Health service accreditation reinforces a mindset of high performance human resource management: lessons from an Australian study

ABSTRACT

Objective. To investigate if an accreditation program facilitates healthcare organisations (HCOs) to evolve and maintain high performance human resource management (HRM) systems.


Main outcome measures. Ratings across the EQuIP HRM ratings, clinical performance measure, surveyor reports and interview data.

Results. HCOs identified as high performing on accreditation HRM criteria seek excellence primarily because of internal motivations linked to best practice. Participation in an accreditation program is a secondary and less significant influence. Notwithstanding, the accreditation program provides the HCO opportunity for internal and external review and assessment of their performance; the accreditation activities are reflective learning and feedback events.

Conclusions. This study demonstrates that HCOs that pursue high performing HRM systems use participation in an accreditation program as an opportunity. Their organisational mindset is to use the program as a tool by which to reflect and obtain feedback on their performance so to maintain or improve their management of staff and delivery of care.

Keywords: accreditation, HRM, empirical study, healthcare
Introduction

The need, and continual pressure, to undergo change to improve quality, safety and efficiency is pronounced for healthcare organisations (HCO). Human resource management (HRM) is one organisational area that receives ongoing attention because it is a significant resource-intensive component [1] and HRM decisions are known to be associated with patient outcomes [2]. Increased staffing or skill mix are related to key clinical outcomes, such as, lower infection rates, increased probability of survival and better continuum of care indicators [2, 3]. Other aspects of HRM, including strategic planning and training and development, have been found to relate to a reduction in medical errors [4, 5]. HRM can impact on patient care by influencing how professionals apply their technical knowledge and skills, and their relationships with patients [4, 6, 7]. Improvements in clinical performance have been shown through the implementation of key managerial practices, including supportive human resource policies, adequate consultation and resources, professional development, quality nursing leadership and the use of a participative managerial style [8-10].

Productive relationships and interdependencies between systems within an organisation, such as HRM, information management and clinical governance, can be strengthened by changing the behaviour of these systems, rather than tinkering with individual components within the systems [1, 11, 12]. As a result HCOs are placing greater emphasis on developing ‘high performance human resource management’ (HPHRM) systems [1, 13, 14]. Such systems incorporate, for example, a range of sophisticated and complementary practices centred on: incentive compensation and benefits; training and development; employee participation and communication; work flexibility and collaboration; and quality improvement activities [15, 16]. In a HPHRM system these practices are ‘bundled’ together as collectively, in some circumstances, they are more conducive to performance improvement than when adopted individually [1, 16]. Identifying and understanding the circumstances that produce positive relationships is a secondary strategy by which HCOs can achieve further improvements in patient care [11, 12].
Governments, from developing and developed countries, have adopted accreditation programs to drive organisational and clinical changes in HCOs in order to promote high quality patient care [17, 18]. More recently, accreditation programs have become encompassing in their focus, taking a general systems approach, including strategic HRM, to achieve improvements in quality and safety [3, 5]. Using a continuous improvement approach to change, accreditation programs encourage incremental modifications to organisational systems by subjecting specific work processes to ongoing review and interventions [11]. There is evidence that accreditation programs promote change within HCOs; whether they lead to process improvements or are systems for compliance remains a topic of debate [19, 20]. The claim by accreditation program proponents is that effectively implemented organisational processes can result in improvements in HCOs’ core business outcomes, that is, high quality and safe patient care. However, there is the need to empirically examine how HCOs can transform and improve the effectiveness of key organisational systems, such as HRM, and the particular role, if any, that an accreditation program plays in this process [21]. Therefore the aim of this study is to investigate if an accreditation program facilitates HCOs to evolve and maintain a HPHRM system. For the accreditation field, this study is unique in examining the effect of the accreditation process on the HRM and HCO performance relationship. Similarly, it makes a positive contribution to the healthcare HRM field by undertaking a comprehensive analysis of HRM systems [22].

**Methods**

A collaborative partnership between two university research centres (Centre for Work, Organisation and Wellbeing, Griffith University, and Centre for Clinical Governance Research, Australian Institute of Health Innovation, University of New South Wales) and The Australian Council on Healthcare Standards (ACHS) was formed for the study. A two stage, multi-method investigation was conducted from late 2011 to early 2013. The research examined HCOs accredited by ACHS Evaluation and Quality Improvement Program (EQuIP). The research was informed by previous accreditation research
conducted by UNSW and ACHS [18, 21, 23-25], including reviews of the healthcare accreditation literature [19, 20].

Stage one was the identification of high performing accredited HCOs. The selection process used three steps. First, HCOs were required to have participated in the ACHS accreditation program between 2007-11. Second, the identified organisations were assessed against six criteria. Five were associated with HRM criteria within the ACHS EQuIP standards, that is: workforce planning; recruitment, selection and appointment; continuing employment and performance development; learning and development; and, employee support systems and workplace relations. The sixth criterion examined clinical performance as measured by the continuity of quality patient care. A five point rating scale was used, with one corresponding to low awareness of the standard without implementation and five indicating outstanding achievement representing excellence and leadership in the practice area. The third step was identifying a sample of six high performing HCOs from the set of organisations that performed well against the six criteria. ACHS surveyor reports were reviewed and those assessed as “excellent” (performance indicators are measured, compared externally and continually improved) or “outstanding” (hospital demonstrates leadership and innovation in HRM) by surveyors were selected for stage two.

The second stage was semi-structured interviews with key informants and document analysis [26] of accreditation reports from the six HCOs. A purposive, theoretical sampling approach [26] was adopted with interviews targeting the senior quality manager, the senior HRM manager and two ward managers. The interview protocol covered the HCOs accreditation and HRM activities, and how they shaped, or did not, high performance in HRM outcomes. Interviews averaged 50 minutes, and ranged between 30-90 minutes. Accreditation reports, compiled by ACHS surveyors, were subject to thematic analysis [26] by the research team.

Interview data was transcribed and analysed using Nvivo software. The aim was to understand the experiences of participants in similar positions [26] in organisations identified as performing well on HRM issues in accreditation. We adopted a codebook approach [27] which defined and identified themes across the interview data and
collected organisational documents. The team discussed the findings with reference to the empirical literature to refine the results.

**Findings**

**Identification of high performing accredited HCOs in HRM**

There were 389 institutions that participated in the ACHS accreditation program in 2007-11. Within this group, 23 HCOs were identified as having an average rating of 3.6 or higher across the five HRM criteria and scores ranging from 3.0 to 3.9 (M = 3.5) on the clinical performance measure ($r = .52, p < .01$). From these 23 higher performing HCOs, six were selected, based on surveyors’ assessment that they were exhibiting excellent or outstanding performance in HRM. Document analysis identified the HCO practices assessed as demonstrating excellence and leadership (Table 1).

**Table 1** Selected HCO characteristics

<table>
<thead>
<tr>
<th>HCO</th>
<th>Ownership</th>
<th>Beds</th>
<th>Mean score on HR standard</th>
<th>HRM practices demonstrating excellence and leadership</th>
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<tr>
<td>1</td>
<td>Public</td>
<td>900</td>
<td>4.2</td>
<td>- Multiple innovative staff communication mechanisms, such as online portal and feedback from graduates of the hospital’s accredited Diploma program</td>
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<td>- Exchange program with staff from aged care and Catholic hospitals</td>
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<td>- Acclaimed internal leadership program central to succession planning</td>
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<td>- Broad educational opportunities including scholarships for postgraduate study</td>
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<td>- Simulation centre designed to improve staff clinical competency</td>
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<td>- E-recruitment system with fast turnaround and comprehensive orientation and training process for commencing employees</td>
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<td>- Gym with personal trainers, pool and squash courts for staff</td>
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<td>- Smoking cessation program including nicotine replacement</td>
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<td>- New recruitment strategy led to a waiting list of midwives seeking employment</td>
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<td>- Employee Assistance Program also available to employees’ family members</td>
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<td>- Workplace aggression, violence and conflict program for employees</td>
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<tr>
<td>2</td>
<td>Public</td>
<td>850</td>
<td>3.6</td>
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<tr>
<td>3</td>
<td>Public</td>
<td>246</td>
<td>4.0</td>
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High performance in HRM

<table>
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<tr>
<th>HCO</th>
<th>Ownership</th>
<th>Beds</th>
<th>Mean score on HR standard</th>
<th>HRM practices demonstrating excellence and leadership</th>
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</table>
| 4   | Private   | 494  | 4.0                       | - Ongoing culture assessments show continuous improvement  
- Executive appointments undergo psychometric testing  
- Staff entry and exit surveys conducted by external contractors  
- High quality educational programs, some accredited with tertiary institutions  
- Awarded ‘Employer of Choice for Women’  
- Integrated staff evaluation mechanism allows for performance development package to be continuously improved  
- Participation in an industry linkage scheme involving tours for high school students interested in a health career |
| 5   | Private   | 149  | 4.0                       | - Flexible work options including support program for caregivers who choose to retire  
- One hundred percent compliance organisation wide in completion of performance reviews  
- Broad, well established recognition, reward and support programs, e.g. subsidised gym membership, annual ball, access to health services such as smoking cessation program |
| 6   | Private   | 254  | 3.8                       |                                                   |

How accreditation shapes high performance in HRM

The connection between accreditation activities and HPHRM was reported by participants. The accreditation standards, survey assessment and summation reporting were considered positive educational and learning feedback processes. Individually and collectively, these accreditation elements initiated changes in the HCOs to drive continual improvements in pursuit of higher levels of achievement. Participants identified accreditation HRM standards as a component of the institutional HRM architecture that contributes to the delivery of high levels of performance. They perceived accreditation standards as a “tool” to provide independent, industry endorsed, external criteria by which to assess and direct improvements in organisational processes. An interviewee summarised the point in these terms:

“Basically, accreditation really outlines areas that you have definitive strengths and identifies if you have deficit in any area. If accreditation has identified that we are deficit in areas then that is the point at which we say we failed drastically and we need to implement a plan to
ensure we have this process in place to build up and make sure we are compliant ... it’s a tool for assisting the implementation of change basically. That’s the best way to describe it.”

Nurse Manager for HR, HCO 2

The HCO self-assessment, surveyor assessment and summation were discussed by participants as proactive discovery mechanisms. The accreditation activities enable the identification and reporting of process and practices that require modification or illuminate those that are innovative and outstanding but taken as the norm within their institution. A HR director spoke of this experience:

“... the first day of the survey the organisation gives a presentation as an opportunity to highlight what you’re doing in certain areas. We did highlight workforce. But in preparing for that presentation it struck me that there was so much going on, so many initiatives, and some of them - as a member of the executive team - we’d never heard of these things ... so we had this conversation that we have all these things going on that we don’t know about, what can we do so that these things are recognised, promoted, shared, internally and externally? As a direct result of preparing for that survey, that’s what happened.”

HR Director, HCO 3

An outcome of the accreditation discovery process participants stated, is that in addition to promoting aspects of excellence at times hidden to senior executives, it makes a case for change or further improvements. In short, accreditation can provide an external stimulus to enable change and improvements to existing HRM processes that would otherwise be garnered solely from within the HCO. For frontline managers, the accreditation assessment provides evidence that is credible and necessary to base the case for change upon:

“It certainly keeps us up there, it keeps us working towards standards. It is good evidence when we need to change things. If something comes through on accreditation that we’re not complying with something and would need to do that, it’s good evidence for that.”

Nurse Unit Manager, HCO 4
However, participants reported that drivers for improvement, and the motivation to do well on HRM standards, are primarily internal to their organisations. Participants discussed how they wanted to improve their performance over time, in relation to both themselves and in comparison to other institutions. Accreditation motivated and inspired competitiveness and a mindset of high performance in the HCOs. The issue was explained as follows:

“We were only talking about it the other day, somebody said “why would we do Equip National, why don’t we just do the basic national standards only?” And I said “God, look at this letter we got ... we were in the top 25 in the country, why would we NOT go with it?” I could not believe it, there’s hundreds of places in the country and we are in the top 25 so we have to stick with it. It causes people to get excited, to feel good about themselves, and the hospital itself feels good about them.”

Accreditation Advisor, HCO 3

In these HCOs, compliance was disregarded in favour of achieving outstanding results. Participants stated that this in itself had further benefits, which reinforced their motivation. The accreditation assessment was independent credible evidence for external stakeholders of the HCOs commitment to quality and safety. Additionally, it led to recognition for staff efforts from external sources, innovations that could be distributed across the sector and a positive reputation for the organisation.

“I think it’s recognition of the effort staff that have put in and achieved something unique that can be shared with other hospitals. A pat on the back and recognition outside the organisation.”

Accreditation Coordinator, HCO 4

Participants viewed their organisation’s involvement in an accreditation program as a contributing factor, but not the driver of their HRM success. An interviewee explained the distinction in this way:

“A lot [of staff] say, “well we have to do this for accreditation purposes”. And we go, “Well, we’re not doing it for accreditation purposes. We are doing it because it’s the right thing to do, or it
supports this, this and this … I think it’s good as a framework, as a structure to assist organisation, but in this organisation it doesn’t really drive what we do.”

HR Director, HCO 3

The achievements on HRM accreditation measures were described by interviewees as the products of a “best practice approach”, undertaken for the benefit of their HCO. They were not viewed as an outcome emerging from the accreditation process or for the reason to obtain the accreditation certificate. The point was made as follows:

“We actually didn’t set out to achieve EAs (excellent achievements) or OAs (outstanding achievements) … We simply tried to put in place what I guess would have been called ‘if not best practice then better practice’, in terms of how we manage people.”

Former HR Director, HCO 5

While accreditation was used to promote and achieve excellence in HRM, participants did not perceive it to be steering the organisation’s performance. They stated that their organisation’s high performance was the result of planning and implementation of policies and process entrenched within their architectures. As the Accreditation Manager from HCO 6 summarised, “it is just that whole quality cycle is very well embedded here”. Another interviewee explained that their organisation established internal system focused on high performing HRM as an end in itself:

“I think generally the things we do in our business planning and our policy implementation are things that aren’t driven by accreditation. They are driven by what’s going to be good practice for us and what’s going to get good [HR] outcomes.”

HR Coordinator, HCO 2

Discussion

HCOs identified as high performing on accreditation HRM criteria seek excellence primarily because of internal motivations linked to best practice. They have organisational architectures that are established and maintained for evolving and maintaining a HPHRM system. Participation in an accreditation program is a secondary
and less significant influence for these institutions. Notwithstanding, the accreditation program has an important influence. The accreditation program provides the HCO opportunity for internal and external review and assessment of their performance; the accreditation activities are reflective learning and feedback events. These activities allow tracking of their own performance and comparison, by credible external assessors, with other institutions in the sector. These outcomes stimulate identification and sharing of positive internal activities practices across the sector, bringing recognition and enhanced reputation for staff and the HCO. This creates a positive self-reinforcing motivation cycle or “a mindset of high performance” that stimulates HCOs to maintain or improve their current practices.

The findings are consistent with extant research that highlights the potential for accreditation to facilitate and promote change within organisations [19, 20, 28]. Whilst prior research has focused on clinical interventions, this study has extended the accreditation knowledge base by revealing that HRM systems are also shaped by accreditation programs. For these high performing organisations accreditation contributes to process improvements; whether the link holds for other HCOs is a question for further investigation. Furthermore, the study provides more evidence of the positive association between accreditation performance and organisational culture [21]. Additionally, the study contributes to the HRM literature by providing evidence that positive relationships and improvements emerge from a positive mindset and ‘bundles’ of HRM, tailored to the needs of individual organisations [16].

**Conclusion**

This study demonstrates that HCOs that pursue HPHRM systems use participation in an accreditation program as an opportunity. Their organisational mindset is to use the program as a tool by which to reflect, assess and obtain feedback on their performance to maintain or improve their management of staff and delivery of care. The external assessment is embraced as a positive event from which validation and credibility for their current direction and future actions is drawn.
High performance in HRM

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High performance in HRM

References


