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Evaluating Nurses Satisfaction with Joint Commission International Accreditation Preparatory Training and Implementation Challenges in Palestine

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Declaration

I declare that, except where explicit reference is made to the contribution of others, this thesis is substantially my own work and has not been submitted for any other degree at the Arab American University or any other institution.

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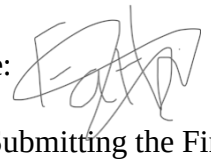
Signature: 

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Evaluating Nurses Satisfaction with Joint Commission International Accreditation Preparatory Training and Implementation Challenges in Palestine

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Abstract

Background: A hospital is a complicated, multi-functional, professional, and bureaucratic institution. Accreditation is defined as evaluating a healthcare organization's performance against predetermined standards and putting strategies for continuous improvement into action. Nursing staff play a crucial role in the development of high-quality programs in hospitals because of their large population, direct and ongoing service delivery, active participation in strategies and practices, and their actions have an impact on accreditation procedures. Nurses, however, face certain difficulties in this area.
Aim: To assess the nurses' perspectives of satisfaction with training for and barriers that they faced in the Joint Commission International (JCI) accreditation implementation.

Methodology: A quantitative, cross-sectional descriptive methodology was conducted at the West Bank hospitals that have a JCI accreditation (Istishari Arab Hospital (IAH) in Ramallah, An-Najah National University Hospital (NNUH) in Nablus, and Ibn Sina Hospital (ISH) in Jenin). The study population included IAH, NNUH, and ISH nurses. According to the sample size calculator, a convincing sample would consist of 233 samples. The data collection tool was self-developed, and the questionnaire contained five parts.

Result: Overall satisfaction with JCI training among 208 Palestinian nurses was moderate to moderately high (mean = 3.53/5), with 60.5% expressing enhanced patient safety knowledge and 57.7% reporting increased confidence in compliance. Poor interdepartmental cooperation (58.2%), low staff enthusiasm (54.3%), language challenges (53.9%), unreliable documentation technology (52.4%), and a lack of leadership support (52.4%) were the main obstacles. There was a somewhat positive correlation between perceived barriers and satisfaction ($r = 0.307$, $p < 0.001$). To enhance training and execution, nurses suggested follow-up evaluations (70.2%), management participation (57.7%), hospital-specific scenarios (56.7%), and mentorship programs (51%).

Conclusion: This study examined the perceived barriers to accreditation implementation, the impact of professional and sociodemographic characteristics on these outcomes, and the satisfaction of Palestinian nurses with JCI training in West Bank hospitals that have received JCI accreditation. The data revealed a moderate level of satisfaction with JCI training, with younger and less experienced nurses frequently expressing higher levels of satisfaction.

Keywords: nurses' satisfaction, training, barriers, Joint Commission International (JCI) accreditation, implementation.

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List of Definitions of Abbreviations

Abbreviations	Title
WHO	World Health Organization
JCI	Joint Commission International
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
ISO	International Organization for Standardization
HAP	Hospital Accreditation Program
LMICs	low- and middle-income countries
NNUH	An-Najah National University Hospital
IAH	Al-Istishari Arab Hospital
HA	hospital accreditation
HICs	high-income countries
PSC	Patient Safety Culture
JSS	Job Satisfaction Scale
NABH	National Accreditation Board for Hospitals
NQAS	National Quality Assurance Standards
PA	physician assistant
NP	nurse practitioner
NSAS	nurse services accreditation standards
ISH	Ibn Sina Hospital
SPSS	Statistical Package for the Social Sciences
IRB	Institutional Review Board

Chapter One: Introduction

1.1 Introduction

A hospital is a complicated, multi-functional, professional, and bureaucratic institution. Patients anticipate excellent, secure, efficient, and customized medical care. Therefore, hospital administrators should employ effective strategies to enhance the standard and safety of healthcare. Furthermore, the Ministry of Health assesses and audits the safety and quality of hospital services through licensing, certification, and accreditation procedures (Ghazanfari et al., 2020).

The World Health Organization (WHO) defines healthcare quality as including people-centered care, safety, and efficacy. It explains the overall functioning of the health system and the degree to which hospital care and other health services provide the desired health results (Gurisch et al., 2024).

A key component of healthcare quality is patient safety, which has drawn interest from researchers globally and the WHO agenda. Thus, many hospitals have realized the necessity of creating plans to enhance care and reduce the likelihood of mistakes, like putting hospital accreditation systems in place (Freire et al., 2019; Mansour et al., 2022).

Enhancing the quality and safety is a health system's primary objective. The necessity of regulating the quality and safety of hospital services given to patients is highlighted by significant investments in the healthcare sector, growing demand, resource shortages, medical errors, and rising public expectations (Singh et al., 2023).

Patient safety and high-quality care are the outcomes of accreditation. Employee satisfaction is high at recognized hospitals because they offer leadership, a positive work environment, ongoing education, and, most importantly, process ownership. Additionally,

accreditation fosters the general growth of physicians and paramedical personnel and offers guidance for raising standards in nursing and medicine (Farh et al., 2020).

Accreditation is defined as evaluating a healthcare organization performance against predetermined standards and putting strategies for continuous improvement into action. Healthcare organizations must undergo external peer review and accurate self-evaluation as part of the accreditation process, which is a continuous quality improvement process (Minolin et al., 2022). Through service management, planning, and improvement measurement, the accreditation standards criteria are intended to support the advancement of healthcare quality and patient safety. For all patients, families, and caregivers to get safe, efficient, patient-centered, timely, and equitable healthcare services, national or international accreditation is essential (Minolin et al., 2022).

Hospital accreditation is considered "Systematic external evaluation of a hospital's structure, processes, and outcomes by an independent professional accreditation body using published optimum, evidence-based, and achievable standards." (Ghazanfari et al., 2020). Hospital accreditation programs, which are defined as the "systematic assessment of hospitals against accepted standards", are carried out by independent organizations that are not part of the hospital structure and typically consist of non-profit and nongovernmental groups (Araujo et al., 2020). The process includes staff training, team project creation, standard selection, and implementation of specified requirements, as well as survey visits by a multidisciplinary healthcare team that result in a detailed report of identified areas of improvement and the subsequent cycle of follow-up visits (Araujo et al., 2020).

An impartial external body uses a set of structural, process, and outcome standards to systematically evaluate and validate a hospital. This process is known as hospital accreditation

(Mosadeghrad and Ghazanfari, 2021). Particularly in competitive settings, an accreditation certificate guarantees the quality of hospital care and is a crucial factor in patient selection, physician referrals, and health insurance organizations' purchases of hospital services (Mosadeghrad and Ghazanfari, 2021).

1.2 Joint Commission International (JCI)

The United States is the birthplace of the accrediting procedure. In 1917, the American College of Surgeons established a set of guidelines to identify appropriate hospitals for surgical education. This evolved into a multidisciplinary standardization program that resulted in the establishment of the independent Joint Commission on Hospital Accreditation in 1951 (Yildiz and Kaya, 2014). Today, it is known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and it served as the direct or indirect basis for all ensuing national initiatives. JCAHO created the JCI Accreditation in response to the global community's increasing desire for standards-based evaluation in healthcare. JCI is in charge of hospitals' and other organizations' worldwide accreditation (Yildiz and Kaya, 2014).

To improve the quality of services offered and increase customer satisfaction, the hospital's management and leadership have placed a high priority on the requirement for JCI certification (Algunmeeyn et al., 2020).

In the 1990s, accreditation expanded globally. Accreditation differs slightly from licensure (a government-granted authorization to operate, typically after inspection against minimal standards) and certification (a formal acknowledgement of compliance with established standards, such as International Organization for Standardization (ISO 9001:2008 standards, validated through an external evaluation). Research examining how certification affects the caliber of

medical services revealed overwhelmingly positive outcomes, demonstrating that accreditation is a legitimate means of enhancing the caliber of healthcare practitioners (Burghele, 2015)

The greatest option for creating the national model is the joint commission model. Enhancing accreditation standards can be achieved by lowering the number of standards and measures, leveling and clarifying measures, modifying scoring scales, taking a more thorough look at standards, applying functional approaches to standard development, and taking hospitals' diversity into account when developing measures (Ghadami et al., 2019).

1.3 Hospital Standard andAccreditation

Since the 1970s, international initiatives to improve healthcare standards have been advanced via healthcare accreditation and certification programs. A healthcare organization can receive official recognition for meeting performance requirements through the accreditation process, which is conducted by certified external peer reviewers. One way to keep an eye on quality maintenance and improvement, public safety, legal safeguards, risk management, private sector oversight, the implementation of new service environments, resolving healthcare system concerns, and the establishment of top universities is through accreditation (Kanyal and Ghewade, 2023).

A high standard of care, access to qualified and skilled medical personnel, a quality-focused organization, intelligible education and communication, and ongoing collection of patient feedback regarding satisfaction are all indicators of a quality healthcare system. The accreditation process gave the quality movement a boost (Jaslina et al., 2018). A healthcare institution's compliance with predetermined performance requirements is assessed by qualified external peer reviewers as part of the voluntary accreditation process, which is carried out by a non-

governmental organization (NGO). The goal of accreditation is to achieve the highest possible standards of quality and to implement methods for continual improvement (Jaslina et al., 2018).

Hospital self-evaluations are typically followed by on-site surveys conducted by a multidisciplinary team of health professionals, unnoticed visits, patient experiences, and the trend of the hospital's main performance indicators. Surveyors examine hospital technology and equipment, conduct staff interviews and evaluations, examine important clinical and organizational data, and consider hospital outcomes, including patient satisfaction and health (Mosadeghrad, 2020).

A measurement system is necessary for the healthcare system to evaluate and demonstrate current quality (Ghadami et al., 2019). The WHO called on all member states to create efficient systems by 1990 to guarantee the standard of patient care in national healthcare systems. WHO established certification as a comprehensive and supportive mechanism to gauge hospital performance in 2003. Using the opinions of a group of specialists in a certain field to assess a healthcare organization and decide whether to give their qualifications, accreditation is a systematic evaluation of healthcare centers (Ghadami et al., 2019).

Certification helps increase patients' expectations for care results and the caliber of medical care provided. In terms of professional growth, certification in Nursing encourages efficient procedures that raise public confidence, foster leadership and accountability, and provide a welcoming and secure environment (Jaslina et al., 2018).

Employee competencies, safety and security, implementation of evidence-based practices, interdisciplinary team building, effective communication, and employee satisfaction and commitment are all improved by the Hospital Accreditation Program (HAP) (Ghazanfari et al., 2020). Patient rights are protected, hospital services are improved, medical errors and nosocomial

infections are decreased, patient safety is enhanced, and patient length of stay and death are decreased because of the HAP (Ghazanfari et al., 2020). Lastly, a positive organizational culture, well-maintained infrastructure, effective use of hospital resources, standardization of policies and procedures, enhanced organizational performance, better working processes, increased brand and reputation, and increased public confidence are all outcomes of hospital accreditation (Ghazanfari et al., 2020).

Employee education and training are improved, organizational rules and procedures are made clearer, clinical protocols are implemented, evidence-based practice is encouraged, multidisciplinary clinician collaboration is reinforced, organizational commitment is increased, and employees' responsiveness and accountability are improved by the accreditation initiative. Furthermore, an accrediting program leads to better organizational performance, more effective use of resources, increased brand and reputation, and increased public trust (Mosadeghrad, 2020).

1.3.1 Accreditation and Nursing

Nursing staff play a crucial role in the development of high-quality programs in hospitals because of their large population, direct and ongoing service delivery, active participation in strategies and practices, and their actions have an impact on accreditation procedures. Nurses, however, face certain difficulties in this area (Atapour, 2021).

In the foundation of hospitals, nurses play a crucial role in providing healthcare, and their expertise serves as the basis for the certification process (Atapour, 2021). However, the topic of nursing standards and quality assurance has received very little attention in the nursing curriculum (Atapour, 2021). The investigators believed that developing an understanding and applying the elements of quality assurance and standards might require several years of bedside experience and

participation in audit procedures. Therefore, to create the necessary knowledge in quality assurance, novel teaching approaches must be implemented (Atapour, 2021).

The nursing team is essential to a high-quality program in the hospital; the nurse engages with all areas of support, exercising both autonomy and co-responsibility, using organizational structure tools including internal policies, procedures, and control and communication systems (Farh et al., 2020). As a researcher and instructor, the nurse is also knowledgeable about clinical auditing, leadership, and management challenges. Thus, with the special capacity to support the interdisciplinary team throughout the execution and oversight of an accreditation process, nurse activities have an impact on the accreditation procedures while also having a significant impact on the team's daily work (Farh et al., 2020).

According to hospital nurses, the implementation of certification results in a heavy workload because there are not enough staff members assigned to the task (Mansoor et al., 2024). The implementation of accreditation in hospitals was hampered by several problems, including a lack of suitable accrediting standards, a high staff workload, organizational resistance to change, a lack of performance measurements, and a lack of knowledge of quality enhancement (Mansoor et al., 2024). The inclusion of accreditation in Iranian hospitals was discouraged by several factors, including inadequate program design, hospital shortcomings, and basic flaws in the local healthcare systems, surveyors' challenges with the survey procedure, heavy staff workloads, and the negative effects of the hospital program (Mansoor et al., 2024).

Regardless of their responsibilities and specializations, all nurses are expected to do certain activities, which are legitimately expressed by standards of professional nursing practice. Practices that adhere to standards can raise the standard of nursing care (Poortaghi et al., 2020). Therefore, it is crucial to have a level of clinical competency that conforms to practical and realistic

standards of care to lower the risk of injury to patients. In actuality, the issues of who, what, when, where, and how are all part of therapeutic practice. In standards-based practice, providing answers to these questions guarantees the caliber of care. Because nursing care is dynamic, standards of care are always evolving and being revised (Poortaghi et al., 2020).

1.3.2 Barriers to Accreditation

Notwithstanding the possible advantages of healthcare accreditation, hospitals faced numerous challenges when implementing it. Some people think that accreditation requires a lot of resources, is bureaucratic, and interferes with hospital staff members' clinical jobs. Aside from increasing paperwork, bureaucracy, staff workload, and financial stress, accreditation may also cause employee tiredness, which has a detrimental impact on patients. In this instance, hospitals even suffer as a result of certification (Mosadeghrad, 2020).

According to certain research, these initiatives result in the creation of company policies and procedures, training for staff members, a positive work atmosphere, employee collaboration, a decrease in conflict, and an improvement in communication, greater responsibility, and greater job satisfaction (Mosadeghrad and Ghazanfari, 2021). Additionally, accreditation leads to the expansion of hospital capacity and equipment, the best possible use of hospital resources, improved safety and efficacy of hospital care, a decrease in medical errors, a lower death rate, increased patient satisfaction, and, eventually, improved hospital performance. Furthermore, obtaining an accreditation certificate boosts the hospital's reputation and appeal by boosting public trust in the facility and the caliber of its offerings (Mosadeghrad and Ghazanfari, 2021).

It could assist in determining the long-term effects of certification, highlight areas that require additional training to support participant development, and motivate healthcare

professionals to take greater responsibility for their actions and collaborate as a team (Kanyal and Ghewade, 2023).

Despite being optional, many hospitals consider accreditation to be crucial because of the significant overall benefits it offers the institution. Most significantly, patients may be sure they are getting the greatest care when a facility satisfies national health, quality, and safety standards. High-quality results for the patients and communities the hospital serves are guaranteed by accreditation (Poortaghi et al., 2020).

According to an international study, a hospital must pay an extra $326,784 for an accreditation survey, which is equivalent to 1% of its operating budget. The effectiveness of HAP in raising hospital service quality, patient safety, and patient satisfaction has thus been called into question by several studies (Ghazanfari et al., 2020).

The hospital accreditation program faces multiple barriers, including the large number of standards, particularly structural standards, their ambiguity, their overemphasis on documentation, the impracticability of some standards, inappropriate evaluation methods, low evaluation accuracy, surveyors' lack of independence and/or experience, inconsistent evaluation procedures, and short-term certification (Mosadeghrad and Ghazanfari, 2021).

Implementing accreditation and quality systems is complicated by a number of problems. For example, it was claimed that a lack of managerial support, visibility, training, and education deterred employees from taking part in quality improvement and keeping an eye on accreditation survey results. Additionally, they demonstrated the challenges of implementing certification, a lack of cultural infrastructure, and insufficient funding (Mansoor et al., 2024).

Similar to this, a lack of funding, poor infrastructure, and a staffing shortage delayed the adoption of hospital accreditation. Hospitals in low- and middle-income countries (LMICs) have

difficulty getting accredited because of inadequate technology and infrastructure. Hospital accreditation has a positive impact on the quality of care, despite certain drawbacks, including a lack of funding and capital resources as well as limitations on staff, organization, and patients (Mansoor et al., 2024).

1.3.3 Training on Accreditation

Given a lack of knowledge on the topic, changing environmental management practices in hospitals is thought to be difficult. The quality of healthcare services might be negatively impacted by a lack of resources. Implementing accreditation in hospitals requires training and educating hospital managers, offering the tools and incentives needed to apply standards, deciding when to apply the standards, and pilot-testing the standards before granting accreditation to hospitals. To put it another way, hospital managers and staff would find the certification process onerous if they ignored these variables. The significance of assigning a precise budget for the program, creating and adhering to performance indicators, and providing the medical personnel with the best possible training for its implementation (Mansoor et al., 2024).

Since a variety of circumstances might result in a lack of accreditation to meet predefined goals and reap the possible advantages, the simple deployment of accreditation programs cannot bring about significant improvements (Tashayoei et al., 2020). The type of occupation and profession, the certification process, and the organizational, financial, and political constraints are some of the underlying elements that contribute to these discrepancies. It is evident that environmental factors, like company culture, educational attainment, motivation, and current laws and regulations, can significantly affect how successful accreditation programs are (Tashayoei et al., 2020).

Standardizing behaviors, exchanging knowledge and ideals, and facilitating relationships with the internal and external public are all made feasible by the outcome of positive training and communication (Freire et al., 2019). Global guidelines for standardization and implementation of protocols for the reduction of adverse events, increased safety, and quality of care include actions aimed at improving the process of issuing and spreading information because, according to the WHO, communication is one of the five main issues that affect patient safety (Freire et al., 2019). According to JCI studies, between 2013 and 2015, poor communication was the primary cause of over 60% of unfavorable events worldwide (Freire et al., 2019).

Hence, awareness production and behavior change, which ought to happen when people are made aware of the need to enhance their work procedures, are closely tied to meeting and upholding accreditation standards. Through the implementation of policies and procedures at all hierarchical levels, strategies that encourage better training must be incorporated into organizational routines to foster a feeling of belonging and a proactive attitude, as well as to match organizational goals with individual and team actions. (Freire et al., 2019).

1.4 JCI Hospitals' status inPalestine

The Ministry of Health is in charge of 31 hospitals in Palestine, which together have 3,909 beds, according to the most recent official data from 2022. While there are 15 government hospitals in the Gaza Strip, each with a capacity of 2,011 beds, this accounts for 56.7% of the region's total hospital bed capacity. (Ministry of Health, 2022).

The JCI has accredited seven of Palestinian hospitals that have received accreditation. Al-Makassed Islamic Charitable Society Hospital, IAH, ISH, Red Crescent Hospital-Al-Quds, St. John of Jerusalem Eye Hospital, NNUH, and Augusta Victoria Compound. Consequently, the West Bank has three of them.

Established in 2013, An-Najah National University Hospital (NNUH) received the JCI for Healthcare Quality's accreditation in late 2020, and it was extended in 2023, making it the first Palestinian Academic Medical Center. The development of the hospital's level of management framework for operating and support activities is the main objective of NNUH's October 2021 official announcement of obtaining ISO 9001:2015 accreditation (NNUH, 2023).

One of Palestine's best hospitals, IAH, is renowned for its commitment to providing excellent medical care. For this investigation, it was chosen as a case study. Following its successful JCI accreditation, the hospital is well-positioned to investigate the effects of JCI accreditation on company efficiency, job satisfaction, and staff burnout (IAH, 2022). The hospital's transdisciplinary staff, proactive approach to implementing international standards, and extensive array of medical services offer a comprehensive setting for assessing the effects of JCI accreditation. By focusing on IAH, the initiative aims to gain valuable insights into the impact of international accreditation on healthcare organizations in Palestine, offering a framework that any organization in the region can adopt (IAH, 2022).

1.5 Problem Statement

One of JCI's criteria is employee satisfaction. Employee satisfaction is a critical metric in the healthcare system for evaluating the effectiveness of the quality program and the impact of certification programs on employee performance, even though there is still room for improvement in reaching this goal. Healthcare facilities should therefore gain more knowledge about how to raise employee satisfaction, how to apply survey results, and the potential drawbacks of employee dissatisfaction (Mustafa, 2021).

The research question further emphasizes that employee satisfaction is not merely a side issue but is essential to accomplishing organizational objectives, such as enhancing patient care

and the organization's overall success (Oliveira et al., 2019). Employee discontent, on the other hand, might present major threats to organizational performance and patient care, sometimes resulting in unfavorable outcomes or grave incidents (Oliveira et al., 2019).

According to the study's findings by Jaslina et al. (2018), the majority of recently hired nursing personnel only have an average understanding (64.71%) and practice (74.51%) regarding accreditation standards and criteria (Jaslina et al., 2018).

There are very few published studies on nurses' perspectives and satisfaction regarding training on accreditation standards. The impact of training programs on nurses' accreditation standards and healthcare professionals' knowledge levels has not been assessed in many published studies. (Jaslina et al., 2018). As the largest occupational group in hospitals, on the other hand, the nursing consider the central of patient care and continuous role in patient monitoring and care provision, and nurses are essential to the quality of treatment. Nursing satisfaction is not usually sufficiently represented in quality or hospital performance metrics, despite its impact (Jaslina et al., 2018).

At the moment, one of the primary methods used to review hospitals is accreditation. In turn, evaluation systems must be evaluated to determine their efficacy and efficiency (Freire et al., 2019). Furthermore, despite the accreditation's long-standing implementation, few studies have been done in this area, and the experiences of important individuals, like nurses, in the accreditation field have not yet been examined. This is because identifying a program's strengths and weaknesses and the factors influencing them requires further research and the use of the experiences of those involved in the pertinent processes.

Accreditation has been widely used to standardize healthcare services; there are several obstacles to overcome in its implementation, especially for nursing staff, who are essential to its

success (Tashayoei et al., 2020). Because they provide direct patient care, nurses' opinions on accreditation training and implementation challenges are crucial to comprehending the efficacy and long-term viability of accrediting programs (Tashayoei et al., 2020).

Despite the recognized advantages of certification, prior studies show that nurses and other healthcare workers frequently encounter major obstacles when putting it into practice. Increased workload, a lack of institutional support, bureaucratic processes, opposition to change, poor training, and personnel levels are some of these obstacles. Furthermore, because these programs might not always be in line with the real-world difficulties encountered in clinical settings, the efficacy of training programs offered to nurses in order to prepare them for accreditation is frequently questioned (Poortaghi et al., 2020).

1.6 Significance of the Study

By standardizing healthcare procedures such as patient safety, vulnerable patients, safe transportation, and continuity of care, quality healthcare directly benefits patients (Jaslina et al., 2018).

The only medical personnel who are with patients around the clock are nurses. They play a crucial role in almost every facet of patient care and assessment (Poortaghi et al., 2020). Care outcomes are enhanced when nurses take on a more active role in assessing patients and tracking how they respond to treatment (Poortaghi et al., 2020). Continuous improvement and ensuring satisfaction are encouraged by Partners for Health Reform, plus a healthcare organization's accreditation. It makes it possible for the organization to show its dedication to providing high-quality treatment. It increases the community's trust in the medical organization's services (Atapour, 2021).

By looking into the experiences of nurses, we can better understand the benefits and drawbacks of the accreditation process as well as any flaws or shortcomings. With the aid of additional research in this area, we can then take action to enhance the accreditation process in our nation and create the conditions necessary to raise the standard of care.

By evaluating nurses' satisfaction with JCI accreditation training, the study offers insightful information about the advantages and disadvantages of current training initiatives, empowering hospital administrators to create more efficient teaching methods that tackle both theoretical understanding and real-world difficulties. The study also identifies the main obstacles that nurses have when implementing accreditation, including increased effort, resource limitations, and administrative difficulties. Resolving these problems can increase adherence to accreditation requirements and raise the general quality of hospital services.

1.7 Study Objective

- To assess the nurses' perspectives of satisfaction with training for and barriers that they faced in the JCI accreditation implementation

1.8 Study Aim

1. To assess nurses' levels of satisfaction with the training provided for JCI Accreditation implementation among Palestinian nurses who are working in JCI-accredited hospitals in the West Bank, Palestine.
2. To identify the barriers that Palestinian nurses face in the implementation of JCI Accreditation standards in the JCI-accredited hospitals in the West Bank, Palestine.

3. To examine the relationship between Palestinian nurses' satisfaction with training and perceived barriers to JCI Accreditation implementation in the JCI-accredited hospitals in the West Bank, Palestine.
4. To investigate the impact of nurses' sociodemographic and professional factors on their satisfaction and perceived barriers toward the implementation of JCI accreditation in the JCI-accredited hospitals in the West Bank, Palestine.

1.9 Study Questions

1. What are the levels of satisfaction among Palestinian nurses regarding the training provided for JCI Accreditation implementation in JCI-accredited hospitals in the West Bank – Palestine?
2. What barriers do Palestinian nurses face in the implementation of JCI Accreditation standards in JCI-accredited hospitals in the West Bank – Palestine?
3. What is the relationship between Palestinian nurses' satisfaction with training and their perceived barriers to JCI Accreditation implementation in JCI-accredited hospitals in the West Bank – Palestine?
4. How do sociodemographic and professional factors of Palestinian nurses affect their satisfaction and perceived barriers towards the implementation of JCI Accreditation in JCI-accredited hospitals in the West Bank – Palestine?

1.10 Study Hypothesis

1. H0: There are no significant differences in Palestinian nurses' satisfaction and perceived barriers of the JCI accreditation implementation across their **sociodemographic factors** in the JCI-accredited hospitals in the West Bank – Palestine at a significance level of 0.05.

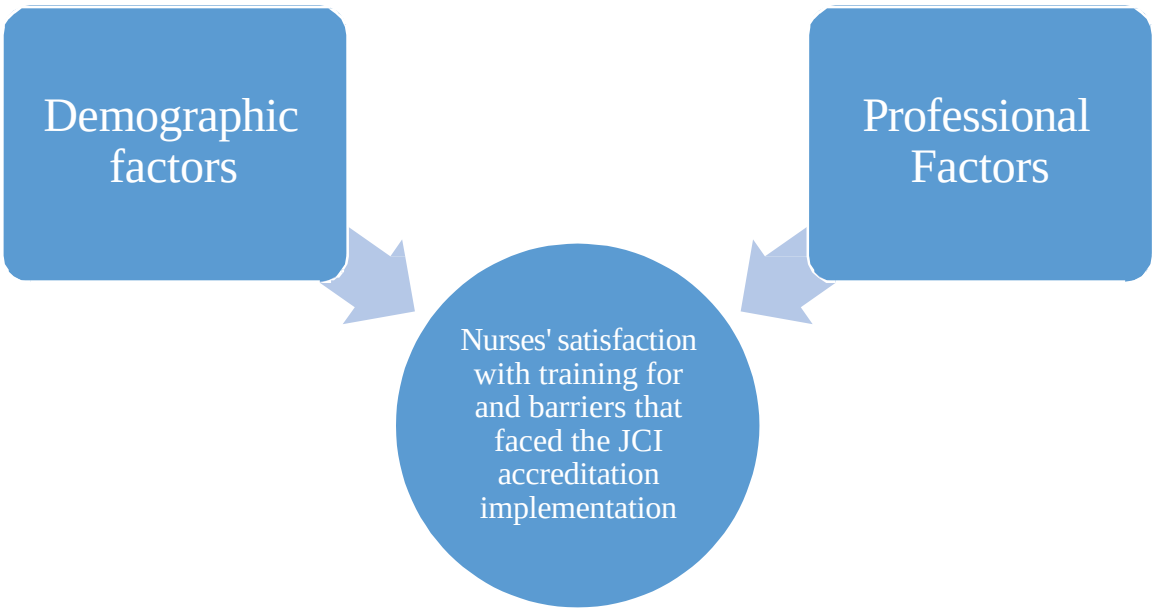
2. H1: There are significant differences in Palestinian nurses' satisfaction and perceived barriers of the JCI accreditation implementation across their **sociodemographic factors** in the JCI-accredited hospitals in the West Bank – Palestine at a significance level of 0.05.
3. H0: There are no significant differences in Palestinian nurses' satisfaction and perceived barriers of the JCI accreditation implementation across their **professional factors** in the JCI-accredited hospitals in the West Bank – Palestine at a significance level of 0.05.
4. H1: There are significant differences in Palestinian nurses' satisfaction and perceived barriers of the JCI accreditation implementation across their **professional factors** in the JCI-accredited hospitals in the West Bank – Palestine at a significance level of 0.05.
5. H0: There is no significant correlation between the Palestinian nurses' perceived barriers toward the implementation of JCI accreditation and the satisfaction level of the accreditation in the JCI-accredited hospitals in the West Bank, Palestine.
6. H1: There is a significant correlation between the Palestinian nurses' perceived barriers toward the implementation of JCI accreditation and the satisfaction level of the accreditation in the JCI-accredited hospitals in the West Bank – Palestine.

1.11 Study Variables

1.11.1 Dependent Variables: nurses' satisfaction with training for the JCI accreditation implementation, and barriers that faced the nursing in the JCI accreditation implementation

1.11.2 Independent Variables: Demographic factors (Gender, Age, Marital Status, Educational Level, service experience); Professional Factors (Department Work, Job title, previous experience with JCI implementation).

1.12 Variable Framework



1.13 Thesis Structure

Chapter One's introduction of the nurses' satisfaction with Joint Commission International Accreditation Preparatory Training and Implementation establishes the foundation for the thesis. It highlights the knowledge gap that the study aims to close and provides a detailed explanation of the research problem and its significance. This chapter also presents the study's general and specific objectives, research questions, theoretical framework, and guiding hypotheses. The justification for the study's implementation is also emphasized, showing how the findings contribute to both academic knowledge and practical healthcare development.

Chapter Two offers a comprehensive review of the pertinent literature and theoretical background. It examines several studies that assessed nurses' satisfaction with the planning and implementation of Joint Commission International Accreditation. By synthesizing prior research, this chapter identifies gaps that the current study seeks to fill and develops a framework for understanding the variables studied.

In Chapter 3, the study's methodology is explained. After describing the research strategy and the rationale for its selection, it goes on to describe the study population and the sampling methods used to ensure representativeness and reliability. Every piece of data collection equipment, including questionnaires, surveys, and measuring tools, is thoroughly explained. Validity and reliability assessments, pilot testing, and ethical considerations are also highlighted to demonstrate the rigor of the research methodology. This chapter provides the information needed for replication or further methodological research and ensures that the data collection process is transparent.

Chapter 4 presents the results of the data analysis. To determine the relationship between the study variables, measurement, and structural models are assessed after descriptive statistics. This chapter provides clear illustrations of the tested hypotheses, statistical findings, model fit indices, and the significance of each relationship. Tables, figures, and charts are used to provide a comprehensive picture of the results and to help with comprehension. The findings are accurately and concisely presented, setting the stage for a more thorough examination in the following chapter.

Chapter 5 provides an overview of the findings in relation to earlier studies and the theoretical framework. This chapter also discusses the results' practical implications for managers, policymakers, and healthcare institutions. The limitations of the study are openly acknowledged,

and recommendations are offered to improve future research and practice. The chapter concludes with a summary of the full study and suggestions for further research in order to promote continued advancements in healthcare quality improvement.

Chapter Two: Literature Review

2.1 Introduction

Accreditation, especially through the JCI, is an essential strategy for improving patient safety and healthcare quality. Since nurses are the largest and most involved group in hospital care, their satisfaction with JCI preparation training and their experiences during implementation are critical to successful accreditation.

Hospitals in Palestine aim for JCI certification in order to raise care standards and adhere to global best practices. Nevertheless, the process poses challenges like growing workload, limited resources, and organizational transformation. Nurses' motivation, readiness to follow new guidelines, and perception of accreditation are all impacted by quality training.

2.2 Hospital Accreditation

Mosadeghrad and Ghazanfari (2021) developed and validated a national hospital accreditation (HA) methodology in Iran. They evaluated 20 global accreditation models using a modified Delphi technique, conducted semi-structured interviews with 151 stakeholders from various hospital sectors, and validated results with 28 accrediting specialists in three Delphi rounds. The final model consisted of ten constructs and forty-three sub-constructs with over 150 accreditation requirements. These comprised three outcomes (hospital results, employee results, and patient and society results) and seven enablers (management and leadership, planning, education and research, employee management, patient management, resource management, and process management). Results accounted for 35% of the model's total score, while enablers accounted for 65%. The study's conclusion offered a comprehensive accreditation framework based on systemic thinking that considers structures, procedures, and outcomes to help accrediting organizations and policymakers create or update hospital accreditation programs.

Quality assurance is crucial for hospitals to guarantee patient safety, high-quality care, and efficiency, according to a scoping review by Gurisch et al. (2024). The function and range of nursing in connection to certification and accreditation programs have not been thoroughly analyzed and compared, notwithstanding the reality that the field of nursing significantly improves the quality of healthcare.

The goal was to ascertain whether and to what extent various worldwide accreditation or certification programs focus on nursing by examining their theories and indicators of success. The European Foundation for Governance of Quality, Assessment and Improvement's Program, the World Organization for Standardization 9001, Joint Commission International®, Magnet Recognition Program®, Pathway to Excellence® Program, and the Qmentum Program are among the seven international accreditation/certification initiatives that were identified from a total of 124 studies.®. The primary concerns of the different schemes were the structure, procedure, and quality of the results as well as the content and structure of the criteria. They ranged from being relevant to nursing but not specifically focused on it to being nursing-specific. There were also variations in the need for data collection, the use of external benchmarking, and the degree of nurse sensitivity of the outcome indicators. There are significant conceptual differences across the seven worldwide schemes in their emphasis on nursing and the extent of outcome indicators unique to nurses. Policymakers, patients, the public, and hospital and nursing administrators must comprehend the schemes' content and result characteristics to make decisions or evaluate hospital quality statistics.

Mansour et al. (2022) examined managerial perceptions of Joint Commission International (JCI) accreditation at three public hospitals in Saudi Arabia through qualitative interviews with 20 senior staff members. Thematic analysis revealed several important themes, including change-drivers, strategy, implementation, sustainability, and patient concerns. Managers commended accreditation for promoting change, improving planning, and meeting patient needs, but they also noted difficulties in implementing and sustaining improvements after accreditation. Overall, the study demonstrated that although accreditation can improve treatment quality and patient safety, these benefits may be hard to maintain once the accreditation process is complete.

A study conducted by Mansour et al. (2020) indicates that many LMICs have received hospital accreditation from high-income countries (HICs), thanks to numerous donor organizations and campaigners. This review analyzes the development of hospital accreditation in LMICs in an organized manner using a policy transfer theoretical framework. With this framework, governments in LMICs can ascertain how they adopted accreditation from other contexts and the factors that facilitated or impeded this transfer. The research examines the interactions between

national and international players and how international organizations influenced the transfer of accreditation policies. The analysis concludes that accreditation is increasingly used to raise healthcare standards in LMICs. National hospital accreditation programs have been established in several countries and adapted to fit their specific circumstances. However, implementing and maintaining these programs will be extremely challenging if funding is limited. Due to their access to funds and expertise, international actors significantly influence the growth of accreditation in LMICs. A strategic roadmap is necessary for accrediting programs to be successfully developed and implemented in low-resource environments. For LMICs aiming to establish and sustain their national accreditation programs, as well as for international organizations seeking to enhance their role in supporting accreditation in LMICs, an analysis of accreditation policy processes may provide contextually relevant lessons.

A study conducted by IONEL et al. (2015) in Romania, even though this initial certification attempt was almost ten years ago, hospital accreditation procedures are constantly being developed. Before hospital certification, our study sought to evaluate the staff's perceptions and knowledge about quality assurance and accreditation in a single-profile Bucharest hospital. Created a four-section survey that nurses and resident physicians could anonymously complete.

Using descriptive statistics, the acquired data was examined. Global knowledge scores, perception scores, and knowledge scores about quality, accreditation, and laws were computed. The quality score was the greatest among the knowledge scores, while the legislation score was the lowest. The knowledge score was substantially lower than the perception score on a global scale. When compared to resident physicians, nurses' knowledge ratings were substantially higher across the board. Our findings provide credence to the necessity of hospital staff training programs regarding accreditation.

Hospital accreditation, according to Alhawajreh, Paterson, and Jackson (2023), is a procedure wherein medical facilities are evaluated for adherence to particular standards that ensure the caliber and security of patient care. Accreditation necessitates a thorough assessment by trained surveyors who examine medical records, monitor patient care, and engage with staff in order to assess standard compliance (Dissanayake, Dharmasena, & Warnakulasuriya, 2024).

Most organizations are recognized for a predetermined amount of time, like three years, with the exception of laboratory accreditation, which is typically granted for two years

(Alhawajreh, Paterson, & Jackson, 2023). The relationship between hospital accreditation and employee satisfaction in Lebanese hospitals is examined by Saleh et al. (2013). It comes to the conclusion that accreditation enhances organizational processes and safety standards, which raises job satisfaction for certain individuals, using both quantitative surveys and qualitative interviews to gather comprehensive data. However, it also increases the difficulty and stress of the planning and execution phases, which reduces employee satisfaction. Some workers say they are under pressure to meet certification requirements and feel overworked.

Research by Brubakk et al. (2015) and Park et al. (2017) indicates that accreditation significantly strengthens hospital safety and quality cultures, promotes standard compliance, improves staff communication, and cultivates a proactive approach to risk management and problem-solving (Brubakk et al. 2015). Furthermore, certified hospitals reported greater leadership dedication to teamwork and quality (Park et al. 2017).

Hospital accreditation enhances clinical practice by standardizing procedures, promoting continuous quality improvement, and improving organizational performance, which raises operational effectiveness, reduces error rates, and improves patient outcomes, according to a study by Greenfield et al. (2012).

Shaw et al. (2014) investigate the impact of hospital accreditation on clinical leadership and patient safety systems. It concludes that certification strengthens clinical leadership by promoting a culture of accountability and continuous improvement, while also improving patient safety systems by lowering medical errors and increasing adherence to safety protocols. However, it requires a great deal of training, commitment, and resources. By bolstering safety protocols and leadership, accreditation generally raises the bar for patient care.

The study by Avia & Hariyati (2019) looks at the connection between hospital accreditation and the caliber of healthcare services. It shows that accreditation significantly improves treatment outcomes, patient satisfaction, and adherence to clinical advice. Accredited hospitals also demonstrate improved service efficiency, such as quicker wait times and more effective processes. To sustain these improvements, however, healthcare teams must continue to devote their time and resources. Higher service delivery and better patient care are generally the outcomes of accreditation.

Hospital accreditation significantly improves clinical procedures, patient management, and

workflow effectiveness, according to a study by Alkhenizan & Shaw (2011). Accreditation standardizes clinical practices, streamlines workflows, and improves coordination and documentation. However, it requires continuous efforts to improve quality and a substantial investment in resources. Certification generally raises the bar for healthcare and improves patient outcomes.

The study by Araujo, Siqueira, and Malik (2020) examines the relationship between hospital accreditation and operational effectiveness. It concludes that certification improves patient throughput, resource utilization, and cost control by standardizing procedures and enhancing management practices. Accreditation has several benefits, including reduced waste, faster patient processing, and better financial management, despite the high upfront costs. Generally speaking, accreditation leads to improved healthcare delivery.

The creation of effective management systems and the standardization of internal policies and procedures are the two primary benefits of hospital accreditation, according to Jovanovic's (2005) study. Standardization reduces variability in healthcare delivery by guaranteeing consistency and adherence to best practices. Robust management systems enhance quality assurance, performance monitoring, and continuous improvement. Despite the high costs associated with these procedures, they improve overall healthcare quality and operational effectiveness.

Hospital accreditation is necessary to improve the quality of care (Al-Awa et al., 2011), increase operational effectiveness (Pomey et al., 2010), and enhance institutional reputation (Sack et al., 2010). By ensuring adherence to strict standards, the accreditation process in healthcare facilities fosters efficiency and confidence. Hospital accreditation ensures that patients receive the best care possible by establishing and upholding high standards of care. Al-Awa et al. (2011) claim that higher patient safety and care quality are directly linked to hospital accreditation.

The hospital's reputation among patients and stakeholders is improved by accreditation, which is a sign of excellence and dependability. According to Sack et al. (2010), accredited hospitals frequently enjoy improved public perception and a rise in patient trust. Accreditation procedures encourage optimal resource utilization and improved management techniques, which result in more efficient hospital operations. Pomey et al. (2010) observed that certification can lead to improvements in patient outcomes and organizational efficiency.

2.3 Joint Commission International (JCI) Accreditation

Since 1994, the JCI has accredited over 1,000 health organizations with its globally recognized "Gold Seal of Approval," which stands for exceptional patient care and safety (Mason et al., 2019).

2.3.1 The Process of Accreditation

1. Application and Preparation: To begin the preparation process, healthcare organizations must submit an application that compares their current practices to JCI standards (Shaw et al., 2014).
2. 2. Self-Assessment: Organizations self-evaluate to identify areas where JCI standards are not being adhered to. At this stage, internal audits and reviews are conducted to ensure that all areas adhere to the relevant regulations (Shaw et al., 2014).
3. Implementation: Based on the self-evaluation, the organization makes the necessary changes to comply with JCI standards, including infrastructure upgrades, staff training, and procedure updates (Twigg et al., 2016).
4. Survey Preparation: The company collects documentation, simplifies processes, and ensures that every employee is aware of the standards and requirements to be prepared for the JCI survey (Twigg et al., 2016).
5. On-Site Survey: A team of JCI surveyors conducts an on-site assessment to confirm compliance with JCI standards. They monitor procedures, review documents, and speak with staff members (Shaw et al., 2014).
6. Accreditation Decision: JCI provides a comprehensive report detailing areas of compliance and opportunities for improvement. Based on this report, JCI determines whether to award accreditation (Shaw et al., 2014).

2.3.2 Requirements for Accreditation

1. Requirements Compliance: Organizations must demonstrate that they follow JCI's stringent guidelines, which address facility management, patient safety, administrative processes, and care quality (Shaw et al., 2014).
2. Continuous development: Twigg et al. (2016) state that companies need to show that they are committed to ongoing training and process improvement.

3. Documentation and Evidence: Twigg et al. (2016) state that precise documentation and evidence of compliance with JCI criteria are crucial.

2.3.3 The Difficulties Faced by Hospital Staff in Preparation

1. Increased Workload: Employees must complete additional tasks to prepare for the certification, such as attending training sessions, updating protocols, and ensuring standard compliance (Abolfotouh et al., 2014).
2. Stress and Burnout: The extra pressure to meet accreditation requirements may cause stress and burnout in employees (Abolfotouh et al., 2014).
3. Time management: According to Abolfotouh et al. (2014), employees may find it challenging to balance regular duties with commitments to certification preparation.

2.3.4 The Difficulties Faced by Patients

1. Diminished focus: Medical professionals may be too preoccupied with accreditation preparation to devote all of their attention to patient care (Abolfotouh et al., 2014).
2. Inconvenience and Delays: Patients may experience inconvenience or delays in services due to the primary focus on accreditation activities (Abolfotouh et al., 2014).

2.3.5 Among the preparation activities are

1. Awareness Campaigns: Use awareness campaigns to inform staff members about JCI standards and the importance of accreditation (Abolfotouh et al., 2014).
2. Facility Rehabilitation: Investing in new equipment and making renovations to raise facilities to JCI standards (Abolfotouh et al., 2014).
3. Training and Education: Extensive training and education programs are offered to ensure that staff members understand and follow JCI regulations (Abolfotouh et al., 2014).

2.3.6 Hospitals seek accreditation for the following reasons

1. Quality Improvement: to improve patient care (Shaw et al., 2014).
2. Enhancing Reputation: To establish a reputation as a premier healthcare provider (Twigg et al., 2016).
3. Operational Efficiency: To improve hospitals' overall performance and efficacy (Shaw et al., 2014).

4. Patient Safety: To ensure patient safety and reduce medical errors (Twigg et al., 2016).
5. Competitive Advantage: To stand out in the crowded healthcare sector (Shaw et al., 2014).

Despite the significant requirements and obligations, hospitals seek JCI accreditation because it promotes these goals. Hospital administration typically provides the resources needed to get accreditation in order to show a commitment to quality and excellence in healthcare. Because of this decision, medical, supportive, and administrative staff often have to manage accreditation-related tasks in addition to their regular responsibilities (Abolfotouh et al., 2014).

2.4 JCI Accreditation in Palestine

A cross-sectional research approach was used by Zabin, Abu Zaitoun, and Abdullah (2022) to: 1) Examine how nurses at a Palestinian college or facility perceive Patient Safety Culture (PSC) and pinpoint points that require enhancement; 2) Assess how PSC aspects relate to other result aspects, like the amount of observed incidents and views on general security; and 3) Determine how a few chosen characteristics, including age, gender, hospital tenure, work tenure, and the amount of time worked, affect the nurses' views of PSC. The simplicity sample for this cross-sectional study consisted of 107 nurses. Collaboration within units (86%) and corporate growth and ongoing enhancement (87%) were the two patient safety factors that were most positively rated. The lowest percentage of positive responses was obtained from the non-punitive reaction to error (22%). A series of regression study revealed that interaction openness were a predictor of overall safety views, whereas input and interaction regarding errors influenced the amount of reported occurrences. Additionally, it was discovered that PSC was significantly foretold by age ($p<0.05$).

A quantitative, cross-sectional descriptive research was carried out by Hamed (2023) to evaluate the work efficiency and satisfaction with work of nurses working in two private medical centers in Palestine. The study used two anonymous surveys to collect data from 217 nurses, or 53.7% of the 404 targeted sample. The analysis was conducted using SPSS version 28. Nurses' job fulfillment and achievement levels were significantly correlated when hospitals with and without JCI accreditation were compared. The nurses at both institutions expressed a modest level of satisfaction, with an overall mean score of 3.43 and an norm deviation of 0.96. Compared to the non-accredited hospital, the accredited hospital's degree of job satisfaction was slightly higher. Both hospitals showed outstanding achievement levels, with a median of 3.65 and a standard

deviation of 0.84. The efficacy of the certified hospital was marginally superior than that of the non-accredited facility, nevertheless. There was no statistically significant difference between the nurses' assessments of their productivity and fulfillment at work and their JCI certification level. However, significant disparities in job satisfaction were found at JCI-accredited hospitals depending on college degrees and medical experience.

The objective of Zabin's (2024) quantitative cross-sectional study design is to assess how an educational institution hospital's patient safety culture is perceived and look into the relationships between work characteristics, staff demographics, and views on a culture of patient safety. "Staffing and Workplace" (59.5%) and "Response to Error" (51.9%) were the two lowest categories. "Teamwork" (82.5%) and "organizational constant progress" (81.1%) were the most highly rated traits; the other components also received good scores. Nurses' opinions of patients security mindset were more favorable than those of those in other fields.

Husseinet al. (2021) conducted a study to collect and evaluate data on the effects of hospital accreditation. 76 empirical studies that examined the effects of certification out of the 17,830 studies we reviewed satisfied our inclusion criteria. The investigations used a variety of methods. Our findings demonstrate that hospital certification consistently improves patient length of stay, safety culture, efficiency, and process performance metrics. It also benefits healthcare professionals, especially when it comes to workplace stress. Nevertheless, no connection was discovered between accreditation and patient satisfaction, staff satisfaction, or 30-day hospital readmission rates.

Hamdan and Saleem (2018) assessed the growth of patient safety culture using a cross-sectional quantitative design. Data was gathered from 1,229 clinical and non-clinical staff members at all West Bank public hospitals using the Hospital Survey on Patient Safety Culture. The hospital's patient safety culture has significantly improved since the baseline survey in 2011, as evidenced by positive responses in 36 out of 42 (86.0%) items and 10 out of 12 (83.3%) composite categories. Positive comments on "Teamwork across hospital units" increased by 3.8%, while "Frequency of events reported" increased by 9.1%. While the "Organizational learning—continuous improvement" category showed no appreciable change, the "Staffing" category saw a significant 11.4% decline. Although there was no discernible increase in the number of patient safety incidents, the majority of participants (70.5%) rated the patient safety level in their

units/hospitals as "Excellent/Very good," indicating a 6.3% increase from the baseline.

Barghouthi and Imam's (2018) study aims to evaluate customer satisfaction in both accredited and non-accredited hospitals in Palestine. A quantitative descriptive cross-sectional design was used to compare consumer happiness at two hospitals in Palestine. During October and November of 2016, patient satisfaction was assessed using the SERVQUAL approach. Five qualities are assessed by this tool: trustworthiness, concreteness, security, flexibility, and sympathy. The study used an easy-to-use sample of 332 inpatients. A patient's overall happiness scores were extraordinarily high, with a mean score of 4.34 out of 5 and a usual deviation of 0.70. With no consideration of gender, the results showed significant variation in client happiness according to demographic characteristics. However, no statistically significant differences in hospital characteristics were found. Interestingly, non-certified hospitals reported more overall patient satisfaction than accredited ones.

Elsous et al. (2016) used a cross-sectional descriptive study to measure and quantify the individual in question security culture in Palestinian facilities in order to generate a foundational evaluation. The questionnaire was filled out by 339 out of 370 physicians and nurses, resulting in a 91.6% response rate. The study involved three public general hospitals in the Palestinian Gaza Strip. The physicians and nurses were selected by proportionally random sampling. The study aimed to determine the proportion of favorable opinions and assess the level of respect for patient safety among medical practitioners. The male to female ratio was 2.16, and the average age was 36.5 years.1. On a 100-point scale, the mean scores for working conditions and job satisfaction on the Arabic Safety Attitude Questionnaire were 48.5 and 68.5, respectively. Positive attitudes toward teamwork, safety, and stress recognition were reported by 34.5% of respondents; job satisfaction was reported by 48.8%; working conditions were reported by 11.3%; and management perception was reported by 42.8%. Positive attitudes among healthcare professionals were found to foster better peer collaboration than negative attitudes.

2.5 Employee Satisfaction regarding JCI

The study examined the connection between job happiness, incentives and recognized in the healthcare industry, with a focus on administrative workers in Saudi Arabia. To ascertain the present state of happiness at work and the ways in which these elements influence it, the researchers employed a combination of descriptive and explanation methodology. A random

sample of 300 admin staff members from certified secondary care facilities in Al-Ahsa City provided them with the information. According to the questionnaires, operational staff members felt that rewards and recognition significantly impacted their job satisfaction and were happy to receive them. Unexpectedly, the study discovered a strong correlation between compensation and general job happiness. More importantly, for most of these individuals, happiness at work seems to be strongly impacted by acknowledgment. According to the study, administrators working in the healthcare industry might have much higher job satisfaction when their recognition and incentive systems are well-designed (Muthuswamy & Almoosa, 2023).

Job satisfaction influences engagement, creativity, and productivity, all of which have an impact on an organization's performance. Happiness among workers is influenced by a variety of factors, including compensation, work-life balance, and career growth prospects (Bord et al., 2021; Tarieh et al., 2022). Research indicates that a balance between work and personal life, high wages, and an encouraging work environment all have an impact on employee happiness in health care organizations (Janicijevic et al., 2013). The quality of treatment provided by health care providers is greatly affected by their job satisfaction, and setting and the availability of medical personnel play a significant role (Barili et al., 2022; Karaferis et al., 2022). Establishing a trust-based workplace where individuals feel valued and appreciated requires routinely evaluating worker happiness ratings with feedback surveys and other routes in order to pinpoint areas for development (Cantarelli et al., 2023).

A quantitative poll (Index of Work Satisfaction) and in-depth conversations with 226 nurses from three hospitals—one that was private JCI-accredited, one privately non-accredited, and one public non-accredited—were part of the multidisciplinary study. Compared to the nurses at the other two places of work, the nurses at the JCI-accredited hospital reported a greater degree of general satisfaction with their jobs. According to the study, licensing might improve nurses' happiness at work (de Oliveira et al., 2019).

Oliveira et al. (2019) investigated the effect of certification on the expert pleasure of nursing workers in a study carried out in Brazil. This multicenter, cross-sectional study used an orderly explaining mixed-method strategy. The validated Brazilian version of the Inventory of Work Pleasure was administered to 226 nursing staff members from three hospitals—one that was private and accredited, one private and non-accredited, and one state and non-accredited—during

the initial quantitative phase. A second qualitative component was developed to complement the quantitative findings. Encounters with 39 participants were analyzed using a version of the Common Subject approach. Qualitative and predictive statistical analyses supported by qualitative viewpoints were applied to the quantitative data. A composite format was also used to present some of the data. The findings demonstrated that overall job satisfaction was higher among the nursing staff at the accredited hospital. Additionally, statistically significant relationships were discovered among employees of private hospitals. Professional satisfaction was positively impacted by accreditation, according to the comparison of the three groups during the study's two phases. However, the public hospital performed better than the accredited facility in terms of pay, workload, and interpersonal relationships.

Autêntica et al. (2021) carried out the cross-sectional, analytic investigation in Brazil. Finding the key components of genuine leadership among nurses employed by an association of private hospitals and examining the connections between these components and job fulfillment and accreditation were the goals of the study. In this cross-sectional analytical study, 282 nurses from 11 hospitals took part; 94 of them were in leadership roles, while the rest 188 were in lower- level roles. Participants filled out genuine management questionnaire and the job happiness survey. The results demonstrated a considerable difference between followers' and leaders' evaluations of the components of authentic leadership. Employee job satisfaction was discovered as well to be favorably connected with true management.

Supriadi et al. conducted an independent study in Indonesia on the employment satisfaction and productivity of healthcare professionals (2020). But these two elements are rarelyconsidered at the same time, especially when it comes to nurses who work for commercial organizations. The purpose of this study was to identify the variables that affect nurses' job happiness and productivity in Samarinda's private hospitals and to assess the direct and indirect effects of these variables. 515 nurses from Samarinda's Dirgahayu Hospital and Amarinda Medika Citra Hospital participated in the explanatory study. The data was analyzed using structural equation modeling, or SEM.

The study found that nurses' job happiness and efficiency are directly impacted by a number of characteristics, including organizational commitment, innovative management, work abilities, and compassion. More specifically, job characteristics influence kindness, success, commitment to organizational goals, and job satisfaction; leadership that transforms influences altruism,

efficiency, and managerial commitment; and both dedication to organization and altruism affect job satisfaction as well as performance. Moreover, job satisfaction has a direct effect on efficiency. Additionally, the study identified variables that indirectly affect worker satisfaction and efficiency. Workplace characteristics are influenced by altruism along with efficiency through organizational commitment; job satisfaction is influenced by team commitment; inspirational leadership affects job features through altruism and success through organizational commitment; and altruism affects job satisfaction.

In order to determine the main factors influencing the different healthcare professionals working for the Punjab government health services, Singh et al. (2019) conducted a cross-sectional study in India to gauge the level of job satisfaction. The Job Satisfaction Scale (JSS) questions and sociodemographic information were included in the survey instrument. Concerns about fringe benefits (34%), opportunities for advancement (25.4%), and contingent awards (23.7%) ranked second and third, respectively, among the 75.3% of respondents who expressed dissatisfaction with their working conditions. Nonetheless, 91.2% of respondents said they were very happy with their supervision, 80.6% with communication, 93.3% with the nature of their work, and 97% with their coworker relationships. In interactions with coworkers, ambivalence was 2.8%, while in contingent rewards, it was 54.8%.

2.6 Nursing Satisfaction with Accreditation

Singh et al. (2024) evaluated the impact of National Accreditation Board for Hospitals (NABH) training on compliance with National Quality Assurance Standards (NQAS) in a tertiary care hospital in North India. The study compared hospital blocks with and without NABH training in intensive care units and wards using seven domains: patient rights, inputs, clinical services, support services, infection control, quality management, and outcomes. The findings showed that blocks taught by NABH had higher compliance in nearly every area, but particularly in patient rights, quality management, and infection control. The findings show that NABH-recommended training significantly improves patient care quality and increases adherence to NQAS standards.

A study conducted by Mekhimr et al. (2024) in Egypt, programs for accreditation have an impact on family health centers' successful operations in various domains. Early diagnosis and the provision of preventive, curative, and palliative care throughout the life course depend heavily on family healthcare services. Its purpose was to evaluate the efficacy of the nursing education

program concerning family health center accreditation requirements. The study design was quasi-experimental. Setting: The study was carried out at the Ministry of Health and Population's Bettena and Damro family health clinics in El-Mahala El-Kobra. Participants included all 82 nurses from two family health centers. Three methods were used, an observational checklist, a knowledge-structured questionnaire, and a monitoring checklist regarding family health center accreditation standards. In terms of accrediting standards, the majority of nurses (91.5% & 92.7%) performed satisfactorily after three months of the program and had a good level of knowledge immediately after the program. Conclusion: Before and after the program, there was a statistically significant relationship between nurses' general performance and their understanding of family health center accreditation requirements. Suggestions: To enhance nurses' understanding of the accrediting requirements of family health centers, managers of these facilities should continue to provide them with recurring educational training programs.

In order to assess ICU nurses' understanding of NABH standards and quality improvement, as well as its correlation with demographic traits, Minolin et al. (2022) carried out a quantitative descriptive study in India. The majority of nurses (71.7%) had adequate knowledge, and 28.3% had fairly adequate knowledge, according to the results of a self-structured questionnaire administered to 60 randomly selected staff nurses. A statistically significant relationship ($p=0.050$) between nurses' qualifications and knowledge level indicated that higher qualifications were associated with better understanding of NABH standards and quality improvement.

Mustafa (2021) conducted a quantitative cross-sectional survey in a Saudi military hospital to learn more about nurses' perceptions of national and international accreditation and its impact on patient safety and treatment quality. A highly reliable self-administered questionnaire (Cronbach's $\alpha > 0.83$) was used to collect data from 116 nurses using Donabedian's structure–process–outcome model. The findings showed that accreditation practices like data use, staff involvement, human resources training, and quality management were positively correlated with higher quality outcomes, but leadership commitment, quality measurement and analysis, and the perceived benefits of accreditation had no discernible impact. According to the survey's overall findings, nurses thought that data-driven practices and staff involvement were critical to enhancing quality outcomes through certification.

A qualitative study using conventional qualitative content analysis conducted by Atapour

and Nayeri (2021) in Iran, the methodical assessment of a hospital against specific criteria is known as hospital accreditation. Because of their enormous population and their consistent and direct service delivery, nursing staff play a crucial role in the development of this program and the implementation of certification. Nonetheless, nurses have certain difficulties in this area. This qualitative study and content analysis were carried out to explain nurses' experiences with the implementation of hospital accreditation programs because quantitative research is unable to demonstrate the breadth and depth of the implementation process and the effects of the accreditation program in hospitals. This study was carried out at two teaching hospitals in Tabriz and is qualitative, employing the traditional qualitative content analysis method. Eligible individuals in this study participated in in-depth, semi-structured individual interviews. Content analysis using the Granheim and Landman model was used to analyze the data. A category's structure, execution, education, and attitude, as well as eight subcategories about the nurses' experiences putting the accreditation programs into practice, were extracted from the data analysis conducted for this study. The study's findings demonstrated that a variety of factors influence how the certification process is implemented. Thus, gaining a better understanding of these elements and drawing on the experiences of the personnel engaged in this process has a significant impact on its improved execution.

A study conducted by Jaslina et al. (2018) in India, every healthcare consumer expects high-quality care since health is a fundamental human right. The goal of quality assurance in the healthcare industry is to guarantee high-quality results by continuously assessing how well the organizations that deliver them are doing their jobs. A clear knowledge gap exists among nurses, and creative education methods must be used to empower them in quality assurance. The purpose of this study was to find out how well-informed nursing staff and students who attend the "Quality Assurance" conference were about quality assurance. A pre-experimental, one-group, pre-test, and post-test design was used in this investigation. About fifty people were selected as samples using purposive sampling. Following the pre-test evaluation of the level of knowledge using a planned knowledge questionnaire, classes on improving quality were conducted according to the subsections. The same questionnaire was used to deliver the post-test, and the feedback form was used to gauge satisfaction. The results showed that the study participants' knowledge level grew significantly from 31.4% (mean 7.86) in the pre-test to 61.12% (mean 15.28) in the post-test. This demonstrated the successful conclusion of the quality assurance training sessions. Most

participants (64%) thought the teaching sessions were helpful, and a sizable portion (68%) expressed satisfaction.

Alaradi (2017) evaluated the impact of international accreditation on Kuwait's primary healthcare centers (PHCs) from the perspective of medical professionals using a mixed methods approach. The study included a systematic review of the international literature, qualitative interviews, and a staff survey with 375 respondents (72% response rate) from three early-adopting PHCs. The findings demonstrated that staff empowerment, awareness, and involvement were facilitated by strong leadership, quality improvement champions, and clear communication of accreditation goals. Although the majority of professionals had favorable opinions about accreditation, neither systematic tracking of quality results nor supporting evidence was found. The study emphasized the need for further evaluation, particularly considering patient perspectives, to ensure the sustainability and measurable impact of certification in primary healthcare.

2.7 Barriers to Accreditation Implementation

Kidd (2023) conducted a descriptive cross-sectional survey in the United States to examine the factors motivating postgraduate physician assistant (PA) and nurse practitioner (NP) residency and fellowship programs to pursue accreditation. Of the 56 programs surveyed, 17 (30%) responded, with 53% being PA-only programs and 47% being joint PA/NP programs. Although the majority (76%) were seeking or preparing accreditation, programs were primarily driven by quality validation (59%) and competitiveness for applicants (24%). The challenges included low perceived value, little protected time, and high certification costs. The study demonstrated that while certification is gaining popularity, little is known about its effectiveness and long-term impacts on postgraduate PA and NP programs.

A qualitative study in Iran conducted by Ebrahimipour et al. (2021) in Iran highlights that HCPs' involvement in accrediting programs is now more crucial than ever, as hospitals face increasing pressure to improve the quality of their services. Utilizing a qualitative methodology, the current study aimed to characterize the difficulties faced by Iranian physicians participating in hospital accreditation processes. Eleven managers, nine doctors, and eight specialists in hospital accreditation were interviewed, with purposive snowball sampling used to select the interview subjects. To gather data, in-depth semi-structured and unstructured interviews were conducted.

Three primary themes emerged from the study's findings: organizational, behavioral, and cultural issues. Additionally, this study identified 57 elements and 12 sub-themes. The assessment system, customer demand, promotions, and cooperation were among the sub-themes within the cultural domain. The business domain was made up of seven sections: shortages of resources, high workload, comprehension of the role of the quality oversight unit, unreal accreditation standards, the nature of accreditation, educating physicians in the field of quality, and productive communication. The cognitive element's sections included employment confusion and apprehension about how to engage with the certifying program. In conclusion, doctors' participation in accreditation systems can be increased by cultivating a culture and offering suitable training on credentialing tasks within the medical community.

Ghazanfari et al. (2021) conducted a qualitative study in Iran to identify problems with hospital accreditation standards and offer solutions. In semi-structured interviews, 151 participants—including academics, accrediting surveyors, hospital staff, and policymakers—identified two main issues: shortcomings in the standards' content and the standards' development process. The primary challenges included a rigid grading scheme, inconsistent and ambiguous standards, intangible criteria, no independent standards committee, and insufficient experience. The study recommended forming a scientific committee with qualified representatives from universities, professional societies, insurers, and hospitals, and considering hospital input in order to boost the effectiveness of accreditation in enhancing hospital quality, safety, and efficiency.

Farh et al. (2020) conducted a descriptive exploratory study in Egypt to examine the factors influencing the adoption of nurse services accreditation standards (NSAS) by general hospitals. Using questionnaires, 105 nursing staff members were asked about their understanding of accreditation requirements and pertinent factors. The results showed that while more than one-third had high awareness, particularly with regard to accreditation requirements, preparation, and results, less than half had intermediate awareness. Continuous progress was considered the most important factor, while financial incentives were considered to have the least impact. It was found that there was a significant correlation between nurses' perceptions of implementation elements and their overall awareness of accreditation. The study recommended developing policies, procedures, and strategies to increase nursing staff participation in accreditation and quality enhancement.

Tashayoei et al. (2020) conducted a cross-sectional study in seven Iranian hospitals to ascertain the challenges associated with hospital accreditation implementation. A standardized questionnaire completed by 200 hospital administrators was used to identify six key aspects of obstacles, which were then analyzed using exploratory factor analysis. Over sixty-three percent of the variance was explained by these dimensions: implementation, evaluation, content, structure, psychology, and management. The instrument showed high validity (0.84) and reliability (Cronbach's $\alpha = 0.74–0.94$). According to the study's findings, there are numerous obstacles to Iran's effective accreditation implementation, which calls for concerted efforts from lawmakers and hospital managers.

A qualitative, phenomenological design was conducted by Mansoor et al. (2024) in Yemen, Certain obstacles prevent Yemeni healthcare systems from implementing hospital accreditation standards that guarantee safe and excellent medical care. Thus, the goal of this study was to investigate the difficulties and approaches Yemeni healthcare professionals have when implementing hospital accreditation requirements. Data was gathered using semi-structured interviews between January 1, 2022, and February 28, 2022. The results of the study and the absence of (i) funds, (ii) qualified human resources, (iii) ideal infrastructure, and (iv) supplies and equipment hinder the application of hospital accreditation requirements, according to the content analysis. To improve the implementation and adherence to hospital accreditation standards, this study also emphasized the social and cultural barriers that limit their efficacy, the necessity of more funding for healthcare infrastructure and human resources, and the need for cultural sensitivity training for medical staff. To promote the local implementation of hospital accreditation standards, policymakers should enlist the help of multinational firms and development partners for capacity building and technical assistance.

Algunmeeyn et al. (2021) conducted a qualitative case study in two hospitals in Jordan to find out how physicians and nurses view obstacles to hospital accreditation. Low motivation, low pay and incentives, a demanding workload, high implementation costs, staff shortages, and high turnover were among the main challenges that were found in the data collected from interviews with 25 participants. The study provided recommendations to improve accreditation implementation and assisted in identifying the critical factors influencing successful accreditation in Jordanian hospitals.

A systematic review conducted by Brubakk et al. (2015), stakeholders, legislators, and healthcare provider associations have adopted standardized procedures for assessing healthcare organizations as a result of the growing global focus on enhancing patient outcomes, safety, and quality of service. It has been suggested that certification and accreditation serve as interventions to promote patient safety and high-quality medical care. Although guidelines suggest accreditation, they are skeptical about the evidence since they believe it to be inconclusive. Despite the lack of proof to back up its efficacy or efficiency, the drive for accreditation is still going strong.

International accreditation is still expanding, but there is insufficient data to draw any firm judgments about its efficacy. Evidence linking hospital accreditation and certification to quantifiable improvements in care quality, as determined by quality metrics and standards, was not found during our analysis. The majority of research omitted information on the cost, implementation, and context of the intervention. This may be a reflection of the difficulties in evaluating intricate, diverse interventions like certification and accreditation. The influence of the management and implementation of certification, as well as the various organizational and financial healthcare restrictions, may also amplify it. It is still unclear what tactics hospitals should use to enhance organizational results and patient safety regarding accreditation and certification components.

2.8 Gaps in the Study

There is still a lack of regional data and almost no local research on nurses' experiences with and responses to JCI-related preparatory training, even though hospital accreditation, its effects on healthcare quality, and staff opinions have been extensively studied internationally. Well-established international research looks at accreditation results, safety culture, and employee satisfaction, while localized studies in LMICs focus on implementation challenges, resource limitations, and policy transfer.

Regional studies in LMICs, however, draw attention to issues with policy transfer, resource constraints, and implementation. However, current research in Palestine primarily examines patient safety culture, hospital performance, or overall job satisfaction in accredited versus non-accredited hospitals, without specifically evaluating nurses' attitudes or level of satisfaction with the JCI preparation process. The effects of JCI training on nurses' motivation, preparedness, perception of their workload, and participation in accreditation tasks have not been explicitly

examined in any empirical study.

This discrepancy is significant because nurses are crucial to accreditation success. By addressing this understudied topic and offering new evidence to support quality-improvement initiatives in Palestinian hospitals, the current study will contribute to the body of knowledge on accreditation, workforce readiness, and healthcare organizational transformation.

2.9 Summary

This chapter reviewed the global, regional, and local literature on hospital accreditation, concentrating on JCI standards and their implications for worker outcomes, patient safety, and healthcare quality. International studies consistently show that accreditation strengthens organizational structures, increases operational effectiveness, standardizes clinical procedures, and enhances patient safety systems. However, it also highlights issues like growing workloads, stress, resource limitations, and sustainability issues after accreditation cycles.

Research from low- and middle-income countries emphasizes the importance of international organizations, the dynamics of policy transfer, and the necessity of context-appropriate frameworks. Research shows that accreditation can have a positive regional impact on work satisfaction, staff communication, and adherence to standards, though its effects vary depending on the environment and staff group. The majority of studies currently available in Palestine focus on patient safety culture, job satisfaction, and comparisons between accredited and non-accredited hospitals; they do not, however, examine nurses' experiences during the accreditation process or their degree of satisfaction with JCI preparatory training.

Overall, the reviewed literature shows that while certification improves quality and safety outcomes, its success ultimately depends on staff engagement, particularly that of nurses, who have the biggest operational burden during accreditation. This discrepancy emphasizes the importance of the current study, which will be the first in Palestine to empirically examine nurses' satisfaction with JCI preparatory training and how it affects their performance, motivation, and preparedness during the accreditation process.

Chapter Three: Methodology

3.1 Chapter Overview

The methodological framework used to carry out the investigation is presented in this chapter. It outlines the target population and sample methods, establishes and defends the research design, and describes the data collection method used in the study. It also describes the methods used to guarantee the questionnaire's validity and reliability, as well as the steps involved in data collection and analysis. Overall, this chapter shows how the study was organized and carried out to accomplish its goals in a methodical and trustworthy way.

3.2 Study Design

A quantitative, cross-sectional descriptive methodology was used to gather information from nurses at a specific point in time. This design was chosen because it aligns with the study objectives, as it allows for the assessment of nurses' satisfaction with the training they received for JCI accreditation and the identification of the difficulties they experienced during its implementation. Additionally, the cross-sectional approach facilitates efficient data collection and offers a thorough understanding of nurses' viewpoints and experiences regarding theaccreditation processes.

3.3 Study Setting

The study was conducted at the West Bank hospitals that have a JCI accreditation (Istishari Arab Hospital (IAH) in Ramallah, An-Najah National University Hospital (NNUH) in Nablus, and Ibn Sina Hospital (ISH) in Jenin).

3.4 Study Population

A group of individuals or departments that fit the inclusion criteria and from whom data can be gathered is known as the study population. The study population included IAH, NNUH, and ISH nurses. The total number of nurses in the mentioned hospital is about 590.

3.5 Sample and Sampling

IAH, NNUH, and ISH, who satisfied the inclusion requirements, was provide a sample. The data was chosen using convincing sampling. was employed in convincing sampling. By guaranteeing

that each person in the population has an equal chance of being included in the study, this strategy complies with the quantitative research technique. In all, 590 individuals met the inclusion criteria.

3.6 Inclusion Criteria

1. Both male and female
2. All Nurses
3. All the medical department
4. All job titles

3.7 Exclusion Criteria

1. Any nurses who were employed following JCI accreditation.

3.8 Sample Size

The Raosoft Sample Size Calculator equation, which is provided below, is used to determine the study's sample size:

Given the values you chose above, x = Z(c/100)2r(100-r) yields the sample size n and margin of error E.

N x/((N-1)E2 + x) = n

E is equal to sqrt[(N - n)x/n(N-1)].

where Z(c/100) is the critical value for the confidence level c, N is the population size, and r is the percentage of responses that you are interested in.

According to the sample size calculator, a convincing sample consisted of 233 samples.

A total of 233 questionnaires were distributed to the target population of nurses working in JCI-accredited hospitals in the West Bank, Palestine. After excluding incomplete responses and those not meeting the inclusion criteria, 208 valid responses were retained for the final analysis, 89% response rate, which represents a strong response rate.

Hospital name	**Total Population**	**Sample selected**	**Proportion**

ISH	110	43	18.6%
IAH	260	103	44.1%
NNUH	220	87	37.3%
Total	590	233	100%

3.9 Study Instrument

The data collection tool was self-developed, and the questionnaire contained five parts. Where section one was the socio-demographic data, including 11 variables (gender, age, educational level, job title, experience years, and employment contraction, section two was Satisfaction with JCI Training which include 20 question with Likert scale from strongly disagree to strongly agree, section three was Barriers to JCI Accreditation Implementation which include 20 question with Likert scale from strongly disagree to strongly agree, section four Perceptions on Improving Training and Reducing Barriers which include 10 question with Likert scale from strongly disagree to strongly agree.

Part #	Part	Purpose	Question structure
1	Sociodemographic Characteristics	to describe the sample according to significant demographic and professional characteristics.	closed-ended, multiple-choice questions.
2	Satisfaction with JCI Training	To assess the extent to which nurses are happy with the training they received for JCI accreditation.	closed-ended Likert scale questions (1–5: strongly disagree to strongly agree).
3	Barriers to JCI Accreditation Implementation	to determine the main challenges that nurses faced when implementing JCI accreditation standards.	closed-ended Likert scale questions ranging from strongly disagree to strongly agree (1–5).

4	Perceptions on Improving Training and Reducing Barriers	to investigate nurses' perspectives on methods that could improve training quality and reduce obstacles during accreditation.	closed-ended, multiple-choice, and Likert scale questions.

Sigyn the cutoff for section two is that the maximum score is 100, and the minimum score is 20; there is low satisfaction (20-50), moderate satisfaction (51-80), and high satisfaction (81-100). The cutoff for section three in which maximum score is 100, and the minimum score is 20; there are low perceived barriers (20-50), moderate perceived barriers (51-80), and high-perceived barriers (81-100). The cutoff for section four in which maximum score is 50, and the minimum score is 10; there is low perception (5-20), moderate perception (21-40), and high perception (41-50).

3.10 Study Validity and Reliability

This part focuses on establishing the validity and reliability of the research instrument utilized in the study. Because the quality of the questionnaire directly affects the reliability and correctness of the data gathered, it is crucial to ensure its quality. Content validity, in particular, assesses whether the measuring items adequately represent the variables under inquiry and helps discover any ambiguities, misleading phrasing, or potential bias within the questions. To guarantee that the results are reliable and significant, a well-designed instrument must fully capture all pertinent aspects of the research.

Despite being created specifically for this study, the questionnaire's content underwent a thorough expert review to increase its validity. Three professionals with doctorates in quality management, including the thesis supervisor, evaluated the tool. Their academic and professional experience contributed to enhancing the phrasing, structure, relevance, and logical sequencing of questionnaire items. Every recommendation and criticism was carefully considered and incorporated to enhance the tool's suitability and clarity.

In addition to expert assessment, the researcher further assessed the questionnaire to ensure that it corresponded with the study objectives, found any unclear items, estimated the time required for completion, and fixed any linguistic or structural flaws. The instrument's readiness for data

collection was ensured by this thorough review method.

A statistician wwas calculate the Cronbach's Alpha coefficient, which was .79 for all 51 variables, to assess the questionnaire's dependability. This statistical metric analyzes the internal consistency of the instrument, evaluating whether the items within each section reliably measure the desired components. Together, these validity and reliability methods ensure that the questionnaire is both methodologically sound and capable of yielding trustworthy results.

3.11 Pilot Study

To assess the survey's validity and reliability, find any ambiguities, assess the time it would take to complete, estimate the response rate, and improve the wording in response to comments, the researcher was conducting a pilot study with 10 participants that was excluded from the total sample study.

3.12 Data Collection

Data collection began immediately as the Arab American University-Palestine Institutional Review Board (IRB) and hospital authorities provided their approval for the study. Participants were required to complete the self-reported survey. By establishing trust and introducing oneself to the subjects, the researcher was starting to gather data. After that, participants received thorough instructions and explanations regarding the study's goals, requirements, and actual replies. Establishing a distinct area for data collection provided a suitable environment.

3.13 Ethical Considerations

The Arab American University (AAUP), the IRB, provided ethical approval, and the administrative department of the hospital granted authorization to perform the study there (R-2025/A/59/N). No participant identities were revealed or utilized, and no other information was used for purposes other than this research. All data was kept private and used exclusively for this purpose.

3.14 Analysis Plan

Software called the Statistical Package for the Social Sciences (SPSS) v27 was used to analyze the data. The importance of fluctuations of every variable that is independent of the dependent variable were tested using ANOVA, measures of central tendency, inferential statistics, and

testing questions utilizing the T-test. The ANOVA test was used to determine the significance between groups of different measurement levels and other variables, and the correlation test was used to determine the significance among categories of variables.

3.13 Chapter Summary

The research design, which used a quantitative, cross-sectional descriptive technique to gauge nurses' satisfaction with JCI training and the challenges faced during certification implementation, was first described in this chapter. The study setting consisted of three JCI-accredited hospitals in the West Bank: IAH, NNUH, and ISH, which employed roughly 590 nurses.

The sampling approach, inclusion and exclusion criteria, and sample size computation using the Raosoft calculator were detailed, resulting in a necessary sample of 233 individuals. The self-developed questionnaire, which had four main components covering demographics, training satisfaction, perceived barriers, and opinions on enhancing training and removing obstacles, was also discussed in this chapter. It was also explained how each section was scored.

Validity and reliability procedures were thoroughly examined through expert assessment, researcher evaluation, and the planned computation of Cronbach's Alpha to assess internal consistency. Ten people participated in a pilot study to improve the instrument before it was fully implemented.

Before the data collection process started, Institutional Review Board (IRB) and hospital approvals were obtained, ensuring that participants received all instructions in an appropriate setting. Two ethical principles that were closely followed were confidentiality and the use of data only for research. Lastly, the analytic strategy was established, utilizing descriptive statistics, T-tests, correlations, ANOVA, and SPSS v27 to examine relationships between variables.

All things considered, this chapter demonstrated the methodical and exacting scientific approach used to ensure valid, trustworthy, and dependable study results.

Chapter Four: Results

4.1 Introduction

This chapter presents the analysis of the study titled “Evaluating Nurses' Satisfaction with Joint Commission International Accreditation Preparatory Training and Implementation Challenges in Palestine.” The purpose of this chapter is to describe the statistical findings derived from the collected data and to provide answers to the research questions posed.

A structured questionnaire consisting of 65 variables was utilized as themain data collection tool. The overall reliability of the instrument was measured using Cronbach’s Alpha, yielding a coefficient of 0.693, which indicates acceptable internal consistency for the scale. A total of 233 questionnaires were distributed to the target population of nurses working in Joint Commission International (JCI)-accredited hospitals in the West Bank, Palestine. After excluding incomplete responses and those not meeting the inclusion criteria, 208 valid responses were retained for the final analysis, representing a strong response rate.

The analysis in this chapter is structured to address the study’s research questions systematically:

1. To assess the levels of satisfaction among Palestinian nurses regarding the training provided for JCI Accreditation implementation.
2. To explore the barriers faced by nurses in the implementation of JCI Accreditation standards.
3. To examine the relationship between nurses’ satisfaction with training and their perceived barriers towards JCI Accreditation implementation.
4. To investigate the effect of sociodemographic and professional factors on nurses’ satisfaction and perceived barriers.

4.2 Demographics

The demographic and professional characteristics of the respondents showed that the majority of nurses were aged 41–45 years (29.3%), followed by those aged 36–40 years (19.2%), while the smallest proportion were between 20–25 years (7.2%). In terms of gender distribution, males (60.6%) outnumbered females (39.4%). Regarding educational level, most participants held a bachelor's degree (64.9%), while 24% had a diploma and 11.1% held a master's degree.

With respect to years of professional experience, about one-third of the nurses had 1–5 years of experience (34.1%), followed by those with 11–15 years (24%), while only 4.3% had more than 20 years of experience. Participants were distributed across several departments, with the highest representation from the Emergency Room (20.7%), followed by the Operating Room (14.9%), Intensive Care Unit (12.0%), and Medical CCU and Outpatient Clinics (both 11.1%). Other departments such as oncology (7.2%), surgical (6.3%), medical (8.2%), surgical CCU (5.8%), kidney unit (1.4%), and cath intermediate care unit (1.4%) were less represented.

In terms of job title, nearly half of the respondents were senior nurses (44.7%), followed by junior nurses (40.4%), while head nurses accounted for 13.5% and assistant head nurses only 1.4%. All participants (100%) reported having received training related to JCI implementation. The majority attended training sessions lasting 1–2 days (58.7%), while 34.6% attended sessions lasting less than one day, and only 6.7% attended for more than two days.

When asked about their role during training, the overwhelming majority were frontline nurses (88.5%), while 11.5% served as unit leaders; none participated as committee members. In terms of refresher training frequency, most participants (88.5%) received refresher training annually, while 11.5% reported never having refresher sessions. Lastly, participation in JCI audits or

evaluations was very high, with 92.8% of nurses indicating involvement, compared to only 7.2% who had not participated.

Table 4.1 Demographics

		Count	N %
1.Age	20-25	15	7.2%
	26-30	35	16.8%
	31-35	27	13.0%
	36-40	40	19.2%
	41-45	61	29.3%
	>46	30	14.4%
2.Gender	Male	126	60.6%
	Female	82	39.4%
3.Educational Level	Diploma	50	24.0%
	Bachelor	135	64.9%
	Master	23	11.1%
4.Experience Years	>1	16	7.7%
	1-5	71	34.1%
	6-10	29	13.9%
	11-15	50	24.0%
	16-20	33	15.9%
	>20	9	4.3%
5.Current Department	ICU	25	12.0%
	Medical CCU	23	11.1%
	Surgical CCU	12	5.8%
	ER	43	20.7%
	Medical	17	8.2%
	Surgical	13	6.3%
	OR	31	14.9%
	OPC	23	11.1%

	Oncology	15	7.2%
	Kidney	3	1.4%
	Cath Intermediate Care Unite	3	1.4%
6.Job title	Head Nurse	28	13.5%
	Assistant Head Nurse	3	1.4%
	Senior Nurse	93	44.7%
	Junior Nurse	84	40.4%
7.Have you received any training related to JCI implementation?	Yes	208	100.0 %
	No	0	0.0%
8.Duration of training related to JCI implementation	<1 day	72	34.6%
	1–2 days	122	58.7%
	>2 days	14	6.7%
	Frontline Nurse	184	88.5%
9.Your role during training related to JCI implementation	Unit Leader	24	11.5%
	Committee Member	0	0.0%
10.Frequency of training related to JCI implementation refresher	Monthly	0	0.0%
	Quarterly	0	0.0%
	Annually	184	88.5%
	Never	24	11.5%
11.Participation in JCI audits or evaluations	Yes	193	92.8%
	No	15	7.2%

4.3 Satisfaction with JCI Training

The participants' responses in tables (2-1, 2-2, 2-3) show that, regarding clarity of training goals, nearly half of the participants either agreed (23.1%) or strongly agreed (23.6%) that objectives were well defined, though a substantial proportion remained neutral (37.5%), and 15.9% disagreed. Similarly, training materials were considered easy to understand by about half of respondents (32.7% agree, 17.3% strongly agree), though more than one-third were neutral (37.5%), and 12.5% found them difficult.

When asked whether the training addressed real clinical scenarios, slightly more than half (34.6% agree, 17.3% strongly agree) responded positively, while 32.7% were neutral and 15.4% disagreed. In terms of engagement during training sessions, responses were more divided: although 43.3% agreed or strongly agreed, the largest group (36.1%) remained neutral, and one in five (20.7%) disagreed.

Encouragement of discussion and questions by trainers was perceived positively, with over half (52%) agreeing or strongly agreeing, though a considerable share were neutral (42.3%).

The duration of training was generally seen as adequate, with 57.2% in agreement, 26.9% neutral, and 15.9% dissatisfied.

The inclusion of interactive or hands-on components was viewed favorably by just over half (51.9%), while 30.8% remained neutral, and 17.3% disagreed. Importantly, most respondents felt that the training increased their confidence in JCI compliance (57.7% agreed or strongly agreed), although 34.6% were neutral.

Perceptions of post-training support were largely positive, with 58.7% agreeing or strongly

agreeing, while one-quarter were neutral (26.4%) and 14.9% disagreed. However, when asked if they could immediately apply what they learned, responses were less decisive, with only 46.7% agreeing or strongly agreeing, while 34.6% were neutral and 18.8% disagreed.

Satisfaction with training specificity to the needs of their unit was also divided: while just over half (52%) agreed or strongly agreed, 42.3% were neutral. Similarly, only 45.7% felt they received useful feedback, with 34.1% neutral and 20.2% disagreeing.

Regarding the use of case studies and examples, 46.2% agreed or strongly agreed they were applicable, while 39.4% were neutral, and 14.4% disagreed. On a more positive note, the training was widely perceived to enhance patient safety knowledge, with 60.5% agreeing or strongly agreeing, and only 11.1% expressing dissatisfaction.

The organization and structure of the training was endorsed by half of respondents (50%), though 31.7% were neutral and 18.3% disagreed. The knowledge of trainers regarding JCI standards was also seen as adequate, with 50.9% in agreement and 32.7% neutral. Regarding training schedules, opinions were mixed: only 45.7% found them suitable, 35.1% were neutral, and nearly one in five (19.2%) disagreed. On pre-training information, 44.2% agreed or strongly agreed it was clear, though 38.5% were neutral and 17.3% disagreed. A modest majority also perceived that the training improved interdisciplinary collaboration (51% agreed or strongly agreed), while 35.6% were neutral. Finally, when asked if they would recommend JCI training to colleagues, responses leaned positive but cautious: 38% agreed or strongly agreed, while 43.3% were neutral, and 18.8% disagreed.

Table 4.2 Satisfaction with JCI Training

		Count	N %
The training goals were clearly defined.	Strongly disagree	0	0.0%
	Disagree	33	15.9%
	Neutral	78	37.5%
	Agree	48	23.1%
	Strongly agree	49	23.6%
Training materials were easy to understand.	Strongly disagree	0	0.0%
	Disagree	26	12.5%
	Neutral	78	37.5%
	Agree	68	32.7%
	Strongly agree	36	17.3%
The training addressed real clinical scenarios.	Strongly disagree	0	0.0%
	Disagree	32	15.4%
	Neutral	68	32.7%
	Agree	72	34.6%
	Strongly agree	36	17.3%
The training sessions kept me actively engaged.	Strongly disagree	0	0.0%
	Disagree	43	20.7%
	Neutral	75	36.1%
	Agree	58	27.9%
	Strongly agree	32	15.4%
Trainers encouraged discussion and questions.	Strongly disagree	0	0.0%
	Disagree	12	5.8%

	Neutral	88	42.3%
	Agree	64	30.8%
	Strongly agree	44	21.2%
The duration of the training was sufficient.	Strongly disagree	0	0.0%
	Disagree	33	15.9%
	Neutral	56	26.9%
	Agree	76	36.5%
	Strongly agree	43	20.7%
The training included hands-on or interactive components.	Strongly disagree	0	0.0%
	Disagree	36	17.3%
	Neutral	64	30.8%
	Agree	72	34.6%
	Strongly agree	36	17.3%
The training increased my confidence in JCI compliance.	Strongly disagree	0	0.0%
	Disagree	16	7.7%
	Neutral	72	34.6%
	Agree	72	34.6%
	Strongly agree	48	23.1%
Post-training support was provided when needed.	Strongly disagree	0	0.0%
	Disagree	31	14.9%

	Neutral	55	26.4%
	Agree	85	40.9%
	Strongly agree	37	17.8%
I could immediately apply what I learned.	Strongly disagree	0	0.0%

	Disagree	39	18.8%
	Neutral	72	34.6%
	Agree	69	33.2%
	Strongly agree	28	13.5%
Training was specific to the needs of my unit.	Strongly disagree	0	0.0%
	Disagree	12	5.8%
	Neutral	88	42.3%
	Agree	64	30.8%
	Strongly agree	44	21.2%
I received useful feedback after the training.	Strongly disagree	0	0.0%
	Disagree	42	20.2%
	Neutral	71	34.1%
	Agree	69	33.2%
	Strongly agree	26	12.5%
Case studies and examples were applicable.	Strongly disagree	0	0.0%
	Disagree	30	14.4%
	Neutral	82	39.4%
	Agree	68	32.7%
	Strongly agree	28	13.5%
The training enhanced my patient safety knowledge.	Strongly disagree	0	0.0%
	Disagree	23	11.1%
	Neutral	59	28.4%
	Agree	76	36.5%
	Strongly agree	50	24.0%

Training was well-organized and structured.	Strongly disagree	0	0.0%
	Disagree	38	18.3%
	Neutral	66	31.7%
	Agree	68	32.7%
	Strongly agree	36	17.3%

Table 4.2.1, Satisfaction with JCI Training		Count	N %
Trainers were knowledgeable about JCI standards.	Strongly disagree	0	0.0%
	Disagree	34	16.3%
	Neutral	68	32.7%
	Agree	71	34.1%
	Strongly agree	35	16.8%
Training schedules were suitable and timely.	Strongly disagree	0	0.0%
	Disagree	40	19.2%
	Neutral	73	35.1%
	Agree	64	30.8%
	Strongly agree	31	14.9%
Pre-training information was provided clearly.	Strongly disagree	0	0.0%
	Disagree	36	17.3%

	Neutral	80	38.5%
	Agree	61	29.3%
	Strongly agree	31	14.9%
The training helped improve interdisciplinary collaboration.	Strongly disagree	0	0.0%
	Disagree	28	13.5%
	Neutral	74	35.6%
	Agree	68	32.7%
	Strongly agree	38	18.3%
I would recommend JCI training to colleagues.	Strongly disagree	0	0.0%
	Disagree	39	18.8%
	Neutral	90	43.3%
	Agree	53	25.5%
	Strongly agree	26	12.5%

		Count	N %
There is insufficient time to apply JCI standards in daily practice.	Strongly disagree	0	0.0%
	Disagree	40	19.2%
	Neutral	65	31.3%
	Agree	73	35.1%
	Strongly agree	30	14.4%
Resistance to change exists among some staff.	Strongly disagree	0	0.0%
	Disagree	29	13.9%
	Neutral	77	37.0%
	Agree	71	34.1%
	Strongly agree	31	14.9%
Training sessions are not conducted regularly.	Strongly disagree	0	0.0%
	Disagree	46	22.1%
	Neutral	74	35.6%
	Agree	65	31.3%
	Strongly agree	23	11.1%
Leadership support for JCI is limited.	Strongly disagree	0	0.0%
	Disagree	19	9.1%
	Neutral	80	38.5%
	Agree	71	34.1%
	Strongly agree	38	18.3%
	Strongly	0	0.0%

Poor coordination exists between departments during JCI efforts.	disagree		
	Disagree	28	13.5%
	Neutral	59	28.4%
	Agree	63	30.3%
	Strongly agree	58	27.9%
JCI documentation is too demanding.	Strongly disagree	0	0.0%
	Disagree	47	22.6%
	Neutral	69	33.2%
	Agree	58	27.9%
	Strongly agree	34	16.3%
Language barriers make understanding JCI standards difficult.	Strongly disagree	0	0.0%
	Disagree	30	14.4%
	Neutral	66	31.7%
	Agree	75	36.1%
	Strongly agree	37	17.8%
Technology used in documentation is unreliable.	Strongly disagree	0	0.0%
	Disagree	32	15.4%
	Neutral	67	32.2%
	Agree	78	37.5%
	Strongly agree	31	14.9%
Clinical workload limits participation in training.	Strongly disagree	0	0.0%
	Disagree	53	25.5%
	Neutral	58	27.9%
	Agree	66	31.7%
	Strongly agree	31	14.9%
Nurses are not involved in planning JCI strategies.	Strongly disagree	0	0.0%
	Disagree	23	11.1%
	Neutral	81	38.9%
	Agree	66	31.7%
	Strongly agree	38	18.3%

Table 4.2.3, Satisfaction with JCI Training		Count	N%
Roles and responsibilities regarding JCI are unclear.	Strongly disagree	0	0.0%
	Disagree	39	18.8%
	Neutral	70	33.7%
	Agree	60	28.8%
	Strongly agree	39	18.8%
JCI-related tasks are added without reducing existing workload.	Strongly disagree	0	0.0%
	Disagree	33	15.9%
	Neutral	80	38.5%
	Agree	63	30.3%
	Strongly agree	32	15.4%
There is a lack of motivation among some staff to comply.	Strongly disagree	0	0.0%
	Disagree	25	12.0%
	Neutral	70	33.7%
	Agree	61	29.3%
	Strongly agree	52	25.0%
Patient care needs sometimes conflict with accreditation tasks.	Strongly disagree	0	0.0%
	Disagree	42	20.2%
	Neutral	79	38.0%
	Agree	45	21.6%
	Strongly agree	42	20.2%
There are no incentives or rewards for participation.	Strongly disagree	0	0.0%
	Disagree	57	27.4%
	Neutral	66	31.7%
	Agree	59	28.4%
	Strongly agree	26	12.5%
Some departments are excluded from training and planning.	Strongly disagree	0	0.0%
	Disagree	45	21.6%
	Neutral	73	35.1%
	Agree	50	24.0%
	Strongly agree	40	19.2%
Communication about updates or policy changes is inconsistent.	Strongly disagree	0	0.0%
	Disagree	54	26.0%
	Neutral	72	34.6%
	Agree	56	26.9%
	Strongly agree	26	12.5%
There is no feedback after accreditation audits.	Strongly disagree	0	0.0%
	Disagree	36	17.3%
	Neutral	79	38.0%
	Agree	51	24.5%
	Strongly agree	42	20.2%
Expectations from leadership are unrealistic.	Strongly disagree	0	0.0%
	Disagree	46	22.1%
	Neutral	83	39.9%
	Agree	52	25.0%

	Strongly agree	27	13.0%
Accreditation efforts are not viewed as sustainable.	Strongly disagree	0	0.0%
	Disagree	40	19.2%
	Neutral	81	38.9%
	Agree	56	26.9%
	Strongly agree	31	14.9%

4.1 Barriers to JCI Accreditation Implementation

Tabls 3-1, 3-2 shows the response regarding barriers to JCI implementation, A major concern was time pressure, as nearly half of respondents (49.5%) agreed or strongly agreed that there is insufficient time to apply JCI standards in daily practice, while 31.3% were neutral and only 19.2% disagreed. Similarly, resistance to change among staff was acknowledged by 49% of nurses, while 37% remained neutral.

The issue of irregular training sessions was noted, with 42.4% agreeing or strongly agreeing that training is not conducted regularly, compared to 35.6% neutral and 22.1% who disagreed. Leadership support appeared limited for some nurses, as 52.4% perceived insufficient support, while 38.5% were neutral.

A significant barrier identified was poor interdepartmental coordination, with 58.2% agreeing or strongly agreeing that collaboration was lacking. Likewise, JCI documentation workload was considered demanding by 44.2% of participants, though one-third (33.2%) remained neutral. Language barriers were another challenge, with 53.9% reporting difficulties in understanding JCI standards due to language, while 31.7% were neutral.

In terms of resources, 52.4% agreed that technology used in documentation is unreliable, while 32.2% were neutral. Additionally, clinical workload limiting participation in training was confirmed by 46.6% of nurses. About half of the participants (50%) also felt that nurses were not adequately involved in planning JCI strategies, while 38.9% were neutral.

The unclear definition of roles and responsibilities was another barrier, acknowledged by 47.6% of respondents, and adding JCI tasks without reducing workload was highlighted by 45.7%. Moreover, lack of motivation among staff was strongly noted, with more than half

(54.3%) agreeing or strongly agreeing, making it one of the most significant barriers reported.

Conflicts between patient care needs and accreditation tasks were also a concern, as 41.8% agreed or strongly agreed, and 38% remained neutral. The absence of incentives or rewards was highlighted by 40.9% of participants, while 31.7% were neutral. Additionally, some departments being excluded from training and planning was reported by 43.2% of nurses. Communication gaps were evident, as 39.4% agreed that communication about policy updates was inconsistent. Similarly, the lack of feedback after audits was noted by 44.7% of participants, while 38% were neutral. Furthermore, unrealistic expectations from leadership were reported by 38% of nurses, while 39.9% remained neutral.

Finally, concerns regarding sustainability of accreditation efforts were expressed, with 41.8% agreeing or strongly agreeing that efforts are not sustainable, while 38.9% remained neutral.

Table 4.3 Barriers to JCI Accreditation Implementation

		Count	N %
There is insufficient time to apply JCI standards in daily practice.	Strongly disagree	0	0.0%
	Disagree	40	19.2%
	Neutral	65	31.3%
	Agree	73	35.1%
	Strongly agree	30	14.4%
Resistance to change exists among some staff.	Strongly disagree	0	0.0%
	Disagree	29	13.9%
	Neutral	77	37.0%
	Agree	71	34.1%
	Strongly agree	31	14.9%
Training sessions are not conducted regularly.	Strongly disagree	0	0.0%
	Disagree	46	22.1%
	Neutral	74	35.6%

	Agree	65	31.3%
	Strongly agree	23	11.1%
Leadership support for JCI is limited.	Strongly disagree	0	0.0%
	Disagree	19	9.1%
	Neutral	80	38.5%
	Agree	71	34.1%
	Strongly agree	38	18.3%
Poor coordination exists between departments during JCI efforts.	Strongly disagree	0	0.0%
	Disagree	28	13.5%
	Neutral	59	28.4%

	Agree	63	30.3%
	Strongly agree	58	27.9%
JCI documentation is too demanding.	Strongly disagree	0	0.0%
	Disagree	47	22.6%
	Neutral	69	33.2%
	Agree	58	27.9%
	Strongly agree	34	16.3%
Language barriers make understanding JCI standards difficult.	Strongly disagree	0	0.0%
	Disagree	30	14.4%
	Neutral	66	31.7%
	Agree	75	36.1%
	Strongly agree	37	17.8%
Technology used in documentation is	Strongly disagree	0	0.0%

unreliable.	Disagree	32	15.4%
	Neutral	67	32.2%
	Agree	78	37.5%
	Strongly agree	31	14.9%
Clinical workload limits participation in training.	Strongly disagree	0	0.0%
	Disagree	53	25.5%
	Neutral	58	27.9%
	Agree	66	31.7%
	Strongly agree	31	14.9%
Nurses are not involved in planning JCI strategies.	Strongly disagree	0	0.0%
	Disagree	23	11.1%
	Neutral	81	38.9%
	Agree	66	31.7%
	Strongly agree	38	18.3%

Table 4.4 Barriers to JCI Accreditation Implementation

		Count	N %
Roles and responsibilities regarding JCI are unclear.	Strongly disagree	0	0.0%
	Disagree	39	18.8%
	Neutral	70	33.7%
	Agree	60	28.8%
	Strongly agree	39	18.8%
JCI-related tasks are added without reducing	Strongly disagree	0	0.0%

existing workload.	Disagree	33	15.9%
	Neutral	80	38.5%
	Agree	63	30.3%
	Strongly agree	32	15.4%
There is a lack of motivation among some staff to comply.	Strongly disagree	0	0.0%
	Disagree	25	12.0%
	Neutral	70	33.7%
	Agree	61	29.3%
	Strongly agree	52	25.0%
Patient care needs sometimes conflict with accreditation tasks.	Strongly disagree	0	0.0%
	Disagree	42	20.2%
	Neutral	79	38.0%
	Agree	45	21.6%
	Strongly agree	42	20.2%

There are no incentives or rewards for participation.	Strongly disagree	0	0.0%
	Disagree	57	27.4%
	Neutral	66	31.7%
	Agree	59	28.4%
	Strongly agree	26	12.5%
Some departments are excluded from training and planning.	Strongly disagree	0	0.0%
	Disagree	45	21.6%
	Neutral	73	35.1%
	Agree	50	24.0%
	Strongly agree	40	19.2%

Communication about updates or policy changes is inconsistent.	Strongly disagree	0	0.0%
	Disagree	54	26.0%
	Neutral	72	34.6%
	Agree	56	26.9%
	Strongly agree	26	12.5%
There is no feedback after accreditation audits.	Strongly disagree	0	0.0%
	Disagree	36	17.3%
	Neutral	79	38.0%
	Agree	51	24.5%
	Strongly agree	42	20.2%
Expectations from leadership are unrealistic.	Strongly disagree	0	0.0%
	Disagree	46	22.1%
	Neutral	83	39.9%
	Agree	52	25.0%
	Strongly agree	27	13.0%

Accreditation efforts are not viewed as sustainable.	Strongly disagree	0	0.0%
	Disagree	40	19.2%
	Neutral	81	38.9%
	Agree	56	26.9%
	Strongly agree	31	14.9%

4.2 Perceptions on Improving Training and Reducing Barriers

Table 4 shows the Perceptions on Improving Training and Reducing Barriers, regarding training frequency, responses were mixed: while 38.9% agreed or strongly agreed that more frequent training would improve compliance, a large proportion (41.8%) remained neutral, and 19.2% disagreed. Similarly, practical workshops were preferred over traditional lectures by 45.6% of respondents, though 41.3% were neutral. A strong majority supported follow-up assessments, with 70.2% agreeing or strongly agreeing that such evaluations reinforce learning after training, making it one of the most endorsed strategies. Likewise, recognition of staff efforts was considered important for encouraging participation, with nearly half (49.5%) in agreement, although 36.1% were neutral. Concerning organizational involvement, 57.7% of nurses believed that management should include nurses in planning and decision-making, with 24% neutral and 18.3% disagreeing. Similarly, tailoring training content was valued, as 56.7% agreed or strongly agreed that hospital-specific case scenarios would improve training relevance. Mentorship programs also gained notable support, with 51% in agreement and 26.4% strongly agreeing, indicating that nearly four in five respondents see mentorship as effective for implementing JCI standards.

The use of bilingual training materials (Arabic/English) received moderate endorsement, with 39% agreeing or strongly agreeing, though 40.9% were neutral and 20.2% disagreed. In contrast, integration of technology drew more divided opinions: while 40.4% agreed or strongly agreed it enhances training and satisfaction, 30.8% disagreed and 28.8% were neutral. However, e-health program training was better received, with 52.5% in agreement compared to only 5.3% disagreeing. In terms of sustaining standards, 53.9% supported continuous performance monitoring, while 35.6% remained neutral. Additionally, reducing redundant documentation was seen as a helpful measure by 52.4% of respondents, though one-third (32.7%) stayed neutral. Finally, quality-focused measures were also recognized: 58.2% agreed or strongly agreed that trainers receiving additional training in statistical/quantitative methods would improve quality, while 47.6% felt the training program had effective policies to support quality improvement.

Table 4.5 Perceptions on Improving Training and Reducing Barriers

		Count	N %
More frequent training sessions would improve staff compliance.	Strongly disagree	0	0.0%
	Disagree	40	19.2%
	Neutral	87	41.8%
	Agree	56	26.9%
	Strongly agree	25	12.0%
Practical workshops are more effective than traditional lectures.	Strongly disagree	0	0.0%
	Disagree	27	13.0%
	Neutral	86	41.3%
	Agree	61	29.3%
	Strongly agree	34	16.3%
Follow-up assessments reinforce learning after training.	Strongly disagree	0	0.0%
	Disagree	27	13.0%
	Neutral	35	16.8%
	Agree	95	45.7%
	Strongly agree	51	24.5%
Recognizing staff efforts encourages participation in JCI activities.	Strongly disagree	0	0.0%
	Disagree	30	14.4%
	Neutral	75	36.1%
	Agree	72	34.6%
	Strongly agree	31	14.9%
Management should involve nurses in planning	Strongly disagree	0	0.0%

and decision-making.	Disagree	38	18.3%
	Neutral	50	24.0%
	Agree	78	37.5%
	Strongly agree	42	20.2%
Training should include hospital-specific case scenarios.	Strongly disagree	0	0.0%
	Disagree	24	11.5%
	Neutral	66	31.7%
	Agree	82	39.4%
	Strongly agree	36	17.3%
Mentorship programs help implement JCI standards effectively.	Strongly disagree	0	0.0%
	Disagree	23	11.1%
	Neutral	79	38.0%
	Agree	51	24.5%
	Strongly agree	55	26.4%
Offering bilingual (Arabic/English) training materials improves understanding.	Strongly disagree	0	0.0%
	Disagree	42	20.2%
	Neutral	85	40.9%
	Agree	58	27.9%
	Strongly agree	23	11.1%
Continuous performance monitoring helps maintain standards.	Strongly disagree	0	0.0%
	Disagree	22	10.6%
	Neutral	74	35.6%
	Agree	73	35.1%
	Strongly agree	39	18.8%

Reducing redundant documentation can increase compliance.	Strongly disagree	0	0.0%
	Disagree	31	14.9%
	Neutral	68	32.7%
	Agree	75	36.1%
	Strongly agree	34	16.3%
Trainers are given training in statistical and other quantitative methods that support quality improvement. (Quality)	Strongly disagree	0	0.0%
	Disagree	38	18.3%
	Neutral	49	23.6%
	Agree	74	35.6%
	Strongly agree	47	22.6%
The training has effective policies to support improving quality (Management quality for training)	Strongly disagree	0	0.0%
	Disagree	36	17.3%
	Neutral	73	35.1%
	Agree	62	29.8%
	Strongly agree	37	17.8%
The integration of technology into the training program enhances both performance and staff satisfaction. (technology in training).	Strongly disagree	0	0.0%
	Disagree	64	30.8%
	Neutral	60	28.8%
	Agree	61	29.3%
	Strongly agree	23	11.1%
Training with an e-health program assists in improving staff effectiveness (technology in training).	Strongly disagree	0	0.0%
	Disagree	11	5.3%
	Neutral	88	42.3%
	Agree	70	33.7%

	Strongly agree	39	18.8%

4.3 Answering research questions

4.3.1 What are the levels of satisfaction among Palestinian nurses regarding the training provided for Joint Commission International (JCI) Accreditation implementation in JCI-accredited hospitals in the West Bank – Palestine?

From the table 5 below, the overall mean score of nurses' satisfaction with JCI training was 3.53 (SD = 0.31) on a 5-point Likert scale, indicating a moderate to moderately high level of satisfaction. Reported satisfaction scores ranged from a minimum of 2.95 to a maximum of 4.20

Table 4.6 satisfaction mean

	Mean	Standard Deviation	Maximum	Minimum
Satisfaction Mean	3.53	.31	4.20	2.95

4.3.2 What barriers do Palestinian nurses face in the implementation of Joint Commission International (JCI) Accreditation standards in JCI-accredited hospitals in the West Bank – Palestine?

According to table 2 above, regarding the barriers to JCI implantation, the participants answers Agree and strongly agree were added, the following table shows the descending order of the barriers:

Table 4.7 descending order of the barriers

Rank	**Barrier**	**Agree + Strongly Agree (%)**
1.	Poor coordination exists between departments during JCI efforts	58.2

2.	There is a lack of motivation among some staff to comply	54.3
3.	Language barriers make understanding JCI standards difficult	53.9
4.	Technology used in documentation is unreliable	52.4
5.	Leadership support for JCI is limited	52.4
6.	Nurses are not involved in planning JCI strategies	50.0
7.	There is insufficient time to apply JCI standards in daily practice	49.5
8.	Resistance to change exists among some staff	49.0
9.	Roles and responsibilities regarding JCI are unclear	47.6
10.	JCI-related tasks are added without reducing existing workload	45.7
11.	There is no feedback after accreditation audits	44.7
12.	JCI documentation is too demanding	44.2
13.	Some departments are excluded from training and planning	43.2
14.	Training sessions are not conducted regularly	42.4
15.	Patient care needs sometimes conflict with accreditation tasks	41.8
16.	Accreditation efforts are not viewed as sustainable	41.8
17.	There are no incentives or rewards for participation	40.9
18.	Communication about updates or policy changes is inconsistent	39.4
19.	Expectations from leadership are unrealistic	38.0
20.	Clinical workload limits participation in training	46.6

4.3.3 What is the relationship between Palestinian nurses' satisfaction with training and their perceived barriers to Joint Commission International (JCI) Accreditation implementation in JCI-accredited hospitals in the West Bank – Palestine?

Table 6 below shows a correlation between Barriers and Satisfaction means, The analysis examined the relationship between nurses' satisfaction with JCI training and their perceived barriers to JCI implementation. The Pearson correlation coefficient was r = 0.307 with a p-value < 0.001. This indicates a moderate positive correlation that is statistically significant. In practical terms, it suggests that higher satisfaction with JCI training is associated with higher perceived barriers. This could reflect that nurses who are more engaged or aware of the training may also be more sensitive to organizational and procedural challenges in implementing JCI standards.

Table 4.8 Correlations of barriers with satisfaction

		Barriers Mean
Satisfaction Mean	Pearson Correlation	.307
	Sig. (2-tailed)	.000

4.3.4 How do sociodemographic and professional factors of Palestinian nurses affect their satisfaction and perceived barriers towards the implementation of JCI Accreditation in JCI-accredited hospitals in the West Bank – Palestine?

Table 7 below shows the correlation of Barriers and Satisfaction with demographic and professional characteristics,

Key findings regarding satisfaction:

- Age: A significant negative correlation with satisfaction (r = -0.212, p = 0.002) indicates that older nurses tend to report slightly lower satisfaction with JCI training.
- Gender: A weak negative correlation (r = -0.168, p = 0.015) suggests males may have slightly higher satisfaction than females.
- Experience Years: A small but significant negative correlation (r = -0.181, p = 0.009) indicates that more experienced nurses report slightly lower satisfaction.
- Other variables, including educational level, job title, current department, duration and frequency of training, and role during training, did not show significant correlations with satisfaction.

Key findings regarding barriers:

- Duration of training was positively correlated with perceived barriers ($r = 0.153$, $p = 0.027$), suggesting that longer training is associated with slightly higher perception of barriers.
- Other demographic and professional variables, including age, gender, experience, department, role during training and job title, were not significantly correlated with perceived barriers.

Table 4.9 Correlations of barriers and satisfaction with demographics.

		Satisfaction Mean	Barriers Mean
1.Age	Pearson Correlation	-.212	-.085
	Sig. (2-tailed)	.002	.225
2.Gender	Pearson Correlation	-.168	-.051
	Sig. (2-tailed)	.015	.465
3.Educational Level	Pearson Correlation	.117	.070
	Sig. (2-tailed)	.092	.316
4.Experience Years	Pearson Correlation	-.181	.041
	Sig. (2-tailed)	.009	.560
5.Current Department	Pearson Correlation	-.139	-.018
	Sig. (2-tailed)	.566	.799
6.Job title	Pearson Correlation	-.007	-.059
	Sig. (2-tailed)	.923	.399
7.Have you received any training related to JCI implementation?	Pearson Correlation	.	.

	Sig. (2-tailed)	.	.
8.Duration of training related to JCI implementation	Pearson Correlation	.061	.153
	Sig. (2-tailed)	.383	.027
9.Your role during training related to JCI implementation	Pearson Correlation	-.034	.136
	Sig. (2-tailed)	.627	.350
10.Frequency of training related to JCI implementation refresher	Pearson Correlation	-.181	.107
	Sig. (2-tailed)	.009	.123
11.Participation in JCI audits or evaluations	Pearson Correlation	.100	.132
	Sig. (2-tailed)	.151	.057

Chapter Five: Discussion

5.1 Introduction

The major findings of the research questions are presented in this chapter as well as a discussion on their similarities and differences, to related studies and explanation of possible reasons why these results occurred. The level of nursing satisfaction to the JCI-related training and their expected barriers for limited training opportunities are demonstrated in these findings.

5.2 Discussion

5.2.1 Satisfaction with JCI Training

The results of the study revealed that Palestinian nurses were relatively satisfied, with a mean score of 3.53 on a five-point scale. The research also revealed nurses' unwillingness to engage and use in daily practices. Additionally, it demonstrated that training enhanced their comprehension of JCI requirements and patient safety.

These results contradict the study of Singh et al. (2024) study, which attributed low nursing satisfaction in Saudi Arabia to lack of resources and poor nursing involvement. Furthermore, they are opposed to the findings of Miolin et al. (2022), indicating that"low participation of training"was generated by the insufficient demands on international certificate and training for nurses. Yet, the training did not provide examples to guide improvement in scientific benefit (Mustafa 2021).

As identified by the research conducted by Nairi (2021) with the aim of exploring the significance of international accreditation with the aim of improving patient safety, it was evident that training improved the comprehension of nurses regarding the goals of JCI with regard to improving patient safety. However, as demonstrated by the research findings, it was evident that 46.7% of the nurses were unable to establish a link between theoretical and practical knowledge. This reflects the research conducted by Jaslina et al. (2028).

Based on the research findings, which emphasize the significance of nursing training, some nurses are afraid of achieving the Joint Commission certification because of the degree of stress and pressure it might cause in their working environments. This claim is in accordance with the research findings by Miguel et al. (2022).

5.2.2 Barriers to JCI Implementation

The findings obtained from the above study revealed that there are a number of barriers for training participation and implementation of JCI standards. These obstacles include a lack of management support for the training, resistance to change, communication problems among the departments of the hospital, time and language-related obstacles, and so on. These findings from the present study support the findings obtained in the studies conducted by Tashayu et al. (2020) that some nurses feel reluctant to follow the standards due to the increased workload. According to a study conducted by Ebrahimipour et al. (2021), one of the important barriers to the implementation of these standards is the work pressure.

Because there were so many forms that were complicated, the study also showed that 44.2% of the challenges were associated with documentation. This supports the research undertaken by Mansour et al. (2024) because, as illustrated, the overemphasis on forms minimize. the primary goal of the JCI, which is patient safety. It must also be note that, in Palestine, all forms are written in English; therefore, the language barrier, which comprises 53.9%, becomes a challenge in its implementation, as supported by the research undertaken by Jardali et al. (2008) in Lebanon.

The incorrect habits of documentation and technical limitations stand in the way of following the models and standards, as indicated in this study. This is in line with the results of Alconmen et al. (2021), who showed the role of IT infrastructure in the process of accreditation, and also the study conducted by Probak et al. (2015).

The following analysis underscores such challenges, showing that the staff do understand the JCI standards; implementation is not an easy and simplistic procedure because of the operational and systemic limitations across the Palestinian health sector. These include coordination of interdepartmental activities and the infrastructure of shortage of staff and resources.

5.2.3 Improvement Strategies for JCI Training and Implementation

In addition, the research revealed the perspective of the nurses regarding ways to enhance training in the application of JCI standards. The nurses stressed the need to have training that targets the departments, allowing both open and closed departments to be included. In relation to

Kidd's (2023) finding that showed that constant mentoring plays a crucial role in improving the understanding and application of certification knowledge, the role of mentoring was also acknowledged as a positive contribution. In relation to the finding by Jaslina et al. (2018), which showed that the provision of examples plays a crucial role in improving training in the application of JCI standards, the nurses also argued that examples should be provided for each module.

In addition, various interactive tools, like role plays and simulations, also were recommended. As witnessed in Mustafa's research on training nurses on JCI standards in 2021, where training workshops increased the confidence of the nurses in applying the standards, engagement and satisfaction with training and application also increased.

5.2.4 Influence of Sociodemographic and Professional Factors on Satisfaction and Perceived Barriers

The findings of this study indicated the influence of professional and social factors on the perceptions of Palestinian nurses on the obstacles for implementing the quality standards by JCI and their hesitation concerning the training in the above context. As the findings indicated, only a small number of the variables had statistically significant correlations, while the rest did not.

5.2.4.1 Satisfaction and Sociodemographic/Professional Factors

The result indicated that old nurses are not satisfied with the training provided by the JCI, as a strong negative correlation existed between age and satisfaction ($r = -0.212$, $p = 0.002$). Similar findings are supported by the study conducted by Atapur and Neri (2021) which revealed that acceptance and receptiveness towards accreditation programs are high in young healthcare providers due to their adaptability and flexibility.

The findings also revealed a negative correlation coefficient between years of experience and satisfaction with training; that is, the more experience nurses have, the less satisfied they are with JCI training ($r = -0.181$, $p = 0.009$). For one thing, experienced nurses may view JCI training as placing too much emphasis on adhering to models instead of enhancing clinical practices. Additionally, such nurses may also assume that they are not provided with the latest information by JCI training. This same view was also observed by Mustafa (2021) in terms of how most experienced staff seem to view the training as an assignment instead of an opportunity for self-growth for.

In addition, a small, statistically significant correlation was found between gender and satisfaction with training ($r = -0.168$, $p = 0.015$), in which men had slightly higher levels of satisfaction with training than women. The findings are in line with a study by Al-Aradi (2017). However, studies in this area are not as comprehensive. The differences may not relate to training quality itself, but rather gender-related issues in Palestinian hospitals, in which men may experience greater job demands and career ambitions.

5.2.4.2 Obstacles and Socio-Demographic/Professional Factors

The findings of this study indicated that, generally, there was no statistically significant relationship between the training-related obstacles and most professional and demographic characteristics. However, one finding that stood out was a positive correlation between training duration and obstacles: $r = 0.153$, $p = 0.027$.

The more challenging the training of the nurses, the more difficulties they reported. This finding appears paradoxical: longer and more intensive courses may raise participants' awareness of difficulties by introducing them to the complexities of the Joint Commission International standards, even if the objective is to make them more deeply known. This corresponds to the results by Laghdhanfari et al. (2021).

5.5 Conclusion

The findings of this study highlighted the level of satisfaction of Palestinian nurses with JCI training in accredited hospitals in West Bank cities, the problems they meet in implementing accreditation standards, and how professional, social, demographic, and occupational factors would affect these findings. The findings indicated that younger and less experienced nurses tended to have higher degrees of satisfaction with JCI training; thus, there was a degree of average satisfaction. The most common problems and challenges were time constraints, overload of paperwork, language problems, lack of leadership and management support, and change aversion. The majority of these problems seemed to be of institutional rather than individual nature.

The fact remains that despite a growing understanding in patient safety and accreditation standards, their application in actual practice was low. This shows a disconnect between what was known and its actual application. Note that from the results presented, accreditation success comes with institutional commitment in eliminating barriers and challenges, alongside training.

5.6 Recommendations

1. Adding advanced clinical scenarios and taking into account the present competence of older and more experienced nurses who had lower satisfaction than their younger counterparts, training can be tailored according to the experience levels of the nurses.
2. By facilitating an inclusive and motivating work environment and providing an equal opportunity for female nurses who report lower levels of satisfaction, we may address gender-based inequalities.
3. Instead of long lecture-based education programs, consider shorter, more interactive, and customized education programs since long programs were related to more perceived barriers.
4. In order to effectively close the knowledge-practice gap and ensure that knowledgecan be quickly applied in practice, learning strategies such as case studies and simulated tasks are important.
5. In order to minimize language barriers and enhance comprehension amongst all nursing staff, training materials should also be made available in Arabic and English.
6. With paperwork being one of the larger impediments to successful training program participation identified as an issue, simplify paperwork-related issues by enhancing computerized systems.
7. To address the time constraints highlighted by the majority of the participants, time needs to be set aside during working hours to encourage staff participation in training-related activities and procedures.
8. To reduce impediments to change and promote a culture of collective accountability for accreditation outcomes, increase leadership input and cooperation between departments.
9. Develop a rewarding and incentivizing system to foster the involvement of nurses in implementing and complying with the accreditation process.

5.7 Limitations

1. The research design of cross-section studies can show relations between variables at a given time but does not prove causal relationships between factors such as satisfaction and sociodemographic as well as occupational characteristics.

2. The instruments for gathering information for the study were questionnaires for self-administration, which could give rise to constricted and biased responses, especially with regards to social desirability bias.
3. The study settings specifically targeted hospitals in the West Bank accredited by the Joint Commission International (JCI) and, therefore, might not be applicable to other hospitals in Palestine or public and private ones that are not accredited by the JCI.

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Appendices

Appendix 1: Study Tools

Study Questionnaire

Section A: Demographic Information

1. **Age**: ☐ 20-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ >46
2. **Gender**: ☐ Male ☐ Female
3. **Educational Level**: ☐ Diploma ☐ Bachelor ☐ Master ☐ Other: _____
4. **Experience Years**: ☐>1 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐>20
5. **Current Department**: ☐ ICU ☐ Medical CCU ☐ Surgical CCU ☐ ER ☐Medical ☐ Surgical ☐ OR ☐ OPC ☐ Oncology ☐ Kidney ☐ Cath Intermediate Care Unite ☐ Other: ……..
6. **Job title**: ☐ Head Nurse ☐ Assistant Head Nurse☐ Senior Nurse ☐ Junior Nurse
7. **Have you received any training related to JCI implementation**? ☐ Yes ☐ No
8. **Duration of training related to JCI implementation**: ☐ <1 day ☐ 1–2 days ☐ >2 days
9. **Your role during training related to JCI implementation**:

   ☐ Frontline Nurse ☐ Unit Leader ☐ Committee Member ☐Other: _____
10. **Frequency of training related to JCI implementation refresher**

    ☐ Monthly ☐ Quarterly ☐ Annually ☐Never
11. **Participation in JCI audits or evaluations**: ☐ Yes ☐ No

Section B: Satisfaction with JCI Training

No.	Statement	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	The training goals were clearly defined.					
2	Training materials were easy to understand.					
3	The training addressed real clinical scenarios.					
4	The training sessions kept me actively engaged.					
5	Trainers encouraged discussion and questions.					
6	The duration of the training was sufficient.					
7	The training included hands-on or interactive components.					
8	The training increased my confidence in JCI compliance.					
9	Post-training support was provided when needed.					
10	I could immediately apply what I learned.					
11	Training was specific to the needs of my unit.					
12	I received useful feedback after the training.					
13	Case studies and examples were applicable.					
14	The training enhanced my patient safety knowledge.					
15	Training was well-organized and structured.					
16	Trainers were knowledgeable about JCI standards.					
17	Training schedules were suitable and timely.					
18	Pre-training information was provided clearly.					
19	The training helped improve interdisciplinary collaboration.					
20	I would recommend JCI training to colleagues.					

Section C: Barriers to JCI Accreditation Implementation

No.	Statement	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	There is insufficient time to apply JCI standards in daily practice.					
2	Resistance to change exists among some staff.					
3	Training sessions are not conducted regularly.					
4	Leadership support for JCI is limited.					
5	Poor coordination exists between departments during JCI efforts.					
6	JCI documentation is too demanding.					
7	Language barriers make understanding JCI standards difficult.					
8	Technology used in documentation is unreliable.					
9	Clinical workload limits participation in training.					
10	Nurses are not involved in planning JCI strategies.					
11	Roles and responsibilities regarding JCI are unclear.					
12	JCI-related tasks are added without reducing existing workload.					
13	There is a lack of motivation among some staff to comply.					
14	Patient care needs sometimes conflict with accreditation tasks.					
15	There are no incentives or rewards for participation.					
16	Some departments are excluded from training and planning.					
17	Communication about updates or policy changes is inconsistent.					
18	There is no feedback after accreditation audits.					
19	Expectations from leadership are unrealistic.					

20	Accreditation efforts are not viewed as sustainable.					

Section D: Perceptions on Improving Training and Reducing Barriers

No.	Statement	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	More frequent training sessions would improve staff compliance.					
2	Practical workshops are more effective than traditional lectures.					
3	Follow-up assessments reinforce learning after training.					
4	Recognizing staff efforts encourages participation in JCI activities.					
5	Management should involve nurses in planning and decision-making.					
6	Training should include hospital-specific case scenarios.					
7	Mentorship programs help implement JCI standards effectively.					
8	Offering bilingual (Arabic/English) training materials improves understanding.					
9	Continuous performance monitoring helps maintain standards.					
10	Reducing redundant documentation can increase compliance.					
11	Trainers are given training in statistical and other quantitative methods that support quality improvement. (Quality)					
12	The training has effective policies to support improving quality (Management quality for training)					
13	The integration of technology into the training program enhances both performance and staff satisfaction. (technology in training).					
14	Training with an e-health program assists in improving staff effectiveness (technology in training).					

Appendices 2: IRP Approval

Arab American University
Institutional Review Board - Ramallah

الجامعة العربية الأمريكية
مجلس اخلاقيات البحث العلمي – رام الله

IRB Approval Letter

Study Title: "Evaluating Nurses' Satisfaction with Joint Commission International Accreditation Preparatory Training and Implementation Challenges in Palestine".

Submitted by: **Fathi Hani Fathi Asad**

Date received: 10th August 2025

Date reviewed: 11th August 2025

Date approved: 11th August 2025

Your Study titled **"Evaluating Nurses' Satisfaction with Joint Commission International Accreditation Preparatory Training and Implementation Challenges in Palestine"** with the code number **"R-2025/A/59/N"** was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 11th of August 2025.

الجامعة العربية الأمريكية - فلسطين
مجلس اخلاقيات البحث العلمي - رام الله
IRB-R
ARAB AMERICAN UNIVERSITY-PALESTINE
INSTITUTIONAL REVIEW BOARD - RAMALLAH

Sajed Ghawadra, PhD
IRB-R Chairman
Arab American University of Palestine

General Conditions:

1. Valid for 6 months from the date of approval.
2. It is important to inform the IRB-R with any modification of the approved study protocol.
3. The Bord appreciates a copy of the research when accomplished.

رام الله – فلسطين

Tel: 02-294-1999 **E-Email:** IRB-R@aaup.edu **Website:** www.aaup.edu

Appendix 3: تسهيل المهمة

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

2025/8/18

إلى من يهمه الامر

تسهيل مهمة بحثية

تحية طيبة وبعد،

تُهديكم كلية الدراسات العليا في الجامعة العربية الأمريكية أطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالب **فتحي هاني فتحي اسعد** والذي يحمل الرقم الجامعي 202216545 هو طالب ماجستير في برنامج إدارة الجودة ويعمل على رسالة الماجستير الخاصة به بعنوان:

"Evaluating Nurses' Satisfaction with Joint Commission International Accreditation Preparatory Training and Implementation Challenges in Palestine"

تحت اشراف الدكتور سامي الصدر. نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته للحصول على المعلومات اللازمة للدراسة، علماً أن المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطي هذه الرسالة بناءً على طلبه.

وتفضلوا بقبول فائق الاحترام

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تقييم رضا الممرضين عن التدريب التحضيري لاعتماد اللجنة الدولية المشتركة وتحديات التنفيذ في فلسطين

فتحي هاني فتحي أسعد

د. سامي صدر

د. عماد خضر

د. سمر جلاد

ملخص

الخلفية: المستشفى مؤسسة معقدة ومتعددة الوظائف وذات طابع مهني وإداري. يُعرَّف الاعتماد بأنه تقييم أداء
مؤسسة الرعاية الصحية وفقًا لمعايير محددة مسبقًا، وتطبيق استراتيجيات التحسين المستمر. يلعب طاقم
التمريض دورًا محوريًا في تطوير برامج عالية الجودة في المستشفيات نظرًا لكثرة عددهم، وتقديمهم المباشر والمستمر للخدمات، ومشاركتهم الفعالة في الاستراتيجيات والممارسات، وتأثير أفعالهم على إجراءات الاعتماد. مع ذلك، تواجه الممرضات بعض الصعوبات في هذا المجال.

الهدف: تقييم مدى رضا الممرضات عن التدريب والعوائق التي واجهنها في تطبيق اعتماد اللجنة الدولية المشتركة (JCI).

المنهجية: أُجريت دراسة وصفية كمية مستعرضة في مستشفيات الضفة الغربية الحاصلة على اعتماد اللجنة الدولية المشتركة (JCI) (مستشفى الاستشاري العربي في رام الله، ومستشفى جامعة النجاح الوطنية في نابلس، ومستشفى ابن سينا في جنين). شملت عينة الدراسة ممرضات وممرضين من هذه المستشفيات الثلاثة. ووفقًا
لحساب حجم العينة، فإن العينة المناسبة تتكون من 233 ممرضًا وممرضة. تم تطوير أداة جمع البيانات داخليًا، واحتوى الاستبيان على خمسة أجزاء.

النتائج: كان الرضا العام عن تدريب اللجنة الدولية المشتركة بين 208 ممرضات وممرضين فلسطينيين
متوسطًا إلى مرتفع نسبيًا (المتوسط = 3.53 من 5)، حيث أعربت 60.5% منهن عن تحسن في معرفتهن بسلامة المرضى، وأفادت 57.7% منهن بزيادة ثقتهن في الالتزام بالمعايير. كان ضعف التعاون بين الأقسام (58.2%)، وانخفاض حماس الموظفين (54.3%)، وصعوبات اللغة (53.9%)، وعدم موثوقية تقنيات
التوثيق (52.4%)، ونقص دعم القيادة (52.4%) من أبرز العوائق. وُجد ارتباط إيجابي إلى حد ما بين
العوائق المُدركة والرضا ($r = 0.307$، $p < 0.001$). ولتحسين التدريب والتنفيذ، اقترحت الممرضات إجراء تقييمات متابعة (70.2%)،

ومشاركة الإدارة (57.7%)، وسيناريوهات خاصة بالمستشفى (56.7%)، وبرامج إرشادية (51%).

الخلاصة: تناولت هذه الدراسة العوائق المُدركة أمام تطبيق الاعتماد، وتأثير الخصائص المهنية والاجتماعية على هذه النتائج، ورضا الممرضات الفلسطينيات عن تدريب اللجنة الدولية المشتركة (JCI) في مستشفيات الضفة الغربية الحاصلة على اعتماد اللجنة. وكشفت البيانات عن مستوى متوسط من الرضا عن تدريب اللجنة الدولية المشتركة، حيث أعربت الممرضات الأصغر سنًا والأقل خبرة في كثير من الأحيان عن مستويات رضا أعلى.

الكلمات المفتاحية: الممرضات، الرضا، التدريب، العوائق، JCI