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**THE IMPACT OF HOSPITAL ACCREDITATION ON THE COMPLETENESS OF  
PERSONNEL FILES IN HUMAN RESOURCE DEPARTMENT**

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**ABSTRACT**

Ensuring the safety of everyone that comes into contact with health services is one of the most important challenges facing healthcare today. Patient safety is an important challenge for all modern health services. Healthcare is a risky business; it brings together sick and vulnerable patients with medical services and often complex technology and requires the effective coordination of many people. Complex systems in any industry are prone to human error. To avoid such errors, the organizations should hire the staff based on their credentials, experience, licenses, education and trainings. Moreover, all credentials must be verified to ensure that they are authentic and are not fake or forged. **Objectives:** To study the impact of National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, India on the completeness of personnel files in human resource department. **Methods:** It is a quantitative, descriptive and inferential research based case study. **Significance of Research:** It was observed initially before the accreditation that the completeness of personnel files in human resource department was very low prior to the hospital accreditation as per the Personnel File Content in the study hospital. **Hypothesis:** Null Hypothesis (Ho) and Alternative Hypothesis (H1) were used and tested to compare the before and after impact of accreditation. **Study Design:** Total 200 personnel files were audited as per the requirements of NABH for completeness (content of the personnel file) two months before accreditation and two months after the NABH Accreditation in the study hospital. Reports were compared in order to see the impact of hospital accreditation on the completeness of personnel files in human resource department. **Study Population:** A sample of total 200 personnel files (which includes 50 files from each Medical, Nursing, Paramedical and Other Healthcare workers respectively) before and after the accreditation. **Data Collections:** Primary data were collected from the personnel files audits and secondary data were collected from relevant published journals, articles, research papers, academic literature and web portals. **Conclusion:** There is a significant

difference in the content of the personnel files with regards to General, Credentialing, Orientation, Evaluations, Training and In Service Education, Certificates, Privileges, Licenses, Training and Licensures, Competencies for Nursing and Paramedical Staff and Others between before accreditation and after accreditation. Hence, this study revealed that there is a positive impact of NABH Accreditation on the completeness of personnel files in human resource department.

**Key words:** National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, Saudi Commission for Health Specialties (SCHS), Gulf Cooperation Council (GCC)

## I. INTRODUCTION

In order for the hospital to provide a quality and safe care, improving the human resources practices and management is critical. In this twenty first century, it is not acceptable any more for a hospital to operate without an efficient human resources department directed by a qualified director who understands the contemporary practices for managing people in a complex setting like the healthcare industry. Recognizing the human resources challenges and the best strategies to follow should be on the top list of the hospital management.

Patient safety is an important challenge for all modern health services. Healthcare is a risky business; it brings together sick and vulnerable patients with medical services and often complex technology and requires the effective coordination of many people.

## II. REVIEW OF LITERATURE

Fake diplomas have become widespread in the Arab Gulf states, especially Saudi Arabia, during the past few years. Between 2009 and 2013, the Saudi Ministry of Higher Education shut down more than 310 offices that were promoting the sale of fake diplomas and degrees in many cities across the kingdom.

The campaign came after an Egyptian doctor who used fake diplomas to work as an anaesthesia consultant was caught after 10 years of service at the Maternity and Children's Hospital of Dammam. It sheds light on the medical errors made by fake doctors.

The Saudi Engineering Society recently announced that through their own investigation, at least 2,000 engineers were found to be employed based on fake diplomas and degrees and said that unqualified employees were the reason for the poor reputation of the engineering industry in Saudi Arabia. [1]

The Saudi Commission for Health Specialties (SCHS) discovered 2,714 forged certificates for health care practitioners in the last 10 years, according to the SCHS. The report said the forged certificates included physicians, pharmacists, nurses, technicians of sterilization, operation rooms, anaesthesia, labs, X-ray and optics. According to the SCHS report, 663 forged certificates were discovered in the public sector health facilities, 383 in the nursing field and more than 150 in anaesthesia, sterilization and labs. The number of fake medical certificates in the private sector health stood at 2,051 of which 1,048 were in nursing, 370 in pharmacy, 60 general physicians, and more than 300 in anaesthesia, sterilization and labs.

The accreditation and registration department at the SCHS categorized and registered more than 119 practitioners of different health care fields, renewed registration of more than 51,500 practitioners, including 12,044 physicians, 5,000 pharmacists and more than 34,000 technicians of different applied medical professions, the report said. The SCHS recently renewed its contract with an international company specialized in detecting forged certificates. The step is aimed to reduce and prevent the large number of fake certificates used by health care practitioners seeking to work in the Kingdom. In line with these efforts, the SCHS recently issued a decision obliging all health

practitioners in the Kingdom to provide original documented proof of their qualifications from the countries that issued their certificates [2].

The ministry announced recently the arrest of 57 health workers who used fake certificates to work at private health institutions. The arrested health workers have been transferred to the public prosecutor to take punitive action against them. The nursing sector topped the list of health workers who produced fake certificates with 2,254 cases, followed by fake health science certificates 659 and fake certificates of doctors 218. Among the arrested 74 fake physicians 47 worked in the private sector and 27 in the public sector. The remaining 143 fake doctors were in the dental medicine, with 122 of them in the private sector and 21 in the government sector, the report said. The pharmacy sector reported 403 fake certificate cases in addition to 221 cases of health practitioners producing fake experience certificates [3].

### III. DATA ANALYSIS

**Table Number 1: Personnel Files Audit Report of before accreditation and after accreditation.**

Sl. No.	Content	Before Accreditation					After Accreditation				
		Yes	No	Not Applicable	Total	Compliance in %	Yes	No	Not Applicable	Total	Compliance in %
	<b>General</b>										
1	Curriculum Vitae	164	36	0	200	82.00	200	0	0	200	100
2	Copies of all educational, and experience, certificates obtained	69	131	0	200	34.50	200	0	0	200	100
3	Two reference checks (latest)	23	177	0	200	11.50	200	0	0	200	100
4	A copy of letter of Appointment	48	152	0	200	24.00	200	0	0	200	100
5	A copy of Job Description	32	168	0	200	16.00	200	0	0	200	100
6	Confidentiality Agreement	36	164	0	200	18.00	200	0	0	200	100
7	<b>Credentialing</b>										
a	Education Credentialing	13	187	0	200	6.50	200	0	0	200	100
b	Experience Credentialing	21	179	0	200	10.50	200	0	0	200	100
c	License Credentialing	31	169	0	200	15.50	200	0	0	200	100
d	Training Credentialing	20	180	0	200	10.00	200	0	0	200	100
8	<b>Orientation</b>										
a	New Hire General Orientation	46	154	0	200	23.00	200	0	0	200	100
b	Departmental Orientation	36	164	0	200	18.00	200	0	0	200	100
c	General Nursing Orientation (Nursing Staff)	11	39	150	200	7.33	50	0	150	200	33.33
d	Unit Specific Orientation (Nursing Staff)	9	41	150	200	6.00	50	0	150	200	33.33
9	<b>Evaluations</b>										
a	Early hire evaluation	0	200	0	200	0.00	200	0	0	200	100
b	Probationary evaluation	156	44	0	200	78.00	200	0	0	200	100
c	Annual evaluation	67	133	0	200	33.50	167	33	0	200	83.5

d	Ongoing Professional Practice Evaluation	0	200	0	200	0.00	178	22	0	200	89
10	<b>Training and In Service Education Certificates</b>										
a	Quality Improvement and Patient Safety	11	189	0	200	5.50	200	0	0	200	100
b	Facility Management and Safety	19	181	0	200	9.50	200	0	0	200	100
c	Infection Control	21	179	0	200	10.50	200	0	0	200	100
d	Human Recourses	46	154	0	200	23.00	200	0	0	200	100
e	Other Certificates	32	168	0	200	16.00	126	74	0	200	63
11	<b>Privileges, Licenses, Training and Licensures</b>										
a	Copies of valid privileges for Doctors	11	39	150	200	7.33	50	0	150	200	33.33
b	Copies of all licenses obtained	9	41	150	200	6.00	50	0	150	200	33.33
c	Copies of BCLS/ACLS/ATLS etc.	11	39	150	200	7.33	50	0	150	200	33.33
d	Copies of Trainings obtained	10	40	150	200	6.67	50	0	150	200	33.33
	<b>Competencies for Nursing and Paramedical Staff</b>										
a	Copies of Probationary Competencies	11	89	100	200	5.50	89	11	100	200	44.5
b	Copies of Unit Specific Competencies	12	88	100	200	6.00	88	12	100	200	44
c	Copies of General Competencies	9	91	100	200	4.50	91	9	100	200	45.5
d	Copies of Annual Competencies	11	89	100	200	5.50	89	11	100	200	44.5
	<b>Others</b>										
a	Records of Vaccination	0	150	50	200	0.00	150	0	50	200	75
b	Records of leave and sickness	30	170	0	200	15.00	120	80	0	200	60

Table Number 1 depicts the data collected from 200 personnel files before and after accreditation for further data analysis by using the statistical tests.

**Table Number 2: Accreditation versus General Content -Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	62.0000	52.43281	-6.447, <b>0.001</b>
After	200.0000	.00000	

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the general content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the general content with compliance (Yes)

Table Number 2 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=62, SD=52.43) and after (Mean=200, SD=0.000) accreditation audits with respect to the general content with compliance (Yes) with p-value=0.001

**Table Number 3: Accreditation versus General Content -No:**

Accreditation	Mean	Standard Deviation (SD)	Test Statistic, p-value
Before	138.0000	52.43281	6.447,
After	.0000	.00000	<b>0.001</b>

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the general content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the general content with non-compliance (No)

Table Number 3 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=138, SD=52.43) and after (Mean=0, SD=0.000) accreditation audits with respect to the general content with non-compliance (No) with p-value=0.001

**Table Number 4: Accreditation versus Credentialing Content -Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	21.2500	7.41058	-48.242,
After	200.0000	.00000	<b>&lt;0.001</b>

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the credentialing content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the credentialing content with compliance (Yes)

Table Number 4 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=21.25, SD=7.41) and after (Mean=200, SD=0.000) accreditation audits with respect to the credentialing content with compliance (Yes) with a p-value<0.001

**Table Number 5: Accreditation versus Credentialing Content -No:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	178.7500	7.41058	48.240,
After	.0000	.00000	<b>&lt;0.001</b>

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the credentialing, content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the credentialing, content with non-compliance (No)

Table Number 5 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=178.75, SD=7.41) and after (Mean=0.00, SD=0.000) accreditation audits with respect to the credentialing content with non-compliance (No) with a p-value<0.001

**Table Number 6: Accreditation versus Orientation Content -Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	25.5000	18.37571	-2.248,
After	125.0000	86.60254	0.066

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the orientation content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the orientation content with compliance (Yes)

Table Number 6 depicts that at the 5 % level of significance, there is no significant difference between the before and after accreditation responses with respect to the orientation audits content with compliance (Yes)

**Table Number 7: Accreditation versus Orientation Content -No:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	99.5000	68.83071	2.891,
After	.0000	.00000	<b>0.028</b>

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the orientation content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the orientation content with non-compliance (No)

Table Number 7 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=99.50, SD=68.83) and after (Mean=0.00, SD=0.000) accreditation audits with respect to the orientation content with non-compliance (No) with a p-value=0.028

**Table Number 8: Accreditation versus Evaluation Content -Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	55.7500	73.92057	-3.442,
After	186.2500	16.50000	<b>0.014</b>

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the evaluation content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the evaluation content with compliance (Yes)

Table Number 8 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=55.75, SD=73.92) and after (Mean=186.25, SD=16.50) accreditation audits with respect to the evaluations content with compliance (Yes) with a p-value=0.014

**Table Number 9: Accreditation versus Evaluation Content -No:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	144.2500	73.92057	<b>3.446,</b>
After	13.7500	16.50000	<b>0.014</b>

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the evaluation content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the evaluation content with non-compliance (No)

Table Number 9 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=144.25, SD=73.92) and after (Mean=13.75, SD=16.50) accreditation audits with respect to the evaluations content with non-compliance (No) with a p-value=0.014

**Table Number 10: Accreditation versus training and in service Content -Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	25.8000	13.55360	-9.967,
After	185.2000	33.09381	<0.001

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the training and in service content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the training and in service content with compliance (Yes)

Table Number 10 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=25.80, SD=13.55) and after (Mean=185.20, SD=33.09) accreditation audits with respect to the training and in services content with compliance (Yes) with a p-value<0.001

**Table Number 11: Accreditation Versus training and in-service Content -No:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	174.20	13.55	9.967,
After	14.80	33.09	<0.001

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the training and in service content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the training and in service content with non-compliance (No)

Table Number 11 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=174.20, SD=13.55) and after (Mean=14.80, SD=33.09) accreditation audits with respect to the training and in services content with non-compliance (No) with a p-value<0.001

**Table Number 12: Accreditation versus privileges, licenses, training and licensures Content -Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	10.2500	.95743	-83.04,
After	50.0000	.00000	<0.001

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the privileges, licenses, training and licenses content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the privileges, licenses, training and licenses content with compliance (Yes)

Table Number 12 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=10.25, SD=0.95) and after (Mean=50.00, SD=0.00) accreditation audits with respect to the privileges, licenses, training and licenses content with compliance (Yes) with a p-value<0.001

**Table Number 13: Accreditation versus privileges, licenses, training and licensures Content -No:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	39.7500	.95743	83.04,
After	.0000	.00000	<0.001

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the privileges, licenses, training and licenses content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the privileges, licenses, training and licenses content with non-compliance (No)

Table Number 13 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=39.75, SD=0.95) and after (Mean=0.00, SD=0.00) accreditation audits with respect to the privileges, licenses, training and licenses content with non-compliance (No) with a p-value<0.001

**Table Number 14: Accreditation versus Competencies for nursing and paramedical staff Content - Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	10.7500	1.25831	-88.22,
After	89.2500	1.25831	<0.001

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the competency content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the competency content with compliance (Yes)

Table Number 14 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=10.75, SD=1.25) and after (Mean=89.25, SD=1.25) accreditation audits with respect to the competency content with compliance (Yes) with a p-value<0.001

**Table Number 15: Accreditation Versus Competencies for nursing and paramedical staff Content - No:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
Before	89.2500	1.25831	88.226,
After	10.7500	1.25831	<0.001

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the competency content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the competency content with non-compliance (No)

Table Number 15 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=89.25, SD=1.25) and after (Mean=10.75, SD=1.25) accreditation audits with respect to the competency content with non-compliance (No) with a p-value<0.001

**Table Number 16: Accreditation versus others Content -Yes:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
1.00	15.0000	21.21320	-5.66,
2.00	135.0000	21.21320	0.030

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the other content with compliance (Yes)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the other content with compliance (Yes)

Table Number 16 depicts that at the 5 % level of significance, there is a significant difference between the before (Mean=15.00, SD=21.21) and after (Mean=135.00, SD=21.21) accreditation audits with respect to the other content with compliance (Yes) with a p-value=0.030

**Table Number 17: Accreditation versus others Content -No:**

Accreditation	Mean	Standard Deviation (SD)	Test statistic, p-value
1.00	160.0000	14.14214	2.91,
2.00	40.0000	56.56854	0.101

**Hypothesis:**

**H<sub>0</sub>:** There is no significant mean difference between the before and after accreditation audits with respect to the other, content with non-compliance (No)

**H<sub>1</sub>:** There is a significant mean difference between the before and after accreditation audits with respect to the other, content with non-compliance (No)



Table Number 17 depicts that at the 5 % level of significance, there is no significant difference between the before (Mean=160.00, SD=14.14) and after (Mean=40.00, SD=56.57) accreditation audits with respect to the other content with non-compliance (No) with a p-value=0.101

#### **IV. CONCLUSION**

This study revealed that there is a positive impact of NABH Accreditation on the completeness of personnel files in human resource department.

#### **LIMITATIONS OF THE STUDY**

This study is limited to the Human Resource Department of the study hospital and for a limited duration (before two months and after two months of accreditation) only.

#### **DIRECTIONS FOR FUTURE RESEARCH**

In future, such research should be conducted to study the impact of national and international accreditations on the other services of the hospitals over a large period of time.

#### **SOURCES OF FUNDING FOR THE STUDY**

This research was self-financed by the author himself.

#### **IMPLICATIONS OF THE FINDINGS**

The accreditation has a positive impact on the satisfaction of Human Resource Department of the study hospital.

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#### **DISCLAIMER**

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