by looking at the results in the **first** table, that most of the participants in the study were married (59.6%) registered nurses (70.9%), with age group between 22 to 30 years (58.5%), had clinical experience between 3 to 7 years (51.7%), and had a first university degree in nursing (68.3%). But it regarding the participants' gender, the sample includes nearly the same percentage of male (51.3%) and female (48.7%).

Table 2: participants' characteristics

		Frequency (n)	Percent (%)
Age (years)	22-30	155	58.5
	31-39	84	31.7
	40-48	19	7.2
	More than 49	7	2.6
Gender	Male	136	51.3
	Female	129	48.7
Experience (years)	3-7	137	51.7
	7-10	99	37.4
	More than 11	29	10.9
Education level	Diploma	67	25.3
	Bachelor	181	68.3
	High diploma	6	2.3
	Master	11	4.2
Profession	Practical nurse	67	25.3
	Staff nurse	188	70.9
	Physician	3	1.1

	Other	7	2.6
Social status	Married	158	59.6
	Single	100	37.7
	Other	7	2.6

The results in table 2 show that the participants' answers are positive towards the application of patients' rights standards paragraphs, as nearly 62.4%-91.7% of participants agree or strongly agree approval of the application of patients' rights standards in the hospital and their awareness of it.

The highest items of patients' rights standards that participant agree or strongly agree approval of the application were "I save procedure consent forms in the patient's record." (91.7%), "Forms are used to document patient consent to provide therapeutic procedures (eg, anesthesia, blood transfusion, and surgery)." (89.8%), and "Consent forms are used to provide therapeutic procedures at all hospital sites" (90.2%). While the least items of patients' rights standards that participant agree or strongly agree approval of the application were "Approval forms for therapeutic procedures are added to the patient's file by the entry unit" (63.7%), "The patient's complaint is taken seriously" (63.8%), and "The hospital allows complaints by patients regarding the care provided" (68.3%).

Table 3: Patients' Rights Standards

			Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Statements	MR	n (%)	n (%)	n (%)	n (%)	n (%)
1	The hospital applies clear policies regarding patient rights.	4.17	3(1.1)	9(3.4)	30(11.3)	120(45.3)	103(38.9)
2	The hospital documents patient rights policies	4.19	4(1.5)	5(1.9)	30(11.3)	124(46.8)	102(38.5)
3	All patients have equal right to health care regardless of gender, race, culture and religion	4.25	7(2.6)	7(2.6)	21(7.9)	109(41.1)	121(45.7)
4	I inform the patient about the nature of his health condition first hand.	4.30	3(1.1)	4(1.5)	24(9.1)	114(43)	120(45.3)
5	I involve patients in making decisions about their health care	4.20	5(1.9)	5(1.9)	21(7.9)	134(50.6)	100(37.7)
6	I inform the patient of all his rights related to health care while he is in the hospital	4.22	2(0.8)	7(2.6)	26(9.8)	125(47.2)	105(39.6)
7	The hospital applies policies to maintain confidentiality of patient information	4.26	4(1.5)	6(2.3)	22(8.3)	117(44.2)	116(43.8)
8	The hospital applies a “right to pain treatment” policy to control pain	4.38	3(1.1)	8(3)	16(6)	96(36.2)	142(53.6)
9	The patient is given the right to refuse treatment.	4.14	3(1.1)	12(4.5)	40(15.1)	100(37.7)	110(41.5)
10	I use forms to document a patient's refusal of treatment.	4.24	4 (1.5)	4(1.5)	37(14)	99(37.4)	121(45.7)
11	Forms are used to document patient consent to provide therapeutic procedures (eg, anesthesia, blood transfusion, and surgery).	4.47	1(0.4)	5(1.9)	21(7.9)	79(29.8)	159(60)
12	Consent forms are used to provide therapeutic procedures at all hospital sites	4.39	3(1.1)	1(0.4)	22(8.3)	103(38.9)	136(51.3)
13	Approval forms for therapeutic procedures are added to the patient's file by the entry unit	3.68	22(8.3)	23(8.7)	51(19.2)	91(34.3)	78(29.4)
14	I save procedure consent forms in the patient's record.	4.49	2(0.8)	2(0.8)	18(6.8)	84(31.7)	159(60)
15	The hospital allows complaints by patients regarding the care provided.	3.82	22(8.3)	8(3)	54(20.4)	92(34.7)	89(33.6)
16	The patient's complaint is taken seriously.	3.71	26(9.8)	9(3.4)	61(23)	88(33.2)	81(30.6)
17	Patient property is protected through hospital policy	3.95	16(6)	9(3.4)	45(17)	98(37)	97(36.6)
18	The hospital staff is informed of all procedures concerned with all patient rights provided.	4.04	7(2.6)	7(2.6)	40(15.1)	125(47.2)	86(32.5)

MR: Mean Rank

The results in table 3 show that the participants' answers are positive towards the application of Standards for improving medical and nursing care paragraphs, as nearly 59.6%-91.7% of participants agree or strongly agree approval of the application of Standards for improving medical and nursing care in the hospital and their awareness of it.

The highest items of Standards for improving medical and nursing care that participant agree or strongly agree approval of the application were "I verify the identity of the patient with the identification bracelet on his hand" (91.7%), "I document all actions taken with the patient in his medical record"(91.7%), and "I report changes in the patient's health condition"(91.5%). While the least items of Standards for improving medical and nursing care that participant agree or strongly agree approval of the application were "I do an assessment of the patient's growth properly according to the age group and document it if the patient is in the pediatric department" (59.6%), "Emergency calls are responded to in no more than seven minutes" (66.8%), and "Training courses are conducted to enable the ability of workers to classify patients" (81.9%).

Table 4: Standards for improving medical and nursing care

			Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Statements	MR	n (%)	n (%)	n (%)	n (%)	n (%)
1	Hospital patient identification policies are used	4.43	0(0)	4(1.5)	25(9.4)	89(33.6)	147(55.5)
2	I verify the identity of the patient with the identification bracelet on his hand	4.47	1(0.4)	3(1.1)	18(6.8)	92(34.7)	151(57)
3	I am informed of the hospital's patient identification policies	4.41	1(0.4)	6(2.3)	24(9.1)	87(32.8)	147(55.5)
4	I identify the patient using only the room number they are in	4.29	8(3)	7(2.6)	18(6.8)	100(37.7)	132(49.8)
5	The hospital appoints qualified persons to classify the cases of patients in the emergency department as cases of surgery, internal medicine or orthopedics	4.27	1(0.4)	3(1.1)	25(9.4)	131(49.4)	105(39.6)
6	Training courses are conducted to enable the ability of workers to classify patients	4.06	8(3)	6(2.3)	34(12.8)	132(49.8)	85(32.1)
7	Documents proving the experience of persons working in the classification of emergency patients are used to be placed in their employment record	4.30	2(0.8)	4(1.5)	28(10.6)	109(41.1)	122(46)
8	Classification of patients in emergency is done quickly	4.09	1(0.4)	4(1.5)	39(14.7)	148(55.8)	73(27.5)
9	Patients are classified according to health priority	4.19	1(0.4)	4(1.5)	26(9.8)	146(55.1)	88(33.2)
10	I document the sick history according to the policy specified for this	4.26	2(0.8)	3(1.1)	31(11.7)	116(43.8)	113(42.6)
11	Document the patient's sensitivity to certain substances or drugs in the medical record according to the policy in place	4.40	1(0.4)	2(0.8)	24(9.1)	102(38.5)	136(51.3)
12	I document all actions taken with the patient in his medical record	4.46	1(0.4)	4(1.5)	17(6.4)	93(35.1)	150(56.6)

13	A periodic inspection is carried out to ensure the integrity of the documentation of health care procedures within the patient's medical record	4.09	5(1.9)	9(3.4)	38(14.3)	119(44.9)	94(35.5)
14	I do an assessment of the patient's growth properly according to the age group and document it if the patient is in the pediatric department	3.54	28(10.6)	13(4.9)	66(24.9)	105(39.6)	53(20)
15	I document the medical history in the patient's file within 24 hours of admission to the hospital	4.38	0(0)	4(1.5)	30(11.3)	91(34.3)	140(52.8)
16	An assessment is made by the management to ensure that the quality of health care continues in the manner planned	4.11	2(0.8)	4(1.5)	34(12.8)	149(56.2)	76(28.7)
17	Emergency calls are responded to in no more than seven minutes	3.95	2(0.8)	7(2.6)	79(29.8)	90(34)	87(32.8)
18	I develop a patient nursing care plan based on initial assessment information that identifies the patient's problem	4.12	0(0)	7(2.6)	39(14.7)	135(50.9)	84(31.7)
19	I cooperate with the medical team in providing health care to the patient	4.34	0(0)	3(1.1)	29(10.9)	108(40.8)	125(47.2)
20	I do the patient delivery for the next shift clearly	4.35	2(0.8)	6(2.3)	26(9.8)	94(35.5)	137(51.7)
21	Health changes in the patient's condition are documented in his medical record	4.43	1(0.4)	2(0.8)	29(10.9)	82(30.9)	151(57)
22	I report changes in the patient's health condition	4.47	1(0.4)	2(0.8)	22(8.3)	87(32.8)	153(57.7)

MR: Mean Rank

The results in table 4 show that the participants' answers are positive towards the application of Standards for quality improvement and patient safety paragraphs, as nearly 53.2%-91.5% of participants agree or strongly agree approval of the application of Standards for quality improvement and patient safety in the hospital and their awareness of it.

The highest items of Standards for quality improvement and patient safety that participant agree or strongly agree approval of the application were "The hospital implements the plan set to improve the quality of health care provided" (83.8%), "I can deal with emergencies according to the policies in force in the hospital" (80.8%), and "I document accidents with patients in a form called "pathological accident"" (80.0%). While the least items of Standards for improving medical and nursing care that participant agree or strongly agree approval of the application were "The accidents of patients falling in the department in which I work during the past three months did not exceed three cases" (53.2%), "The hospital applies a clear system for reporting accidents" (68.7%), and "Management focuses on pursuing a problem-solving policy rather than blaming the laggard for the problem" (73.6%).

Table 5: Standards for quality improvement and patient safety

			Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Statements	MR	n (%)	n (%)	n (%)	n (%)	n (%)
1	The hospital implements the plan set to improve the quality of health care provided	4.09	4(1.5)	3(1.1)	36(13.6)	143(54)	79(29.8)
2	I document accidents with patients in a form called "pathological accident"	4.01	10(3.8)	5(1.9)	38(14.3)	132(49.8)	80(30.2)
3	Measures are implemented to reduce the incidence of patients falling in hospital	3.95	12(4.5)	6(2.3)	36(13.6)	139(52.5)	72(27.2)
4	In the event of a fall, the patient is documented in his medical record	4.00	14(5.3)	6(2.3)	34(12.8)	123(46.4)	88(33.2)
5	A strategic plan is implemented in the hospital concerned with maintaining the safety of patients while receiving health care	3.94	9(3.4)	6(2.3)	42 (15.8)	143(54)	65(24.5)
6	Management focuses on pursuing a problem-solving policy rather than blaming the laggard for the problem	3.80	25(9.4)	8(3)	37(14)	121(45.7)	74(27.9)
7	The staff is informed immediately when there is a new addition to an item of quality standards	3.92	11(4.2)	4(1.5)	47(17.7)	136(51.3)	67(25.3)
8	Data is collected on the extent to which the staff follows the implementation of quality improvement standards during the provision of health care	3.89	9(3.4)	8(3)	50(18.9)	133(50.2)	65(24.5)
9	The management implements a quality improvement follow-up policy	4.06	5(1.9)	2(0.8)	37(14)	148(55.8)	73(27.5)
10	A committee is set in the hospital to monitor patient safety to reduce accidents	3.78	23(8.7)	6(2.3)	39(14.7)	136(51.3)	61(23)
11	I can deal with emergencies according to the policies in force in the hospital	3.98	9(3.4)	4(1.5)	38(14.3)	146(55.1)	68(25.7)
12	Criteria for determining risks according to priority are applied in the hospital	3.93	10(3.8)	6(2.3)	43(16.2)	140(52.8)	66(24.9)
13	The hospital applies a clear system for reporting accidents	3.69	30(11.3)	8(3)	45(17)	112(42.3)	70(26.4)
14	Introductory lectures are held for the staff of the quality improvement plan in the hospital	3.92	10(3.8)	10(3.8)	43(16.2)	130(49.1)	72(27.2)
15	The accidents of patients falling in the department in which I work during the past three months did not exceed three cases	3.32	37(14)	42(15.8)	45(17)	80(30.2)	61(23)

MR: Mean Rank

The results in table 5 show that the participants' answers are positive towards the application of environmental safety standards paragraphs, as nearly 50.9%-77.3% of participants agree or strongly agree approval of the application of environmental safety standards in the hospital and their awareness of it.

The highest items of environmental safety standards that participant agree or strongly agree approval of the application were "Get protection from infectious diseases such as (dealing with people who have meningitis and currently Corona disease)" (76.2%), "I dispose of hazardous waste in the correct manner according to the policy in force in the hospital" (77.3%), and "Know all the emergency exits in the department I work in" (76.6%). While the least items of Standards for improving medical and nursing care that participant agree or strongly agree approval of the application were "I take full responsibility for my injuries at work" (50.9%), "Smokers are punished according to the laws established for that" (57.0%), and "The policy of dealing with work injuries applies within the hospital" (61.5%).

Table 6: environmental safety standards

			Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Statements	MR	n (%)	n (%)	n (%)	n (%)	n (%)
1	The hospital implements a strategic plan to maintain the safety and security of the staff	3.91	4(1.5)	10(3.8)	61(23)	120(45.3)	70(26.4)
2	The administration conducts training courses for the working staff on the correct way to evacuate in an emergency	3.90	4(1.5)	11(4.2)	60(22.6)	123(46.4)	67(25.3)
3	The staff knows the responsibilities of evacuation during emergency and fire situations	3.98	3(1.1)	9(3.4)	55(20.8)	122(46)	76(28.7)
4	Know all the emergency exits in the department I work in	4.02	4(1.5)	11(4.2)	47(17.7)	118(44.5)	85(32.1)
5	An annual periodic inspection is carried out to ensure the safety and readiness of emergency exits	3.91	4(1.5)	10(3.8)	61(23)	120(45.3)	70(26.4)
6	A team is formed in the hospital qualified for immediate intervention in emergency cases	4.02	5(1.9)	12(4.5)	58(21.9)	115(43.4)	75(28.3)
7	The hospital applies a non-smoking policy in all its facilities	3.68	23(8.7)	13(4.9)	62(23.4)	96(36.2)	71(26.8)
8	Smokers are punished according to the laws established for that	3.56	25(9.4)	18(6.8)	71(26.8)	85(32.1)	66(24.9)
9	Get protection from infectious diseases such as (dealing with people who have meningitis and currently Corona disease)	4.14	4(1.5)	12(4.5)	47(17.7)	82(30.9)	120(45.3)
10	I dispose of hazardous waste in the correct manner according to the policy in force in the hospital	4.08	7(2.6)	13(4.9)	40(15.1)	96(36.2)	109(41.1)
11	The policy of dealing with work injuries applies within the hospital	3.51	36(13.6)	23(8.7)	43(16.2)	95(35.8)	68(25.7)
12	I take full responsibility for my injuries at work	3.31	44(16.6)	26(9.8)	60(22.6)	75(28.3)	60(22.6)
13	I call the maintenance team immediately when needed or when something malfunctions	3.95	4(1.5)	16(6)	55(20.8)	105(39.6)	85(32.1)
14	The maintenance team consists of qualified personnel to deal with all types of malfunctions	3.98	5(1.9)	15(5.7)	50(18.9)	104(39.2)	91(34.3)
15	Management determines the expected job risks and how to deal with them	3.82	10(3.8)	16(6)	61(23)	104(39.2)	74(27.9)

MR: Mean Rank

t- test revealed that total ($p= 0.001$) and subscales (Patients' Rights Standards, Standards for quality improvement and patient safety,) of application of hospital accreditation standards had statistically significant differences related to Gender of participants (p values= 0.001 & 0.001 respectively). On the other hand, Standards for improving medical and nursing care & Environmental safety standards subscale had not statistically significant differences related to Gender of participants (p values= 0.17&0.072respectively).

Table 7: application of hospital accreditation standards and employment gender

Scale	Gender	N	Mean	Std. D	Std. Error Mean	<i>T</i>	<i>P</i> value
Total	Male	136	291.97	32.55	2.79	3.53	<.001
	Female	129	276.37	39.29	3.46		
Patients' Rights Standards	Male	136	77.66	8.24	0.71	4.60	<.001
	Female	129	72.02	11.53	1.02		
Standards for improving medical and nursing care	Male	136	95.99	9.20	0.79	4.0	<.001
	Female	129	90.66	12.34	1.09		
Standards for quality improvement and patient safety	Male	136	59.27	11.95	1.03	1.37	0.17
	Female	129	57.27	11.74	1.03		
Environmental safety standards subscale	Male	136	59.04	11.34	0.97	1.81	.072
	female	129	56.42	12.32	1.08		

ANOVA test revealed that neither total ($p= 0.56$) nor subscales (Patients' Rights Standards, Standards for improving medical and nursing care, Standards for quality improvement and patient safety, Environmental safety standards subscale) of application of hospital accreditation standards had not statistically significant differences related to age of participants (p values= 0.40, 0.12, 0.28, & 0.83 respectively).

Table 8: application of hospital accreditation standards and employment age

Scale	Age (years)	N	Mean	Std. Deviation	Std. Error	F	Sig.
Total	22-30	155	282.80	34.66	2.78	.678	.566
	31-39	84	288.81	36.51	3.98		
	40-48	19	278.32	51.90	11.91		
	≥ 49	7	282.57	40.43	15.28		
Patients' Rights Standards	22-30	155	74.67	9.92	0.80	.986	.400
	31-39	84	76.13	9.20	1.00		
	40-48	19	71.84	15.47	3.55		
	≥ 49	7	74.14	15.68	5.93		
Standards for improving medical and nursing care	22-30	155	93.81	10.08	0.81	1.960	.120
	31-39	84	94.18	10.59	1.16		
	40-48	19	88.58	18.28	4.19		
	≥ 49	7	88.00	13.61	5.15		
Standards for quality improvement and patient safety	22-30	155	57.12	12.25	0.98	1.284	.280
	31-39	84	59.86	10.90	1.19		
	40-48	19	59.84	13.57	3.11		
	≥ 49	7	61.57	7.70	2.91		
Environmental safety standards subscale	22-30	155	57.21	11.44	0.92	.288	.834
	31-39	84	58.64	12.40	1.35		
	40-48	19	58.05	13.62	3.12		
	≥ 49	7	58.86	11.99	4.53		

ANOVA test revealed that total ($p= 0.17$) and subscales (Patients' Rights Standards, Standards for quality improvement and patient safety, Environmental safety standards subscale) of application of hospital accreditation standards had not statistically significant differences related to experience of participants (p values= 0.11, 0.49, & 0.84 respectively). On the other hand, Standards for improving medical and nursing care had a statistically significant differences related to experience of participants (p values= 0.020).

Table 9: application of hospital accreditation standards and employment experience

Scale	Experience (years)	N	Mean	Std. D	Std. Error	F	Sig.
Total	3-7	137	281.8	35.42	3.03	1.75	.174
	7-10	99	289.6	35.72	3.59		
	≥ 11	29	278.1	44.86	8.33		
Patients' Rights Standards	3-7	137	74.22	10.01	0.86	2.17	.116
	7-10	99	76.53	9.29	0.93		
	≥ 11	29	72.72	14.31	2.66		
Standards for improving medical and nursing care	3-7	137	92.74	10.01	0.86	3.97	.020
	7-10	99	95.48	10.53	1.06		
	≥ 11	29	89.34	16.16	3.00		
Standards for quality improvement and patient safety	3-7	137	57.57	12.45	1.06	.698	.499
	7-10	99	59.40	10.74	1.08		
	≥ 11	29	57.97	12.83	2.38		
Environmental safety standards subscale	3-7	137	57.36	11.93	1.02	.168	.845
	7-10	99	58.23	11.87	1.19		
	≥ 11	29	58.10	12.00	2.23		

ANOVA test revealed that total ($p= 0.001$) and subscales (Patients' Rights Standards, Standards for improving medical and nursing care,, Environmental safety standards subscale) of application of hospital accreditation standards had statistically significant differences related to education of participants (p values= 0.00, 0.04, & 0.02 respectively). On the other hand, Standards for quality improvement and patient safety had not a statistically significant differences related to education of participants (p values= 0.092).

Table 10: application of hospital accreditation standards and employment education

Scale	Education	N	Mean	Std. D	Std. Error	F	Sig.
Total	Diploma	67	270.28	38.05	4.65	5.77	<.001
	Bachelor	181	287.96	35.61	2.65		
	High diploma	6	289.67	33.64	13.73		
	Master	11	308.45	22.26	6.71		
Patients' Rights Standards	Diploma	67	70.57	11.93	1.46	6.57	<.001
	Bachelor	181	76.04	9.51	0.71		
	High diploma	6	78.00	6.78	2.77		
	Master	11	81.18	6.46	1.95		
Standards for improving medical and nursing care	Diploma	67	89.64	12.31	1.50	4.52	.004
	Bachelor	181	94.30	10.66	0.79		
	High diploma	6	95.67	4.80	1.96		
	Master	11	100.09	7.80	2.35		
Standards for quality improvement and patient safety	Diploma	67	55.85	11.95	1.46	2.17	.092
	Bachelor	181	58.82	11.89	0.88		
	High diploma	6	58.00	14.27	5.83		
	Master	11	64.73	6.17	1.86		
Environmental safety standards subscale	Diploma	67	54.22	12.98	1.59	3.07	.028
	Bachelor	181	58.78	11.34	0.84		
	High diploma	6	58.00	13.86	5.66		
	Master	11	62.45	8.50	2.56		

ANOVA test revealed that total ($p= 0.007$) and subscales (Patients' Rights Standards& Standards for improving medical and nursing care,,) of application of hospital accreditation standards had statistically significant differences related to education of participants (p values= 0.00 & 0.002 respectively). On the other hand, Standards for quality improvement and patient safety &Environmental safety standards subscale had not a statistically significant differences related to education of participants (p values= 0.53 & 0.084 respectively).

Table 11: application of hospital accreditation standards and employment profession.

Scale	Profession	N	Mean	Std. D	Std. Error	F	Sig.
Total	Associate nurse	67	274.51	31.40	3.84	4.12	.007
	Registered nurse	188	288.96	35.50	2.59		
	Physician	3	284.00	45.83	26.46		
	Other	7	256.00	77.13	29.15		
Patients' Rights Standards	Associate nurse	67	71.63	10.27	1.25	6.77	<.001
	Registered nurse	188	76.54	9.13	0.67		
	Physician	3	71.67	15.04	8.69		
	Other	7	64.29	23.28	8.80		
Standards for improving medical and nursing care	Associate nurse	67	91.42	8.95	1.09	5.03	.002
	Registered nurse	188	94.66	10.59	0.77		
	Physician	3	88.33	10.69	6.17		
	Other	7	80.57	27.43	10.37		
Standards for quality improvement and patient safety	Associate nurse	67	56.57	11.09	1.35	0.74	.532
	Registered nurse	188	58.94	11.95	0.87		
	Physician	3	60.67	11.02	6.36		
	Other	7	56.71	17.42	6.59		
Environmental safety standards subscale	Associate nurse	67	54.90	12.47	1.52	2.24	.084
	Registered nurse	188	58.82	11.41	0.83		
	Physician	3	63.33	10.69	6.17		
	Other	7	54.43	15.61	5.90		

ANOVA test revealed that neither total ($p= 0.25$) nor subscales (Patients' Rights Standards, Standards for improving medical and nursing care, Standards for quality improvement and patient safety, Environmental safety standards subscale) of application of hospital accreditation standards had statistically significant differences related to age of participants (p values= 0.59, 0.21, 0.48, & 0.10 respectively)

Table 12: application of hospital accreditation standards and employment social status

Scale	Social status	N	Mean	Std. D	Std. Error	F	Sig.
Total	Married	158	281.8	36.61	2.91	1.37	.255
	Single	100	287.1	37.41	3.74		
	Other	7	301.1	25.93	9.80		
Patients' Rights Standards	Married	158	74.62	10.35	0.82	0.52	.595
	Single	100	75.13	10.51	1.05		
	Other	7	78.57	8.30	3.14		
Standards for improving medical and nursing care	Married	158	93.13	11.45	0.91	1.57	.211
	Single	100	93.31	10.83	1.08		
	Other	7	100.7	5.62	2.12		
Standards for quality improvement and patient safety	Married	158	57.58	12.02	0.96	0.73	.485
	Single	100	59.39	11.46	1.15		
	Other	7	59.00	14.75	5.58		
Environmental safety standards subscale	Married	158	56.57	12.15	0.97	2.30	.102
	Single	100	59.30	11.38	1.14		
	Other	7	62.86	9.82	3.71		

Chapter Five

Discussion

5.1 Introduction

Within this chapter, the study findings discussed in terms of the study aim and objectives along with the study variables, conclusion, and future recommendations of the research study.

Demographic Characteristic of the study participants:

In the current study, the researcher questioned that demographic variables may have impact in increasing enhancement of medical services provided to patients. Our results showed that gender of participants has impact in patients' right standards and standards for quality improvement and patient safety. This result was supported by Algahtani et al, (2017). However, Algahtani et al. study has a 74.9% female in contrast to our study containing 48.7% males. This may be explained as females are more committed to and apply accreditation standards and majority of respondents were female, since most of the healthcare services worker are in general female specifically nursing professional. Algahtani et al. showed that there is a significant relationship between gender and accreditation with P value < 0.05 and this study results were congruent with ours.

The researcher found that age, social status and experience have no impact in increasing enhancement of medical services provided to patients. In contrast with the present study, study by Saadati et al (2018), and another

one conducted by Algahtani et al, (2017), showed participant aged between (22-30) and experience had significant relationship with accreditation with P value < 0.05 . as the majority of sample nurses was young age so this reflects their physical fitness to do their works, after the age of 40 most of them become seniors (charge, head of department or supervisors) or leave working in hospital to other healthcare facilities with less workload as primary health care centres (PHC). Moreover, the youth group have the ability to be productive and bear the pressure of work. Furthermore, nurse's experience with teaching hospital accreditation provided useful information for running hospital accreditation processes.

Accreditation standards can be enhanced of medical services provided to patients by nursing educational degree and profession as our results showed that it has significant deference in patient right standards and standards for improving medical and nursing care. In addition, it showed that 68.3% of the health care worker are bachelor degree holders and 70.9% of them were as a registered nurse. It is a similar ratio with studies conducted by Algahtani et al, (2017), Despotou et al (2020) and Reisi et al (2018), the target group for applying hospital accreditation and its policies set in the hospital and showed that there is a significant relationship between profession, educational level and accreditation with P value < 0.05 and these studies' results were congruent with the current study.

Standards of hospital accreditation:

Accreditation can enhance patient care and implement changes in the hospital, as evidenced by the adoption of hand hygiene, however we note in Algahtani et al ,(2017) study that this perspective is only limited in the hospital context and does not specifically address community health needs. These explained that the accreditation should enhance the health of the community and accreditation updates should encourage hospitals to undertake follow-up programs (in partnership with the Ministry of Health and community stakeholders) to promote healthy behaviours and better manage chronic diseases. In addition, accreditation should help address other factors, such as economic and social factors, that are known to affect health. Finally, accreditation should encourage teaching hospitals to train future health professionals to promote best practices as it relates to population health management, as accreditation can speed up the process of occupational and cultural transformation to prioritize these activities.

The impact of hospital's accreditation from nursing staff perspective has high positive effects overall. The study showed that respondents agreed that accreditation has positive impact on quality improvement and patient safety, patient's rights, environmental safety and improving medical and nursing care , this result supported with Al Shammari et al (2015), which explained the accreditation has given insight to implement infection control standards (such as hand hygiene), accreditation process has impact on reducing the rate of overall Hospital infection (Nosocomial), accreditation

make our hospital a safe environment for patient and staff, accreditation improves culture of reporting incident (such as needle stick injury), and accreditation has given insight to implement policy and procedure regarding clinical documentation as standard of using abbreviation ,In addition accreditation organizes a weekly report program to evaluate the achievement weekly. and These results confirm the findings of other studies, where it was shown that patient safety was significantly improved during the implementation of accreditation programs in hospitals (El-Jardali et al. 2008; Iournals, 2011).

Furthermore, the current study is congruent with the review of the literature that implementing accreditation programs in hospitals results in greater awareness of patient safety, improved systems of practice and processes of care, and better quality of care (Ali et al (2013).

A previous study showed that quality management and staff engagement with hospital quality were enhanced by hospital accreditation (Dutra et al, 2021). These explanations relate to the nurses' control over the practice environment, as nurses have management skills and are strategically positioned to provide patient/family centred care. Another interesting aspect is the need for organizations to support the improvement of hospital accreditation demand in all aspects, including adequate resources to provide quality care, and to improve the quality of nursing care as well. (Siman et al ,2014; Saut et al 2017 ; Gabriel et al , 2018; Athey et al, 2016)

On the other hand, the application of nurses' full skills in practice settings represents the independence of nursing professionals. In accredited hospitals, nurses are expected to play management roles. This illustrative hospital accreditation of nurses promotes greater independence and participation in the implementation and maintenance of accreditation, including the development and implementation of quality and patient safety policies, and this study congruent with the current study.

From diab (2011), point of view, accreditation concepts and standards play a good role in promoting and developing medical services. These explained through some training courses, workshops and conferences for their employees in particular, doctors and nurses. So, this council published and marketed the importance and accreditation list in improving the level of health services. There is intense competition between private hospitals as what happened in Jordan, this situation made all hospitals train their staff to improve capabilities and skills, Visualization and knowledge about accreditation.

As WHO (2017), Accreditation can improve patient care and implementation of changes within the hospital, as indicated by adoption of hand hygiene. However, in this study, we noticed that this perspective is limited only within the hospital context and does not specifically address community health needs and engagement. Thus, we suggest that accreditation should promote community health. Updates to accreditation should encourage hospitals to pursue programs (in conjunction with the

Ministry of health and community stakeholders) to promote health behaviors and better management of chronic diseases. In addition, accreditation should help address other factors, such as economic and social factors, known to impact health. Lastly, accreditation should encourage teaching hospitals to train future health professionals to promote best practices as they pertain to population health management. By doing this, accreditation can accelerate a professional and cultural shift to prioritize these activities.

5.2 Conclusion

This study talks about the enhancement of patient's centered healthcare services after applying hospital accreditation standards at An-Najah National University Hospital. Also, to assess the relationship between the application of hospital accreditation standards with its components (patient rights standards, standards for the application of medical and nursing procedures, environmental safety standards, standards for improving quality and patient safety) and improving the level of medical and nursing care services at An-Najah Hospital at Nablus City. And to assess the relationship between the application of hospital accreditation standards with employment characteristics (age, gender, experience, academic qualification and job) and improving the level of medical and nursing care services An-Najah Hospital at Nablus City.

Bases on the finding, the demographic variables as gender, profession, and educational degree may have impact in increase enhancement and the social status, age, and experience not impact the enhancement.

As hospitals obtain an accreditation certificate, the medical services provided to patients increasingly developed, The results of this study come with supports and emphases on previous literature review related to positive impact of accreditation programs on healthcare environment processes, . According to respondents, this study shows highly positive level of the impact of accreditation on patient safety related to nursing clinical documentation, medication information and healthcare association in infection control

In lights of the study results, researchers emphasizing the implementation of local or national accreditation programs for healthcare facilities with many types or specialties groups, in order to improve quality and ensure the safety of healthcare services.

5.3 Recommendation

1. Work to build a medical accreditation board in the State of Palestine.
2. Encouraging private and governmental hospitals in the State of Palestine to compete to obtain hospital accreditation certificates because of their impact on developing and improving medical services provided to patients and advancing the field of Palestinian medicine.

3. Writing and updating more on the subject of hospital accreditation for the benefit of knowledge and the prosperity of hospitals by obtaining an international accreditation.
4. encourage both public and private health sectors to be accredited either voluntary or mandatory based on government regulations, establish specialized department to monitor and facilitate accreditation's processes in each regions of west bank.
5. The work and more training to raise doctors' and nurses' awareness regarding accreditation importance and its effect on the health services at the Palestinian private hospitals.
6. Motivate doctors and nurses to implement accreditation standards, because of the important role they play on raising services quality at the Palestinian private hospitals.
7. Making the accreditation standard as major requirement for the license of the private hospitals in Palestine.
8. The work to conduct and published more studies and researches regarding the importance of accreditation on the health services at the Palestine private hospitals

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Appendices

questionnaires

تعزيز خدمات الرعاية الصحية المتمحورة حول المريض بعد تطبيق معايير اعتماد المستشفيات
في مستشفى النجاح الوطني الجامعي (دراسة مقطعية كمية)

موافقة للإشتراك في البحث العلمي

جامعة النجاح الوطنية - كلية الطب وعلوم الصحة اقسام إدارة الصحة العامة

اعزائي الزملاء والزميلات

السلام عليكم ورحمة الله وبركاته

أنت مدعوة للمشاركة ببحث علمي سيجري في نابلس في فلسطين. الرجاء أن تأخذي الوقت الكافي لقراءة المعلومات التالية بتأن قبل أن تقرري/ي إذا كنت تريد/ين المشاركة أم لا. بإمكانك طلب إيضاحات أو معلومات إضافية عن أي شيء مذكور في هذه الإستمارة أو عن هذه الدراسة ككل من الباحث. علما ان المعلومات في هذه الدراسة سيستعمل لأغراض البحث العلمي فقط، وسيتم التعامل مع اجاباتكم بسرية تامة , حيث تتكون الاستبانة من جزئين، الجزء الأول يحتوي على المعلومات الشخصية، والجزء الثاني والذي يعنى بتحديد مستوى الرعاية الصحية المقدمة في مستشفى جامعة النجاح الجامعي.

يقوم البحث بالأساس على دراسته تعزيز خدمات الرعاية الصحية المتمحورة حول المريض بعد تطبيق معايير اعتماد المستشفيات في مستشفى النجاح الوطني الجامعي (دراسة مقطعية كمية). استكمالا لمتطلبات الحصول على درجة الماجستير في تخصص إدارة الصحة العامة.

شكرا لتعاونكم.....

الطالبة: ايمان صالح قنغير

المشرف: د.جمال القدومي

الجزء الأول (المعلومات الشخصية والوظيفية)

أرجو وضع اشارة عند الإجابة المناسبة

العمر	40-48	31-39	22-30	49 فأكثر
الجنس	ذكر	انثى		
الخبرة	3-7 سنوات	7-10 سنوات	11 فأكثر	
المؤهل العلمي	دبلوم	بكالوريوس	دبلوم عالي	ماجستير
الوظيفة	مرض مؤهل	ممرض قانوني	طبيب	اخرى
الحالة الاجتماعية	متزوج	أعزب	غير ذلك	

الجزء الثاني (عبارات الاستبانة)

يحتوي هذا الجزء على عبارات الاستبانة والتي تتكون من سبعين عبارة مقسمة الى أربعة اقسام من عناصر معايير اعتماد المستشفيات.

الرجاء وضع إشارة (x) عند الإجابة المناسبة بجانب العبارة من 1-5 حيث ان

(5) = اوافق بشدة، (4) = اوافق، (3) = محايد، (2) = لا اوافق، (1) = لا اوافق بشدة.

المعيار الرقم	معايير حقوق المرضى (1)	(1)	(2)	(3)	(4)	درجة الإجابة (5)
1.	يطبق المستشفى سياسات واضحة خاصة بحقوق المريض.					
2.	توثق المستشفى سياسات حقوق المريض					
3.	يتساوى جميع المرضى في حق الحصول على الرعاية الصحية بغض النظر عن الجنس والعرق والثقافة والديانة.					
4.	أقوم بإطلاع المريض على طبيعته حالته الصحية أول بأول.					
5.	أقوم بإشراك المرضى في عملية اتخاذ القرارات المتعلقة برعايتهم الصحية					
6.	أقوم بإطلاع المريض على كافة حقوقه المتعلقة بالرعاية الصحية خلال وجوده في المستشفى					
7.	يطبق المستشفى سياسات للحفاظ على سرية المعلومات الخاصة بالمريض					
8.	يطبق المستشفى سياسة " الحق في معالجة الألم " للسيطرة على الألم					
9.	يمنح المريض حق رفض المعالجة.					
10.	أستخدم نماذج لتوثيق رفض المريض للمعالجة.					
11.	تستخدم نماذج لتوثيق موافقة المريض على تقديم الإجراءات العلاجية (مثل التخدير ونقل الدم و الجراحة).					
12.	تستخدم نماذج الموافقة على تقديم الإجراءات العلاجية في جميع مواقع المستشفى					
13.	يتم إضافة نماذج الموافقة على الإجراءات العلاجية في ملف المريض من قبل وحدة الإدخال					
14.	أقوم بحفظ نماذج الموافقة على الإجراءات في سجل المريض.					
15.	تسمح المستشفى بتقديم الشكاوى من قبل المرضى فيما يتعلق بالرعاية المقدمة.					
16.	يتم النظر الى شكاوى المريض بجدية.					

17	يتم حماية ممتلكات المرضى من خلال السياسة المتبعة في المستشفى				
18	يتم اطلاع العاملين في المستشفى على كافة الإجراءات التي تعنى بجميع حقوق المريض المقدمة.				
	معايير تحسين الرعاية الطبية والتمريضية (2)				
1	تستخدم سياسات لتحديد هوية المريض في المستشفى				
2	أقوم بالتأكد من هوية المريض بواسطة سوار التعريف الموجودة على يده				
3	يتم اطلاعي على سياسات تحديد هوية المرضى المتبعة في المستشفى				
4	أقوم بتعريف المريض باستخدام رقم الغرفة الموجود فيها فقط				
5	يعين المستشفى أشخاص مؤهلون لتصنيف حالات المرضى في قسم الطوارئ كحالات الجراحة أو الباطني أو العظام				
6	يتم عمل دورات تدريبية لتمكين قدرة العاملين على تصنيف المرضى				
7	تستخدم وثائق تثبت خبرة الأشخاص العاملين على تصنيف مرضى الطوارئ توضع في سجلهم الوظيفي				
8	تتم عملية تصنيف حالات المرضى في الطوارئ بسرعة				
9	تتم عملية تصنيف المرضى بناء على الأولوية الصحية				
10	أقوم بتوثيق التاريخ المرضي حسب السياسة المحددة لذلك				
11	أوثق وجود حساسية لدى المريض لمواد أو ادوية معينة داخل السجل الطبي حسب السياسة المتبعة				
12	أقوم بتوثيق كافة الإجراءات المتخذة مع المريض داخل سجله الطبي				
13	يتم إجراء تفتيش دوري للتأكد من سلامة توثيق إجراءات الرعاية الصحية داخل سجل المريض الطبي				
14	أقوم بعمل تقييم لنمو المريض بشكل سليم حسب الفئة العمرية وتوثيقه إذا كان المريض في قسم الأطفال				
15	أقوم بتوثيق التاريخ المرضي في ملف المريض خلال 24 ساعة من دخوله المستشفى				
16	يتم عمل تقييم من قبل الإدارة للتأكد من استمرارية جودة الرعاية الصحية بالطريقة المخطط لها				
17	تتم الاستجابة لنداء حالات الطوارئ بسرعة لا تزيد عن سبعة دقائق				
18	أقوم بوضع خطة الرعاية التمريضية للمريض استناداً إلى معلومات التقييم الأولية التي تحدد مشكلة المريض				
19	أتعاون مع الفريق الطبي في تقديم الرعاية الصحية للمريض				
20	أقوم بعملية تسليم المريض للوردية التالية بشكل واضح				
21	يتم توثيق التغيرات الصحية الحاصلة على حالة المريض في سجله الطبي				
22	أقوم بالتبليغ عن المتغيرات الحاصلة على حالة المريض الصحية				
	معايير تحسين الجودة وسلامة المرضى (3)				
1	يطبق المستشفى الخطة الموضوعة لتحسين جودة الرعاية الصحية المقدمة				
2	أقوم بتوثيق الحوادث التي تقع مع المرضى في نموذج يسمى "الحادث المرضي"				
3	تطبق تدابير للحد من حوادث سقوط المرضى في المستشفى				

4	في حالة حدوث سقوط للمريض يتم توثيق الحدث داخل سجله الطبي				
5	تطبق خطة إستراتيجية في المستشفى تعنى بالحفاظ على سلامة المرضى أثناء تلقيهم للرعاية الصحية				
6	تركز الإدارة على إتباع سياسة حل المشكلة بدلا من إلقاء اللوم على المتسبب بحدوث المشكلة				
7	يتم اطلاع الكادر فورا عند وجود إضافة جديدة على بند من بنود معايير الجودة				
8	يتم جمع البيانات عن مدى إتباع الكادر تطبيق معايير تحسين الجودة أثناء تقديم الرعاية الصحية				
9	تطبق الإدارة سياسة متابعة تحسين الجودة				
10	يتم تحديد لجنة في المستشفى تعنى بمتابعة سلامة المرضى للحد من وقوع الحوادث				
11	أستطيع التعامل مع حالات الطوارئ حسب السياسات المعمول بها في المستشفى				
12	تطبق معايير لتحديد المخاطر حسب الأولوية في المستشفى				
13	يطبق المستشفى نظام واضح للتبليغ عن وقوع الحوادث				
14	يتم عمل محاضرات تعريفية للكادر بخطة تحسين الجودة في المستشفى				
15	لم تتجاوز حوادث سقوط المرضى في القسم الذي اعمل فيه خلال الثلاثة أشهر الماضية ثلاث حالات				
	معايير السلامة البيئية (4)				
1	يطبق المستشفى خطة استراتيجية للحفاظ على سلامة امن الكادر				
2	تقوم الإدارة بعمل دورات تدريبية للكادر العامل الكيفية الصحيحة للإخلاء في حالات الطوارئ				
3	يعرف الكادر مسؤوليات عملية الإخلاء خلال حالات الطوارئ والحريق				
4	اعرف جميع مخارج الطوارئ الموجودة في القسم الذي اعمل فيه				
5	يتم عمل تفتيش دوري سنوي للتأكد من سلامة مخارج الطوارئ وجاهزيتها				
6	يتم تشكيل فريق في المستشفى مؤهل للتدخل الفوري في حالات الطوارئ				
7	يطبق المستشفى سياسة منع التدخين في كافة مرافقه				
8	يتم معاقبة المدخنين بحسب القوانين الموضوعة لذلك				
9	احصل على الوقاية من الأمراض المعدية مثل (التعامل مع من يحملون السحايا وحاليا مرض كورونا)				
10	أقوم بالتخلص من النفايات الخطرة بالطريقة الصحيحة حسب السياسة المعمول بها في المستشفى				
11	تطبق سياسة التعامل مع إصابات العمل داخل المستشفى				
12	أتحمل المسؤولية كاملة عن إصابتي أثناء العمل				
13	أقوم باستدعاء فريق الصيانة فورا عند الحاجة إليها و عند وقوع خلل ما				
14	يتكون فريق الصيانة من أفراد مؤهلين للتعامل مع كافة أنواع الأعطال الحاصلة				
15	تحدد الإدارة المخاطر الوظيفية المتوقعة وكيفية التعامل معها				

Consent form

نموذج طلب موافقة على المشاركة في بحث علمي

عنوان الدراسة: تعزيز خدمات الرعاية الصحية المتمحورة حول المريض بعد تطبيق معايير اعتماد المستشفيات في مستشفى النجاح الوطني الجامعي (دراسة مقطعية كمية) في مدينة نابلس.

اسم الباحث الرئيسي: ايمان قنغير

المشرف على البحث: د. جال القدومي.

ملخص البحث: نقوم بهذه الدراسة استيفاءً لمتطلبات التخرج من برنامج ماجستير إدارة الصحة العامة في جامعة النجاح الوطنية وهي دراسة عشوائية لمعرفة تعزيز خدمات الرعاية الصحية المتمحورة حول المريض بعد تطبيق معايير اعتماد المستشفيات في مستشفى النجاح الوطني الجامعي (دراسة مقطعية كمية) في نابلس، وسيتم اخذ المعلومات من خلال استبيان خاص سيتم تعبئته من قبل التمريض..

معلومات عن العينة المنتقاة والفترة الزمنية المقدرة لاستكمال المقابلة أو الاستبيان:

تم اختيار فئة التمريض العاملين هناك بدوام كامل لإجراء هذا البحث العلمي عليهم لما فيه من نتائج ايجابية متوقعة على معرفه اثر تطبيق معايير اعتماد المستشفيات في تحسين الرعاية الصحية هناك.

المخاطر المتوقعة والخصوصية:

ليست هنالك اي مخاطر للدراسة سواء نفسية ام جسدية. سيتم حفظ خصوصيتك كمشارك/ة بالدراسة وسوف يتم التكتم على هويتك وسيبقى اسمك طي الكتمان والمكان الوحيد الذي سيتم ذكر اسمك فيه هو نموذج الموافقة على المشاركة في الدراسة. سوف يتم التعامل مع العينة والمعلومات الخاصة بك بطريقة الترميز لحماية لخصوصيتك، ويحق لك الانسحاب من البحث متى شئت من دون أن يؤثر ذلك عليك.

المنافع المتوقعة:

تتطلع هذه الدراسة للوصول إلى دراسة معرفة مدى تعزيز خدمات الرعاية الصحية المتمحورة حول المريض بعد تطبيق معايير اعتماد المستشفيات في مستشفى النجاح الوطني الجامعي (دراسة مقطعية كمية).

طريقة التواصل مع الباحث:

إذا كانت لديك أي سؤال أو استفسار عن الدراسة، يمكنك التواصل مع الباحث (ايمان قنغير) بكل راحة وفي أي وقت عن طريق (0595229511) أو البريد الإلكتروني (emanqaneer366@gmail.com).

An-Najah National University
Faculty of medicine Sciences Health
Institutional Review Board



جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة اخلاقيات البحث العلمي

Ref: Mas. July 2021/2

IRB Approval Letter

Study Title:

"Enhancement of patient's centered healthcare services after applying hospital accreditation standards at An-Najah National University Hospital (Quantitative cross sectional study"

Submitted by:

Eman Saleh Qaneer

Supervisor:

Jamal Qaddumi

Date Approved:

5th July 2021

Your Study title "Enhancement of patient's centered healthcare services after applying hospital accreditation standards at An-Najah National University Hospital (Quantitative cross sectional study" viewed by An-Najah National University IRB committee and was approved 5th July 2021.

Hasan Fitian, MD



IRB Committee Chairman

An-Najah National University

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جامعة النجاح الوطنية

كلية الدراسات العليا

تعزيز خدمات الرعاية الصحية المتمحورة حول المريض بعد تطبيق
معايير اعتماد المستشفيات في مستشفى النجاح الوطني الجامعي:
دراسة مقطعية كمية

إعداد

إيمان قنغير

إشراف

د. جمال قدومي

قدمت هذه الأطروحة استكمالاً لمتطلبات الحصول على درجة الماجستير في برنامج إدارة الصحة العامة، بكلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2021

ب

تعزيز خدمات الرعاية الصحية المتمحورة حول المريض بعد تطبيق معايير اعتماد المستشفيات
في مستشفى النجاح الوطني الجامعي: دراسة مقطعية كمية

إعداد

إيمان قنغير

إشراف

د. جمال قدومي

الملخص

الرعاية الصحية التي تركز على المريض هي نهج يكون فيه الأشخاص الذين يستخدمون الخدمات الصحية شركاء متساوين في تخطيط وتطوير ومراقبة الرعاية للتأكد من أنها تلبي احتياجاتهم. يعتبر وضع الأشخاص وأسرهم في مركز القرارات واعتبارهم خبراء يعملون جنباً إلى جنب مع المهنيين الصحيين لتحقيق أفضل النتائج هو الدعامة الأساسية لهذا النهج. الهدف من تنفيذ برنامج معايير اعتماد المستشفيات هو التأكد من أن المعايير والسياسات المتفق عليها والمعتمدة من جهة محايدة يتم اتباعها وتطبيقها في المستشفيات، من أجل تحسين أداء خدمات الرعاية الصحية المقدمة، ومنحهم شهادة الاعتماد كاعتراف بتنفيذهم لمعايير تحسين الجودة. نظراً للتحديات التي تواجه قطاع الصحة الفلسطيني إلى جانب الانتقادات المتزايدة له، فسوف نلقي الضوء على حقوق المرضى وأسرهم والوصول إلى واستمرارية الرعاية الصحية وخدمات التشخيص ورعاية المرضى وغيرها من الخدمات ذات الصلة بالمستشفيات.

أهداف الدراسة: الهدف الرئيسي من الدراسة هو التحقيق في تعزيز خدمات الرعاية الصحية التي تركز على المريض بعد تطبيق معايير اعتماد المستشفيات في مستشفى النجاح الوطني الجامعي.

الطريقة: دراسة مقطعية أجريت باستخدام استبيان موحد ذاتيًا.

النتائج: أظهرت نتائج هذه الدراسة أن الجنس والتحصيل العلمي والوصف الوظيفي تؤثر بشكل إيجابي على تحسين الخدمات الطبية المقدمة للمرضى. ومع ذلك، لا يؤثر العمر والخبرة والحالة

ج

الاجتماعية على تحسين الخدمات المقدمة للمرضى. أثبتت هذه الدراسة أيضًا أن المستشفى
الحاصل على شهادة الاعتماد لديه خدمات طبية أفضل وأكثر تطورًا.

الاستنتاجات: هناك تأثير إيجابي لبرامج الاعتماد على العمليات البيئية للرعاية الصحية.

الكلمات المفتاحية: الاعتماد، المرضى، المستشفى، الخدمات الصحية، التعزيز.