

The attitude of health care professionals towards accreditation: A systematic review of the literature

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ABSTRACT

Accreditation is usually a voluntary program, in which authorized external peer reviewers evaluate the compliance of a health care organization with pre-established performance standards. The aim of this study was to systematically review the literature of the attitude of health care professionals towards professional accreditation. A systematic search of four databases including Medline, Embase, Healthstar, and Cinhal presented seventeen studies that had evaluated the attitudes of health care professionals towards accreditation. Health care professionals had a skeptical attitude towards accreditation. Owners of hospitals indicated that accreditation had the potential of being used as a marketing tool. Health care professionals viewed accreditation programs as bureaucratic and demanding. There was consistent concern, especially in developing countries, about the cost of accreditation programs and their impact on the quality of health care services.

Key Words: Accreditation, attitude, systematic review

INTRODUCTION

Accreditation is usually a voluntary program, sponsored by a non-governmental agency (NGO), in which trained external peer reviewers evaluate the compliance of a health care organization with pre-established performance standards.^[1] Quality standards for hospitals and other health care facilities developed by the American College of Surgeons, were first introduced in the United States in the ‘Minimum Standard for Hospitals’ in 1917. After World War II, increased world trade in manufactured goods led to the creation of the International Standards Organization (ISO) in 1947.^[2] Accreditation formally started in the United States with the formulation of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1951. This model was exported to Canada and Australia in the 1960s and 1970s and reached Europe in the 1980s. Accreditation programs spread all over the world in the

1990s.^[3] Other forms of systems including Certification and Licensure are used worldwide to regulate, improve and market health care providers and organizations. Certification involves the formal recognition of compliance with set standards (e.g. ISO 9000 standards) validated by external evaluation by an authorized auditor. Licensure involves a process by which a government authority grants permission, usually following inspection against minimal standards, to an individual practitioner or healthcare organization to operate in an occupation or profession. Although the terms, accreditation and certification are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organizations.^[2]

Aim

To review the literature on the attitude of health care professionals towards accreditation.

MATERIALS AND METHODS

Study design

This was a systematic qualitative review of the literature of the attitude of health care professionals towards accreditation. A comprehensive updated search of four electronic bibliographic databases including Medline

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	DOI: 10.4103/2230-8229.98281

from 1996-January 2011, Cinhal, from 1982-January 2011, Embase from 1980-January 2011, and HealthStar from 1980-January 2011 was done. Several keywords in different combinations including 'accreditation', "Health Services", 'quality', 'quality indicators', 'quality of health care', 'attitude', and 'impact' were utilized. We included studies that had evaluated the attitude of health care professionals (physicians, nurses and allied health personnel) towards accreditation. An analysis of abstracts of the citations was conducted to identify substantial studies relevant to the accreditation of health services. The bibliographies of all selected articles and relevant review articles were scrutinized to identify additional studies. Experts in the area of accreditation were contacted to identify relevant studies. No language restrictions were applied.

RESULTS

Seventeen studies evaluating the attitude of health care professionals towards accreditation were identified [Table 1].

Health professionals' attitude towards accreditation

Four studies included a mixed group of staff. There were five studies of leaders of health organizations including senior staff, managers and owners. Two of the studies were of purchasers of health services, two of physicians, two of nurses and a final two studies of laboratory personnel.

Attitude of mixed group of health care professionals

In a qualitative and cross-sectional study which involved interviewing senior staff ($n = 67$) and surveying hospital staffs ($n = 1693$) of a French teaching hospital, 77% of participants viewed accreditation preparation as an important stage in the hospital's evolution. Of the participants, 67% believed that the process touched all of the hospital's personnel and believed that irreversible changes occurred at the level of the hospital. However, 81% believed that the accreditation preparation process was experienced essentially as bureaucratic and prescriptive.^[4] A large Australian study that surveyed health care providers in 248 health care organizations ($n = 663$) indicated that 72% of the participants believed that accreditation had been of significant benefit to their organization.^[5] In a large cross-sectional survey conducted in Thailand ($n = 769$), more than 90% of the health care professionals thought that there had been problems with accreditation on such items as 'quality improvement (QI) activities' and 'integration and utilization of information'.^[6] In a qualitative study of providers of residential care for the aged, conducted in Australia ($n = 30$) participants' perception of accreditation was positive. For example, it ensured high standards of care for residents, and improved management. However, mention was also made of important limitations, including

excessive demands on staff, lack of consistency amongst assessors and the cost to facilities.^[7]

Attitude of leaders of health organizations

In a survey of 299 rural administrators of non-JCAHO accredited hospitals, 70% of the respondents did not think that the perceived benefits from accreditation were worth its cost or worth the demands on staff's time.^[8] In a survey of hospital owners in India ($n = 94$) which also used semi-structured interviews, there was an overwhelming agreement on the need for accreditation. All participants indicated that accreditation should be independent and not for profit. They felt that accreditation has the potential of being used as a marketing tool. The biggest obstacle to the introduction of accreditation in poorly resourced settings, such as India, was financial.^[9] In a survey conducted in an Australian teaching hospital ($n = 88$), the attitudes of senior staff towards the accreditation survey process were negative. The concerns were mainly related to participants' belief that in terms of patient care delivery and the significant amount of human resources it consumed, accreditation was of little value.^[10] A large qualitative study conducted in the United States involving twelve communities suggested that a regulatory body (such as JACHO), not market forces, had the strongest impact on hospitals' efforts to improve patient safety.^[11] A qualitative study involving interviews of 20 key accreditation surveyors and managers, and the survey of 38 key staffs found that hospital managers were committed to accreditation. A majority of managers felt that accreditation programs affirmed the quality of services, promoted good practices and involved staff at all levels.^[12]

Attitude of purchasers of health services

In a survey of purchasers of health plans in the United States ($n = 20$), most respondents indicated that the value of accreditation was worth its cost (94%); however, 83% did not feel that accreditation alone determined an acceptable health plan.^[13] In a qualitative study involving representatives of 31 HMOs, 71% of HMOs found the standards of the National Committee for Quality Assurance (NCQA) reasonable and planned to re-apply for NCQA accreditation.^[14]

Attitude of physicians

In a qualitative Australian study ($n = 72$) doctors were generally unaware of accreditation and skeptical of it. Their concern was on how quality of care was to be measured. Doctors felt accountable within a professional framework, to themselves, the patient and family, their peers and to their profession; but not to accreditation bodies.^[15] In a cross-sectional questionnaire of consultant radiologists, 87% of radiologists favored accreditation for virtual colonoscopy.^[16]

Table 1: Description and results of included studies

Study	Objectives	Design	Results
Brasure, <i>et al.</i> 2000 US	To explore why rural hospitals are not participating in the accreditation process	Survey of 299 rural hospital administrators	More than 70 percent of respondents did not think that the perceived benefits from accreditation worth its cost. More than 70 percent of respondents did not think that the perceived benefits from accreditation worth the demands on staff time. Nearly 80 percent of the respondents listed cost as a reason why they did not participate.
Burling <i>et al.</i> 2007 UK	To assess radiologists attitudes towards accreditation.	A cross-sectional questionnaire of 78 consultant radiologists from 72 centers	Forty-seven (87%) of radiologists favoured accreditation for virtual Colonoscopy. Thirty-eight (70%) favored accreditation beyond internal audit for virtual Colonoscopy. Overall, 42 (78%) considered specific accreditation for reporting screening examinations appropriate and 45 (83%) respondents preferred a national radiological organization to regulate such a scheme.
Casey <i>et al.</i> 2000 US	To explore the reasons why HMOs have or have not applied for accreditation	Random samples of 21 HMOs applied for National Committee for Quality Assurance (NCQA) accreditation and 10 non-applicant HMOs	The highest rated factor was requests from private employers, which received a rating of important or very important from 17 HMOs (81%). The second- highest rated factor was competition from other HMOs (71%). Several HMOs described accreditation as a structured means of improving their quality of care. The majority of applicant HMOs plan to reapply for accreditation, and most of the unaccredited HMOs also plan to apply for NCQA or another type of accreditation in the future.
Devers, <i>et al.</i> 2004 US	To describe hospital systems' and hospitals' patient-safety initiatives	Qualitative research	Quasi-regulatory organization (the Joint Commission on Accreditation of Healthcare Organizations) has been the primary driver of hospitals' patient-safety initiatives. The most frequently mentioned initiatives are designed to meet the JCAHO requirements. Respondents explicitly noted that they were working to meet JCAHO standards, or the major initiatives they listed mapped clearly back to JCAHO's policies and requirements. They can be grouped into three related JCAHO areas: (1) developing better processes for reporting, analyzing, and preventing sentinel events (this includes responding to sentinel event alerts, particularly those concerning patient falls and use of patient restraints); (2) meeting patient-safety standards, including increasing hospital leadership's knowledge of, and accountability for, patient safety and creating a nonpunitive culture; and (3) meeting all or specific JCAHO patient-safety goals, particularly improving communication and the accuracy of patient identification. The most frequently mentioned patient-safety activity was improving medication safety, which is related to six of the eleven patient-safety goals for 2003.
EL-Jardali 2008 Lebanon	To assess the perceived impact of accreditation on quality of care of nurses and the perceived contributing factors that can explain changes in quality of care	Cross-sectional survey	Nurses perceived an improvement in quality during and after the accreditation process. Predictors of better Quality Results were Leadership, Commitment and Support, Use of Data, Quality Management, Staff Involvement and hospital size.
Fairbrother G <i>et al.</i> 2000 Australia	To examine attitudes of senior staff to the accreditation survey process	Cross-sectional survey of senior staffs of a teaching hospital	Significant levels of negative feedback received; principal concerns related to perceptions that the process is unwieldy and it offers little value for patient care delivery for the resources required.
Gough 2000 UK	To assess the opinions of laboratory managers/ clinicians about Clinical Pathology Accreditation (CPA) and whether accreditation had produced any significant benefits to pathology services	A postal survey of 145 accredited laboratories in UK	Most laboratories felt that accreditation by CPA had resulted in better laboratory performance with more documentation and better safety and training procedures. CPA accreditation was believed to provide useful information by approximately 50 per cent of laboratories but was also felt by a significant proportion of laboratories to be over-bureaucratic, inefficient and expensive (46 of 93 respondents).

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Table 1: Contd...

Study	Objectives	Design	Results
Grenade 2002 Australia	To review the implementation of the accreditation process in Western Australia from the perspective of service providers	In-depth interviews were conducted with thirty participants	The accreditation system was supported by service providers. Important limitations were identified including excessive demands on staff, lack of consistency among staff, and the cost to health care facilities.
Hurst 1997 UK	To evaluate the characteristics of health care accreditation schemes, mainly the Trent small hospital accreditation scheme (TSHAS)	Data collected through qualitative interviews of 20 key accreditation scheme surveyors and managers, and questionnaires of 38 key staffs participating in accreditation schemes	Community hospital managers were committed to TSHAS. Staffs were also keen to see the program continue to evolve. Majority of managers were happy with the accreditation program. They felt that the accreditation program affirm quality of services, spread good practices and involve staffs at all levels.
Kreig <i>et al.</i> 1996 Australia	To examine the Australian Council on Healthcare Standards (ACHS) accreditation program, focusing on the usefulness of the program to assist movement towards best practice, and its impact on outcomes and performance	Questionnaire survey of 248 healthcare organizations due for accreditation by ACHS in 1996	A large majority of respondents agreed that the accreditation program had been of significant benefit to their organisation. The benefits covered improving communication, commitment to best practice, information available for evaluation activities and quality care activities, improved structure for quality, greater focus on consumers, supporting planned change, and, staff management and development.
Nandraj <i>et al.</i> 2001 India	To elicit the views of the principal stakeholders on the introduction of accreditation	A survey of 1157 private hospitals and semi-structured interviews of 25 hospitals owners	There was an overwhelming agreement on the need for accreditation. They felt that accreditation should cover governmental hospitals, and hospitals should be graded in an accreditation scale. There was a high level of support for the classical features of accreditation including: voluntary participation, a standards-based approach to assess hospital performance, periodic external assessment by health professionals, and the introduction of quality assurance measures to assist hospitals in meeting these standards. Hospital owners, professional bodies and government officials all saw potential - though different - advantages in accreditation: for owners and professionals it could give them a competitive edge in a crowded market, while government officials viewed accreditation as a mean to increase their influence over an unregulated private market. Areas of disagreement emerged; for example, hospital owners were opposed to government or third party payment bodies having a dominant role in running an accreditation system.
Pomey <i>et al.</i> 2004	To explore the dynamics of change that operate during self-assessment (accreditation preparations)	Qualitative research and quantitative cross-sectional questionnaire	Accreditation preparations represented an important stage in the hospital's evolution according to 82.7% of the non caregivers, 77.4 percent of the caregivers, 71.9% of the administrative staff and 65 percent of the medics. Moreover, 67% also considered that the process touched all of the hospital's personnel. The accreditation preparation process was experienced essentially as "bureaucratic" by 80.9% of the caregivers, 77.3% of the administrative staff, 76.1% of the non-caregivers and 65.2 % of the medics. The process was qualified as being "rigid" (55.3%), "participatory" (52.5%), "consensual" (46.4%) and finally "concrete" (45.4%).
Pongpirul <i>et al.</i> 2006 Thailand	To explore problems and obstacles of hospitals in Thailand implementing quality management systems according to the hospital accreditation (HA) standards	Questionnaire survey Thirty-nine hospitals in all 13 regions of Thailand A total of 728 health care professionals and 41 surveyors of the national accreditation program	More than 90% of both groups thought that there had been problems in the items such as 'quality improvement (QI) activities' and 'integration and utilization of information'. The items considered by health care professionals as major obstacles included 'adequacy of staff' (34.6%) and 'integration and utilization of information' (26.6%), for example.

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Table 1: Contd...

Study	Objectives	Design	Results
			<p>For surveyors, 'integration and utilization of information' was ranked highest as presenting a major obstacle (43.9%), followed by 'discharge and referral process' (31.7%) and 'medical recording process' (29.3%).</p> <p>The rank orders for the 24 items as problems and major obstacles were similar in both groups (Spearman's rank correlation 0.436, $P = 0.033$ and 0.583, $P = 0.003$, respectively).</p> <p>All items were identified by most health care professionals (range 72.9–94.9%) as problems for hospital QI. Of these, >90% thought that there had been problems in the items 'QI activities' (94.9%), 'integration and utilization of information' (93.5%), 'promotion of staff participation' (92.6%), 'communication among departments' (92.3%), 'clinical practice guideline development' (91.3%), and 'efficiency of maintenance system' (90.2%).</p> <p>Items considered by health care professionals as major obstacles to hospital QI included 'adequacy of staff' (34.6%), 'integration and utilization of information' (26.6%), 'promotion of staff participation' (24.0%), 'budget for QI activities' (21.4%), and 'multidisciplinary care' (21.3%).</p>
QAP 2003 South Africa	To assess the effects of an accreditation program (the Council for Health Services Accreditation (COHSASA) of Southern Africa on public hospitals' processes and outcomes in a developing country setting (South Africa)	A prospective, randomized control trial with hospitals as the units of analysis	Nurses' overall perceptions of care at the intervention hospitals increased slightly (59 percent to 61 percent), whereas they declined at the control hospitals (61 percent to 57 percent). The mean intervention effect was 6 percentage points, which was statistically significant ($P < 0.030$).
Scanlon <i>et al.</i> 1998 US	To assess the existing knowledge and opinions regarding accreditation and performance measurement in the purchaser community	Survey of 20 health plans purchasers	<p>Ninety-four percent of the purchasers surveyed indicated they require plans to provide them with "performance" information as a condition for contracting.</p> <p>Health plan accreditation is the most common measure that purchasers require (100 percent) and use (94 percent) in contracting decisions.</p>
Stoelwinder 2004 Australia	To explore what doctors working in hospitals want from hospital accreditation	Qualitative study involving 12 focus groups in six hospitals ($n = 72$) involving groups of consultants and Registrars	Doctors are unaware or skeptical of accreditation; doctors hold concerns about how safety and quality of care should be measured; and doctors perceive themselves to be accountable within a professional framework (self/patient/colleagues) not to the organizations in which they worked
Verstraete <i>et al.</i> 1998 Belgium	Attitude of laboratory personnel towards accreditation	Cross-sectional questionnaire	<p>A large majority (85-90 per cent) considered that their workload was increased by the accreditation process.</p> <p>In two laboratories, the technologists did not think that the accreditation process had improved the quality of the results.</p> <p>The major advantages were the fact that everything was traceable, that the technologists felt more sure about the procedures to follow, received more responsibilities and had a better knowledge of the tests they performed.</p> <p>The major disadvantages were the increased paperwork, discrepancies between the procedures and the reality, the fact that more attention is paid to the formalities than to the quality of the results.</p> <p>The number of advantages mentioned seemed to increase with the interval since the accreditation.</p> <p>A small majority of the technologists preferred working in an accredited laboratory than in a non accredited one.</p>

Attitude of nurses

In the large randomized controlled trial, the (QAP) nurses' overall perceptions of care ($n = 1048$), at the accredited hospitals increased significantly (59% to 61%), compared

to the control hospitals (declined from 61% to 57%).^[17] In a large rigorous survey conducted in Lebanon ($n = 1048$), nurses perceived a significant improvement of results in quality in hospitals as an outcome of accreditation.^[18]

Attitude of laboratory personnel

A survey of laboratory personnel in three laboratories in Belgium and Netherland ($n = 77$) showed conflicting results. Of the lab personnel in two laboratories, 87% did not think that the accreditation process improved the quality of the laboratory results; however, the majority of laboratory personnel felt more confident about the procedures to follow, were given more responsibilities and had better knowledge of the tests they performed. Laboratory personnel preferred working in an accredited laboratory than in a non-accredited one.^[19] In a survey of Clinical Pathology laboratories ($n = 93$), 75% laboratories felt that accreditation resulted in an improvement of laboratory services by introducing more documentation and better health and safety training procedures. Half of the participants viewed accreditation as being over bureaucratic, inefficient and expensive.^[20]

DISCUSSION

In general, the attitude of the health care professionals in the seventeen studies that had evaluated attitudes of health care professionals towards accreditation was supportive. In a few studies, the attitude to accreditation was negative because the participants did not believe that accreditation had a significant impact on the quality of health care services and also because of the significant additional cost involved.

The attitude of senior staffs, managers and owners towards accreditation was conflicting. In some studies, the attitude revealed was positive since to the participants, accreditation improved quality and could potentially be used as a marketing tool. In other studies, the attitude of hospital leaders was negative, for they thought that accreditation was neither worth its cost nor the demands on staff efforts and time. One explanation of these conflicting findings from leaders of health organizations was that the benefits of accreditation were not well-established. In general, the attitude of purchasers of health services was positive, which confirms the view

of the owners of hospitals that accreditation could be used as a marketing tool. Studies involving a mixed group of health care professionals revealed a favorable attitude towards accreditation as they thought it produced beneficial changes at all levels of health organization. However, there were several concerns including the bureaucratic, prescriptive nature of the accreditation process, as well as the financial burden it imposed on health care facilities. The perception of nurses towards accreditation was generally favorable; however, physicians were skeptical of accreditation and raised concerns on how the quality indicators were measured. In contrast, radiologists were in favor of the accreditation. Physicians are known to resist clinical governance schemes. This resistance can be minimized when evidence is cited to prove that these schemes can improve the quality of health services.^[21,22] Two studies have shown that the attitude of laboratory personnel towards accreditation was positive as it increased the confidence of laboratory personnel with the procedures they follow. However, the majority thought that accreditation did not improve quality and viewed it as inefficient and expensive [Table 2].

The cost of accreditation was a persistent concern of health care organizations especially in developing and low income countries. The concern of leaders of health care organizations was also that the benefits of accreditation might not be worth the cost and the effort involved in the process. These concerns can only be addressed by means of a rigorous cost-benefit analysis.^[23]

CONCLUSIONS

Several studies have shown that health care professionals were skeptical about accreditation because of concerns about its impact on the quality of health care services. Concerns raised about the cost of accreditation programs by health care professionals especially in developing countries were consistent. Healthcare professionals (especially physicians) have to be educated on the potential benefits of accreditation. It is also necessary to conduct

Table 2: Summary of the results of the attitude towards accreditation

Target group	Summary of results
Mixed group	Viewed as an important stage in the hospital's evolution and of significant benefits to ensure standards of care. The process was bureaucratic and concrete.
Leaders	Accreditation affirms quality and has the potential to be used as a marketing tool. Concerns that accreditation may not worth the financial and human resources invested in it.
Physicians	The attitude was mixed; In one report physician were skeptical about accreditation. In another report radiologist favored virtual colonoscopy accreditation.
Nurses	Accreditation improved the perception and quality of care.
Laboratory Personnel	Preferred to work in an accredited laboratory and improved the process and knowledge of laboratory tests. Concerns were raised about the cost and the effect of accreditation on the quality of laboratory results.
Purchasers	The value of accreditation worth its cost; however accreditation alones does not ensure quality.

a rigorous, independent evaluation of the cost-benefit analysis of accreditation of health services.

ACKNOWLEDGMENTS

This Research was conducted as a partial requirement for the Master degree program in Health Systems and Quality Management, King Saud bin Abdulaziz University for Health Sciences in collaboration with Liverpool University. We would like to thank Prof. David Haran, University of Liverpool, Dr. Vanja Berggren, University of Liverpool, Prof. Zillyham Rojas Universidad de Costa Rica, Prof. M. Magzoub King Saud bin Abdulaziz University for Health Sciences for their valuable feed-back during thesis defense process.

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How to cite this article: Alkhenizan A, Shaw C. The attitude of health care professionals towards accreditation: A systematic review of the literature. *J Fam Community Med* 2012;19:74-80.
Source of Support: Nil, **Conflict of Interest:** Nil

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