SUSTAINING PUBLIC HEALTH CARE ORGANIZATIONS: ACCREDITATION, LEGITIMACY AND PERSONNEL ASSESSMENT

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Abstract. *Processes of accreditation, as means for achieving organizational legitimacy, can affect human resource management and personnel assessment practices in healthcare organizations. Since 1990s public management reforms are leading healthcare organizations to behave as institutions client and outcome-oriented. Organizations tend to achieve greater legitimacy and better performance conforming to the expectations of the key stakeholders in their environment by enhancing credibility of their actions and pursuing active or passive support. Healthcare organizations tend to improve their survival chances being successful in obtaining legitimacy from normative sources as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Accreditation is a periodic external evaluation of a healthcare organization, by recognized experts, which furnishes evidence of the quality of care, treatments and services delivered to the individuals served by the firm. Processes of personnel assessment are considered directly related to the safety and the quality of the care, because its appropriateness should increase job satisfaction and commitment of employees, and guarantee their competences, indirectly reducing clinical errors and gaining in organizational effectiveness and efficiency. Processes of accreditation should help practices of personnel assessment to be specifically designed and implemented for a specific context and focused on personnel development and psychological safety rather than on control. This study is based on archival data, namely the content of the accreditation standards for healthcare organizations in relation to personnel assessment. In this paper we analyze the requirements of two widely used accreditation standards as the Joint Commission International (JCI) and the International Society for Quality in health Care (ISQua) related to performance assessment practices in health care.*

Keywords: *accreditation; legitimacy; health care; public organizations; personnel assessment.*

Introduction

The aim of this study is to describe and understand how accreditation processes, as means for achieving organizational legitimacy, can affect and can be influenced by personnel assessment practices in healthcare organizations.

Human resource (HR) management practices represent a fundamental issue of analysis and development in health care field, mainly those who concern effective team training, communication and relationships,

appraisal criteria: these practices are likely to be an effective means to reduce human error in operating rooms, emergency departments, resuscitation units and other settings characterized by human interaction and activities interdependency, where breakdowns in communication and teamwork can have critical effects. Appraisal procedures significantly affect human resources' job satisfaction and commitment, considering the high evaluation and salary expectations that workers with high levels of responsibilities, such as health care professionals, have.

HR practices are also suggested as part of a Patient Safety Plan published by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the regulatory agency charged with hospital accreditation in the United States. Training programs to acquire safety rules, communication, relational, and evaluation criteria to improve health care personnel competences are new concepts for medicine, particularly for physicians who are trained largely to be self sufficient and individually responsible for the care they deliver. While many parties acknowledge a need for such trainings, exactly how to go about developing such programs is a dark field, not illuminated by international accreditation standards of JCAHO and others institutions formally legitimated on the matter. They try to apply human resource practices guidelines of pilots and astronauts to medicine workers, because they all work under high levels of stress, but context is very important for any organizational practice and health care is an industry characterized by many contextual specificities.

Most health care organizations are characterized by complexity and specificities of public administration, so that they are affected by stronger forces that lead to institutionalization of practices and processes as myths to follow and comply to. Internationally legitimated accreditation standards are one of these institutionalization forces. In this paper we are specifically concerned with the impact of these institutionalization forces on personnel assessment HR practices.

Organizations tend to achieve greater legitimacy and better performance conforming to the expectations of the key stakeholders in their environment by enhancing credibility of their actions and pursuing active or passive support. Health care organizations tend to improve their survival chances being successful in obtaining legitimacy from normative sources as JCAHO. Organizations operating in highly institutionalized environments are more likely to survive to the extent that they are successful in obtaining legitimacy from those normative sources that are in a position to approve or disapprove their structures, staffing, and programs.

HR management literature on performance assessment is wide and complex. In this paper we read the accreditation standards developed in health care in the light of the human resources management literature. Are these standards evidence-based, and sufficient to guarantee quality of the care? Is there a risk of a one-size-fits-all formal approach, not corresponding with truly effectiveness?

Health care Public Organizations seeking legitimacy

Since 1990s public management reforms lead health care organizations to change structures and processes by following more and more a client and outcome-oriented approach. In Europe, for example, since 1990s four waves of management reform are identified (Toth, 2009): introducing competitive dynamics among producers and providers of health services and products within health care system; enforcing the coordination and integration between different actors governing and producing services for health care; acknowledging freedom of choice and rights to citizens for health care; orientation to health care systems decentralized on territory. Thereby, in relation to health care, the State should be seen as just a provider, funder, manager or regulator of health services but rather, could play a central role to manage the processes through which the meaning of the health system to society, and so its contribution to broader societal value, is established (Gilson, 2003).

Organizations tend to achieve greater legitimacy and better performance conforming to the expectations of the key stakeholders in their environment by enhancing credibility of their actions and pursuing active or passive support. Public organizations have to conform to the standards in order to achieve social and cultural appraisal, and obtain resources in order to survive. Legitimacy can be considered as central

concept in the organizational study coherently with an institutional perspective (Deephouse & Suchman, 2008). Legitimacy as a cognitive process through which an entity becomes embedded in taken-for-granted assumptions implies that the actions of an entity are desirable, or appropriate within some socially constructed system of norms, values, beliefs, and definitions. Legitimacy can be embedded in organizations as constitutive belief or be managed so that the organizational goals can be achieved (Suchmann, 1995).

Public organizations need to gain legitimacy maintaining the organizational reputation as a set of beliefs about capacities, intentions and missions (Krause, Moynihan & Carpenter, 2012). Conceiving formalized organizational practices as rationalized myths can lead to the adoption of such practices as a quest for legitimacy rather than being considered as efforts to realize substantial changes in the organizational action (Meyer & Rowan, 1977). Health care organization facing complex challenges like the ongoing pressures for health care institutional reform, the emergence of new organizational governance structures, tend to conform to practices of similar organizations in order to maintain legitimacy in demanding environments (Yang, Fang & Huang, 2007).

Innovations that enhance legitimacy are desirable under conditions of uncertainty where the relationship between ends and means is no always clear. Innovations that regard to organizational structure may be of a symbolic nature coherently with a little effect on operations of the organization (Meyer & Rowan, 1977). Thereby, legitimacy as motivational force seems to explain the adoption of innovative behaviours by public organizations (Verhoest, Verschure & Bouckaert, 2007).

Quality, accreditation and legitimacy of health care organizations

Accreditation is a periodic external evaluation of a health care organization, by recognized experts, which furnishes evidence of the quality of care, treatments and services delivered to the individuals served by the firm. Accreditation procedures first require to the organization a detailed self-review of safety of the care delivery processes, to grant after a visible demonstration to stakeholders (patients, their families, staff and community) of organization's ongoing commitment to safe and high quality care, treatments and services. Health care organizations tend to improve their survival chances being successful in obtaining legitimacy from normative sources as accreditation bodies. Organizations operating in highly institutionalized environments are more likely to survive to the extent that they are successful in obtaining legitimacy from those normative sources that are in a position to approve or disapprove their structures, staffing, and programs. Organizations are not simply passive recipients in legitimation processes but work actively to influence and manipulate the normative assessments and feedback they receive from their multiple audiences (Ruef & Scott, 1998). The impact of regulatory programs can be understood as an example of coercive power in terms of pressures to comply with the dictates or policies of other organizations, particularly government agencies (Powell & DiMaggio, 1983). Accreditation could be seen as a source of economic gain and legitimacy health care organizations that are permitted to operate by receiving an accreditation award as form of legitimacy (Jaafaripooyan, Agrizzi, & Akbari-Haghighi, 2011). The growth of health care accreditation programmes accelerated globally in the 1980s and in Europe in the 1990s as regional and national strategies to improve the quality of health care. The earliest programmes were based on the North American models of the JCAHO (now expanded to cover health care organizations other than hospitals) and the Canadian Council on Hospital Accreditation. In the last decade within industrialized countries processes of accreditation were designed and implemented in order to promote and ensure a quality system with regard to different stakeholders as clients, health care providers and public administrations (Brusoni, 2002). The organizational accreditation model provides a framework for the convergence and integration of the strengths of all the models into a common health care quality evaluation model (Donhaue & van Ostenberg, 2000).

Today there is the wide diffusion of accreditation procedures and accreditation bodies. Accreditation can be considered as a rigorous external evaluation process that comprises self-assessment against a given set of standards, an on-site survey followed by a report with or without recommendations, and the award or refusal of accreditation status. Accreditation can be conceived as a process intended to improve quality and safety, as well established internationally. Accreditation consists of a formal declaration by

a designated authority that an organization has met predetermined standards. The accreditation process is an effective leitmotiv for the introduction of change coherently with a learning cycle and curve. Institutions tend to invest greatly to conform to the first accreditation visit and reap the benefits in the next three accreditation cycles but find accreditation less challenging over time (Pomey et al., 2010). Accreditation is an issue leading health professional to endorse it or have a critical approach of accreditation programmes. Health service accreditation programmes are complex system-level interventions that aim to improve the quality and safety of patient care The accreditation process is considered to be an evaluation process carried out by independent professionals external to the health care organization and its governing bodies, focusing on its functioning and practices as a whole. It aims to ensure that conditions regarding the safety, quality of care and treatment of patients are taken into account by the health care organization.

Accreditation can be considered an influential mechanism for protecting society in terms of safeguarding access to quality and safe healthcare. The accreditation programs play a key role in monitoring the reflection of quality and excellence as healthcare values. Accreditation could be conceived as a steering mechanism in healthcare with its respective impact at the societal level. Accreditation has been defined as an external evaluation mechanism which assesses the performance of health care organizations by investigating their compliance with a series of pre-defined, explicitly written standards in the attempt to encourage continuous improvement of quality rather than simply maintaining minimal levels of performance. The effective impact of accreditation should be seen through its capacity to lead to sustainable improvements in patient care quality and safety (Jaafaripooyan, Agrizzi & Akbari-Haghighi, 2011). The use of accreditation implies some effects: making government more responsive in front of the public and citizens perspective heard in setting policy and standards for accreditation; meeting the increasing demand for public accountability of health care providers; decreasing health care costs (Schyve, 2000).

Data and methods

In order to understand the impact of accreditation practices on human resource management in health care we studied the requirements of two widely used accreditation standards, ISO 9001 Quality Management Systems and JCI Accreditation Standard for Ambulatory Care related to performance assessment practices in health care.

ISO 9001 Quality Management Systems is a standard developed by the International Organization for Standardization (ISO) to "provide guidance and tools for companies and organizations who want to ensure that their products and services consistently meet customer's requirements, and that quality is consistently improved[1]". It is not industry-specific. JCI Accreditation Standard for Ambulatory Care are developed by Joint Commission International (JCI) specifically for health care.

As most accreditation standards in health care, these two accreditation bodies set performance assessment and human resource development practices among their accreditation standards. We integrated the analysis of documents by these two organizations with qualitative interviews of a representative of a medical center in Italy that is accredited according to both standards.

Examples of how ISO 9001 standards related to Human Resources are "determine the necessary competence for personnel performing work" or "maintaining appropriate records of education, training, skills and experience." Examples of how JCI standards related to Human Resources are "The competence to carry out job responsibilities is continually assessed, demonstrated, maintained and improved" or "[The] organization has an effective process for gathering, verifying, and evaluating the credentials (licensure, education, training, and experience) of those health care professional staff members who work under supervision and have job descriptions".

[1] http://www.iso.org/iso/home/standards/management-standards/iso_9000.htm.

The authors, as scholars in organization studies, critically read and discuss the HR-related standards by ISO and JCI. Moreover, the quality assurance manager and the CEO of a group of medical centers accredited according to both ISO and JCI guidelines were interviewed.

Results and discussion: critical issues on accreditation standards

Quality movement's managerial ideas rest on a Plan-Do-Check-Act mindset and require that processes inspired by this mindset are documented and verified.

Quality culture is concerned with measurement and error reduction. This culture, together with the Plan-Do-Check-Act mindset, perfectly fits with the Weberian-style bureaucratic mindset (Weber, 1970) which is common among public administrations worldwide. On the other hand, being complex and professional organizations, health care organizations such hospitals or medical centers should be characterized by professional autonomy and professional development (Raelin, 1985). Therefore, the quality movement ideas and the Weberian bureaucracy may be theoretically incompatible with contemporary theory and evidence about the relationships among human resource practices and performance in professional organizations such as health care organizations.

Moreover both the quality movement and the bureaucratic functioning imply a focus on verifying processes compliance and results. This focus on has contribute to an intense institutionalization of practices. As it can be seen from the example of standards given above, standards are written to be very broad in order to be general guidelines which can be applied in different context. The broad wording and lack of details of standards creates uncertainty in how organizations willing to be accredited should implement the standards in order to obtain the accreditation certificate. This uncertainty, and the complexity that it brings, contributes to the institutionalization processes in the field. External experts of recognized accreditation institutions, as well as specialized consultants, assist health care organizations to modify their internal procedures, fill in application forms and schedules concerning measures of quality. In some countries, for example Italy, local government oblige by decree to adhere to accreditation procedures leading to the institutionalization and legitimacy-seeking isomorphism.

Joint Commission International Accreditation Standards for Ambulatory Care and UNI EN ISO 9001 Quality Management European System requirements point out the importance to verify and to document as health care structures the guarantee of patient safety and the presence, maintenance and improvement of job responsibilities.

Despite the good intention to regulate the sensitive field of health care, monitoring the safety of the physical environment of service delivery and at least one documented evaluation of responsibilities of each member of the staff, these rules often risk to become bureaucratic and shallows formalities to get the seal of quality and greater legitimacy by the stakeholders. They allow a broad field of action, because these rules specify general contents to test, but not specifically what instrument and schedules you have to adopt and to fill in: health care managers can take advantage of the generic international suggestions, in terms of speed and superficiality in the accomplishment of standards.

Moreover, according to more recent studies on efficacy and well-being of health care teams (Nembhard & Edmondson, 2006), it emerges the relevance to guarantee good leadership process oriented to inclusiveness, psychological safety, and improvement of group members, in reference to the high risk exposure of helping professionals to psychophysical stress and burnout, due to overloading and/or emotional burden of care, with negative indirect consequences on organizational performance and patient quality of care.

The antidote to the substantial deficiencies of so many formal international standards for accreditation could be represented precisely by testing soft skills of leaders and organizational climate in the working groups, through yearly questionnaires and interviews validated by academic literature to members staff, next to current regulations.

Many issues have to be verified to state the competence of health care professionals and, in particular, of leaders to facilitate communication within groups and with patients: the quality of care depends on the ability to create working environments in which to pool technical content and share emotional experiences. In particular, team leader behaviours affect team climate and learning orientation (Baker King, MacDonald & Horbar, 2003; Edmondson, 1999; Yukl, 1994): for example, nursing staff with authoritarian and inadequate managers generally show fear to reveal errors, in spite of nurses coordinated by effective leaders which stress the importance of using these information as a learning tool for the unit, encouraging human resources inclusiveness, psychological safety and development (Edmondson, 2003; Edmondson, 1996).

The organizational context is characterized by relationships among individuals and among their roles; in contexts characterized by high levels of interdependence between the activity and autonomy in carrying out the same, such as health care structures, high heterogeneity among workers' personality traits and role tensions must be hold by leaders able to create a climate of listening, psychological safety by permissive, protective and powerful attitudes (Berne, 1966).

Furthermore, also the effective communication is frequently personality and situation dependent (Leonard, Graham & Bonacum, 2004) and there is a lack of a common mental model and critical language. In terms of the effective circularity, communication may affect teamwork quality and safe patient care: receiving a message involves personal interpretation of the same, which varies depending on contingent factors (context, relationship quality, used channel) (Giannelli, 2006).

The complexity of medical care and human limitations make it critically to have shared communication tools and to create contexts in which individuals can speak up and express their opinions, enhancing teamwork and reducing risk of workers exposure to unsafe situations and inadvertent patient harm (Leonard, Graham & Bonacum, 2004). Crew Resource Management (CRM) systems and Sexton Safety Attitude Questionnaire (SAQ)[2] can represent two important tools to make truly effective the accomplishment of international accreditation standards, teaching people to express their concerns and state a problem politely and persistently waiting for an answer, before proposing action and reaching decisions, to improve assertion in the interest of patient safety (Bellamo, Goldsmith & Uchino, 2003).

Conclusions

Rules, guidelines and norms lead health care organizations to accept and be driven by institutional pressures in developing strategic and organizational choices to better perform task. Specificity and complexity of health care organizations because of the professional nature of work imply to pay more attention to practices and methods of human resource management and personnel assessment because of its importance for psychological safety and improvement of group members by helping professionals tend to have a higher risk of exposure to psychophysical stress and burnout, due to overloading and/or emotional burden of care, with negative indirect consequences on organizational performance and patient quality of care. Human resources play a critical role in determining the success of private and public organizations. HR function and practices pose specific problems because the competencies of personnel constitute an important organizational asset in knowledge intensive industries such as health care. Changes driven by rules and formal prescriptions take the risk to proceed coherently with a rhetorical than substantial approach. Designing the personnel assessment to comply with accreditation standards may be risky for professionals' wellbeing, professionals' learning and organizational performance, especially considering the generic and ambiguous characteristics of the most international regulations and the excess of autonomy given to local policy makers and healthcare organizations. For instance, in Italy national regulations simply identify in regional local government institutions the subjects that can independently define the criteria for accreditation of private entities at national health services: even if the intent of the administrative reform in Italy in 1990s by the introduction of the institute of accreditation was to give greater financial autonomy, effective management and organization to public and private actors of regional and national health care system, the accreditation risk to have

[2] www.qualityhealthcare.org

rebound effects in terms of organizational and human resource management efficacy, efficiency and equity, without international and national guidelines uniquely interpretable and adaptable to specific local health care (Frosini & Brusoni, 2002). Accreditation processes should drive policy makers and health care organizations to design specific practices of personnel assessment paying attention on personnel development and psychological safety rather than on control. The study is descriptive. The scope is only explorative. Future research perspectives should imply to better understand both the antecedents and the consequences of institutionalization of HR personnel assessment practices in health care through a research design based on more qualitative interviews in order to investigate how processes of accreditation are designed and implemented.

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