

# Improving the nursing accreditation process



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## Abstract

Accreditation demonstrates that an organization is establishing high quality and it is committed in the achievement of specified standards. This study was conducted to reduce perceived stress and anxiety among nursing faculty and nursing administrative staff related to the accreditation process. Participants were provided an educational intervention in preparation for an accreditation visit. Results revealed anxiety and stress scores were lowered after the intervention.

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Accreditation achievement is a means of ensuring quality education and improvement in higher education. Accreditation is a self-controlled process whereby agencies recognize educational programs that have met defined standards. In the United States, program or institutional accreditation is a decision of choice as compared to other countries where accreditation may be mandatory by law. Programs that are accredited may be held in higher professional regard than those that are not accredited (Britt & Aaron, 2008).

The initial intent of accreditation was to recognize institutions that provided expert educational services (Britt & Aaron, 2008). When the accreditation process began, the evaluators were the programs themselves. Pullen and Mueller (2006) emphasized that prior to 1998, the National League of Nursing served as the only accrediting agency for all of nursing. The American Association of Colleges of Nursing (AACN) formed its own accreditation agency, the Commission on Collegiate Nursing Education (CCNE). This accreditation agency was formed in 1998 (AACN, 2012).

Accreditation indicates that the organization is resolute to high-quality care and it is steadfast in the achievement of specified standards (Guerrero & Alvarado, 2010). Agencies such as Accreditation Commission for Education in Nursing (2013), AACN, and CCNE can assist in meeting benchmark achievement in program outcomes (DeSilets & Dickerson, 2009).

The Council for Higher Education Accreditation (2010) noted that in many states accreditation is a requirement for an institution to be licensed as a provider of higher education. Most of the states require accreditation in order for the institution to receive state financial funding for its students. Numerous nursing programs are seeking accreditation to ensure quality outcomes and due to competition in the hiring of nursing graduates from accredited programs (Tanner, 2009).

Faculty and nursing directors have continually depicted the accreditation process as overwhelming and time consuming. In addition, research findings demonstrate that stress and anxiety have been associated with participation in the nursing accreditation process (Elkins et al., 2010). The purpose of this study was to reduce perceived stress and anxiety among nursing faculty and nursing administrative staff related to the nursing accreditation process. In addition,

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the study was to improve the accreditation process and to increase knowledge of accreditation for new faculty.

## 1. Literature synthesis

An extensive search of the Cumulative Index to Nursing and Allied Health Literature, Education Resources Information Center, Health and Psychosocial Instruments, Proquest Nursing and Allied, and PubMed databases from 2007 to 2013 was performed. The search focused on accreditation of educational, college, and nursing programs. A total of 49 articles were reviewed. Seventeen were considered irrelevant to the study. References were assessed for relevance, and evaluated to identify additional studies. Key terms included *accreditation*, *nursing*, *attitude*, *anxiety*, *education*, *program accreditation*, and *program outcomes*.

Five of the articles explored were nonresearch articles. Therefore, they were excluded from the critical appraisal and review. Relevant articles were those that included evidence about the accreditation process and stress and anxiety related to accreditation.

A systematic review by Alkhenizan and Shaw (2012) examined the attitude of health care professionals related to accreditation. The setting of this study was King Saud bin Abdulaziz University for Health Sciences in collaboration with University of Liverpool, and it included a review of 17 studies from various settings. Participants of the 17 studies were composed of hospital professionals and owners of hospitals. Attitudes were positive when participants viewed accreditation as a process to improve quality. When accreditation was not viewed as cost-effective, staff attitudes were reported as negative (Alkhenizan & Shaw, 2012).

Elkins et al. (2010) explored stress among nursing and administrative staff related to the accreditation process in a randomized study in a large hospital in central Texas. Participants in this study were administrators, managers, and supervisors. The Anxiety Subscale was utilized from the Hospital and Anxiety and Depression Scale. In addition, the Perceived Stress Likert-type scale was utilized. The results of this study report that hospital accreditation significantly affects anxiety, stress, and sleep (Elkins et al., 2010).

A nonrandomized quantitative study was conducted to determine the effects of a Nova Scotia School accreditation program on education and student learning. This study reports the significance of instructor participation in a change process involving evidence-based practice in three secondary schools in Canada. Results indicate that there were some inconsistencies among the schools involved in the study. However, the results do indicate that faculty participation is needed during the process of change involving accreditation (Wood & Meyer, 2011).

The analysis of accreditation outcomes in a descriptive study provides evidence of accreditation in 14 universities and nursing programs in Chile. This descriptive study defined accreditation as a method of exposing program

weaknesses and strengths. The results of this study indicate that some academic divisions are more proficient than others in offering nursing programs. Results indicate that all nursing programs should participate in accreditation due to the large numbers of students that seek enrollment in nursing programs.

## 2. Method

After institutional review board approval was granted, an initial meeting was held with the program director of the associate degree nursing program in an Alabama community college to discuss the study and potential participants. During the meeting with the program director, it was decided that the study could be discussed at the next scheduled faculty and staff meeting, which provided a convenient opportunity for the study announcement and recruitment of participants. In addition, the staff meeting provided an opportunity to respond to nursing faculty and administrative staff questions and concerns. The meeting also provided an opportunity to obtain contact information for potential recruits.

After the consent forms were signed, each participant was given a packet that contained color- and number-coded preintervention and postintervention perceived stress and anxiety surveys. This included the Perceived Stress Scale 10 (PSS-10) and the State-Trait Anxiety Inventory (STAI) for adults. The packet also contained a demographic questionnaire, a printed copy of the slide presentation, and two addressed business length envelopes (labeled A) for return of the preintervention survey and (labeled B) for return of postintervention survey. Preintervention data collection survey tools were printed on green paper and coded A (for example, A-1, A-2). Survey tools consisted of the PSS-10 and the STAI. The demographic questionnaires were also printed on green paper and number coded. The postintervention data collection survey tools were printed on blue paper and coded B (for example, B-1, B-2). Surveys were coded in this manner to link individual preintervention and postintervention data for comparison. Printed instructions for completing the surveys and questionnaires were also provided in the packet.

At the end of the promotional staff meeting, participants placed the preintervention surveys (PSS-10, STAI, and the demographic questionnaire on green paper) in the plain envelop labeled A, and returned the sealed envelope to the primary researcher. The internet URL Instruction sheet for viewing the accreditation intervention (Session A and Session B) was provided after preintervention data collection was completed for all participants.

### 2.1. Sample and setting

The convenience sample consisted of full and part-time nursing faculty and nursing administrative staff. The site had eight full-time nursing faculty and nursing administrative staff and 16 part-time nursing faculty members. Ten recruits

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