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Knowledge, Attitudes and Practices (KAP) Towards Hospital Accreditation among Hospital Staffs of both CHUK and CHUB Teaching Hospitals

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Abstract

Hospital accreditation plays a pivotal role in ensuring the quality and safety of healthcare services. This paper employed a cross-sectional study design and a quantitative research approach to assess the knowledge, attitude, and practices of hospital staffs toward hospital accreditation at Kigali University Teaching Hospital (CHUK) and Butare University Teaching Hospital (CHUB) targeting a total population of 459 staff, with 248 from CHUK and 211 from CHUB. The sampling design involved a calculated sample size of 214, determined using Yamane's formula at a 95% confidence interval. A systematic sampling technique was utilized, selecting participants from nine departments in both hospitals, Data analysis employed Microsoft Excel for initial entry and validation, followed by SPSS version 26 software for statistical analysis. Descriptive and univariate analysis, and Pearson chi-square tests were conducted with a significance level set at $p < 0.05$. Findings revealed a commendable overall understanding of hospital accreditation processes (75.7%); however, specific areas such as accreditation initiation, hospital involvement, and timeline awareness showed varying knowledge levels. Overall knowledge was high (60.3%), but areas of moderate (28%) and poor (11.7%) knowledge suggest the need for targeted educational efforts. Participants expressed a positive attitude toward accreditation (52.8% strongly agree, 42.5% agree, though concerns about time consumption highlight potential areas for improvement. Overall attitude was moderate (64%), with challenges requiring attention for a universally positive attitude. Practices indicated active participation (66.8%), but varied time commitment and organizational recognition underscore the need for improved implementation. This study conducted both bivariate and multivariate analyses to examine the influence of knowledge, attitude, and practice on hospital accreditation. In the bivariate analysis, it was found that knowledge on accreditation had a statistically significant positive impact on the practice of accreditation. Exploring innovative strategies to address concerns and boost positive attitudes towards accreditation could also be a valuable avenue for future research.

Keywords: ***Accreditation, attitude, Continuous Improvement, Knowledge, Patient Care Quality, Practice, Quality Improvement, Teaching Hospital:***

1 Introduction

After Genocide against Tutsi in 1994, Rwanda has been driven by improving quality in health services delivery. The Ministry of Health has recognized packages by working with partners aimed at addressing urgency health care problems by means of quality upgrading methods (Minister of Heath, 2014). One of these approaches is attaining the accreditation standards. Recently, there has been countless need to ameliorate the quality of hospital care in Rwanda through hospital accreditation. In Rwanda, accreditation was inaugurated and focused on Teaching Hospitals since they are public tertiary level of healthcare system but accreditation process in those hospitals yet to be achieved in past 20 years. According to Paliwal, Hospital staffs are integral part of the hospital that must implement accreditation. To achieve this, all hospital staff must be knowledgeable and have positive attitudes towards accreditation (Paliwal, 2015). However, according to the researcher's knowledge, no data available or any research done that addressed knowledge and attitude of these teaching hospital workers regarding accreditation in Rwanda therefore little is known. Lack of this information affects the specific approaches and decisions aimed at improving the outcome of hospital accreditation in Rwanda. That is why the researcher is motivated to conduct this study called" Knowledge, attitude, and practice towards hospital accreditation among hospital staff of Kigali and Butare university teaching hospitals".The purpose of the study was to assess the knowledge, attitude, and practice towards hospital accreditation among hospital staff of Kigali and Butare university teaching hospitals. To determine the level of knowledge of Kigali and Butare university teaching hospitals staff towards hospital

2. Review of Related Literature

2.1 Empirical Review

2.1.1 The levels of knowledge of hospital staff towards hospital accreditation in teaching hospitals.

A study that involved 72 Senior Doctors from Australia, the participants were in general aware of accreditation. Their doubts and worries come on how the quality of care was to be assessed and measured using accreditation. They felt responsible on their daily duties of patients care but no to any accreditation organization or regulations (Shaw, 2012).In Belgium and Netherlands, 77 laboratory staff was involved in an accreditation study. 87% were not aware of accreditation and it was hard to assess their attitude towards it. After having the knowledge on accreditation they favored working in the accredited hospital than working in the non-accredited hospital (Shaw, 2012).In other study done among 210 participants from Saudi Arabia where Median percentage of participants' knowledge scores regarding healthcare quality was 48% (Alomari et al., 2015). The studies completed in Egypt among 350 staff members from university hospitals found that knowledge towards the accreditation code was significantly lower (ElBegawy et al., 2023) compared to the similar studies done previously in the same country where the majority of the participants scored above 50% on the knowledge questions (Abd El-Ghany et al., 2019). An investigation done among 126nurses from Sarab hospital in Iran found that the average knowledge score was 36 points (18.22) (Lotfi Hadi Biglo et al., 2021); While the study done among 175medical laboratory professionals from selected Health centers,on the use of Internal quality control (IQC) for laboratory tests found that majorities (81.7%) had better knowledge about preparing in house made IQC (G et al., 2018) . A cross-sectional survey done in Zambia among 155 employees from 7 professional carders working in 25 accredited ART clinics found that awareness of the ART accreditation program varied by cadre, with an average of 78% awareness by medical doctors, nurses, pharmacy staff and data management officers, and lower awareness (average of 52%) for COs, counsellors and laboratory personnel(Health Professions Council of Zambia & Abt Associates, 2014). In study conducted among 328 nurses in India found that, their practice in accreditation related to IPC was low with knowledge score being 51% (Renu Gupta et al., 2020). In addition, in a qualitative study done among 72 Australian doctors found that they were generally unaware of accreditation (Alkhenizan & Shaw, 2012).

2.2.2 The attitude of hospital staff towards hospital accreditation in teaching hospitals

A systematic review assessed different studies that were done on knowledge and attitudes of hospital staff towards accreditation. This review provides past studies about hospital accreditation. For instance, in a systematic review there is a study that interviewed 67 senior staff and surveyed 1693 hospital staffs of a teaching hospital in France, 77% of the study interviewees regarded accreditation a vital step in their facility's development. Among the study subjects, 67% of them thought that accreditation requires involvement of all the hospital staffs and believed that observable development happened in their hospital performance. Nevertheless, 81% of the participants supposed that the accreditation planning and implementation procedures were administrative and inflexible (Shaw, 2012). Another research interviewed 663 participants from 248 hospital institutions where 72% among them believed that accreditation increased the benefits of their organization. Another study done on 769 healthcare participants in Thailand found that 90% of them supposed that there was problem in accreditation process and thus some negative attitudes about its integration and utilization of information about accreditation. (Shaw, 2012). This systematic review also describes a study that was conducted on 30 residential care of the aged and they had positive attitudes towards accreditation (Shaw, 2012). A research done on 88 senior staff in one teaching hospital in Australia, participants had negative attitudes towards accreditation (Shaw, 2012). In a study, 1048 nurses from Lebanon that subjected in a Randomized Controlled Trial to assess their perception on accreditation. The nurses from accredited hospital had attitude differing to that from non-accredited hospital. But their knowledge level on accreditation was not assessed (Shaw, 2012)

2.2.3 The practice of accreditation among hospital staff of teaching hospitals

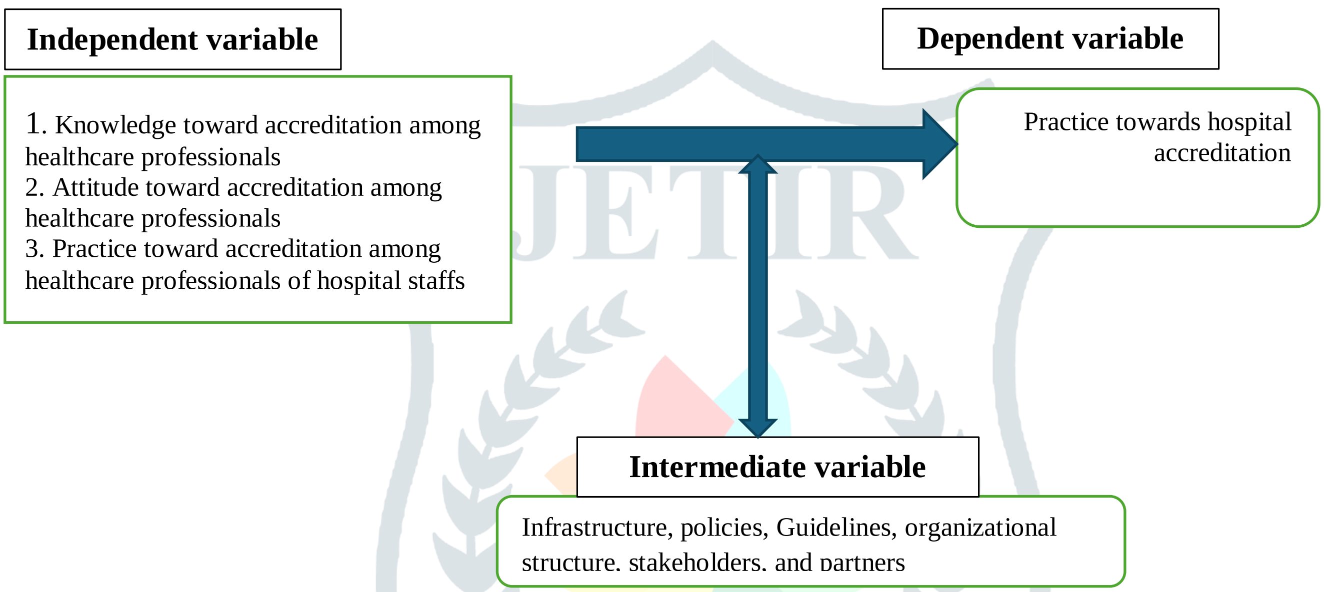
They are different findings from literature review on studies related to the practice. In Uganda Hospitals research completed on good accreditation practice found out that, good practice was measured in outreach programs, availability of some types of equipment and running water, 24-h staff calls systems, clinical guidelines and waste segregation while Poor performance was measured in care for the vulnerable, staff living quarters, physician performance reviews, patient satisfaction surveys and sterilizing equipment (Galukande et al., 2016). Study done in Zambia showed that the ART-accredited sites had high patient-provider ratios, with health professionals attending to an average of 54 ART clients per day (Health Professions Council of Zambia & Abt Associates, 2014). The research conducted among 328 nurses in india found good practices score of 57% in accreditation related to IPC (Renu Gupta et al., 2020). The results of the study conducted by Salmon et al. and Greenfield et al. showed that accreditation is a process that helps improve performance and develop positive outcomes in patients (Paymard et al., 2021). In study done in Indonesia found that 62.7% (n=346) hospitals were accredited (Wardhani et al., 2019).In study done among 210 participants from Saudi Arabia found that 39.3% of the participants attended training programs in healthcare quality (Alomari et al., 2015). In study done among 307 healthcare providers in Lebanon revealed that more than 90% of respondents indicated that they committed to participate in it (El-Jardali et al., 2014). The study done in Egypt among 350 staff members from university hospitals found that practice towards the accreditation code was significantly lower (ElBegawy et al., 2023) compared to the similar studies done previously in the same country where the practice questions only 45.3% scored above 50%, similar to the result obtained 10 years prior (Abd El-Ghany et al., 2019). Furthermore, the poor practice was seen in research done among Nurses in Iran where nursing care was 5 points (2.72)(Lotfi Hadi Biglo et al., 2021). The poor practice was seen also in study done among 175medical laboratory professionals from selected Health centers ,on the use of Internal quality control (IQC) for laboratory tests found poor practice toward not perform IQC at rate of 32 (18.3%) , majority have poor documentation Practice ,and 98 (68.5%) of the study subject haven't faced failed result for IQC(G et al., 2018); A study among 239 employees (37 directors, 143 nursing staff and 59 physicians) from Iran found that the most challenges of accreditation implementation from the viewpoint of participants were lack of personnel (87.87%), high number of standards and measures (81.17%), encountering the hospital's medical staff with heavy shift work (79.92%), the lack of budget (75.73%), and non-participation of physicians (62.76%)(Yahyavi et al., 2018)

2.2 Theoretical framework

2.1.1 Different Theories and Models about Hospital accreditation

Accreditation is regarded as the single most important approach for improving the quality of healthcare structures (Bidhan., 2005). Ernest A. Codman, a Boston surgeon in 1910, developed the first theory of accreditation. He developed it as the end-result system of hospital standardization. In his theory, hospitals would track every patient to determine if hisor her treatment was effective and, if not, to find out how to prevent this from happening again in the future (Muhammad, 2011). Regarding to the importance of knowledge and positive attitude of hospital staff, Dr Akash Rajpal who was a Senior Manager Medical Service and the NABH accreditation coordinator said that the process of accreditation had improved the overall quality of the patient care services. He added that Doctors, Nurses and even housekeeping staff must understand the importance of providing the care at its best form of their abilities and that accreditation had made them more responsive and accountable. (Muhammad, 2011).

2.3 Conceptual framework



This part clearly explains different dimensions of the study contents. As it is shown in the diagram various variables come together. It connects the various variables (dependent, independent, intervening, and controlling) and their inter-relationships. This section first demonstrates the relationship of the variables in a diagrammatic form, and then proceeds to show how the dimensions were incorporated followed by a list of operationalized and thereafter a detailed narrative of the construct of each variable. As it is mentioned in the above diagram, in this study "knowledge, attitude and practice towards hospital accreditation among hospital staff of Kigali and Butare University teaching hospitals" the population of this study is CHUK and CHUB staffs and independent variables are Knowledge, Attitudes and Practice of CHUK and CHUB staff while the independent variable is hospital accreditation. However, some confounding variables like infrastructure of these hospitals, organizational structure, policies, and guidelines can affect the outcome of hospital accreditation besides the independent variables that was been assessed.

3. Research Methodology

The researcher used a cross-sectional study design. A quantitative research approach was carried out to assess the knowledge, attitude, and practice towards hospital accreditation among hospital staff of Kigali and Butare university teaching hospitals. Where study setting was at Kigali University Teaching Hospital (CHUK) and Butare University Teaching Hospital (CHUB), during study period of Oct 2023 to April 2024. To meet the purpose of this research for quantitative data, a total of 459 staffs where 248 of CHUK and 211 of CHUB .Thus, the sample size for the quantitative data was 214 staffs of both CHUK and CHUB shall be selected among the total size of 459 respondents in quantitative. The sample was weighted in proportion where CHUK occupied 114 and CHUB occupied 100 clinical staffs.

To obtain the participants, a systematic sampling method was used to select 214 participants. The 214 sample members were selected from population according to a random starting point but with a fixed, periodic interval.

The research tool was developed due to no standardized instrument that had the precise objectives of this study. Its development was based on specific objectives and deep literature review of the past alike studies. The resulted questionnaire composed by four parts: First part is made of social demographic and economic questions, second part is questions about knowledge on accreditation, and third part is questions related to attitudes towards accreditation while last part is made of questions about practices towards accreditation.

Primarily data was entered and validated in Microsoft Excel database from the collection tools. Thereafter researcher imported them into SPSS software for statistical analysis version 25. Researcher did a descriptive analysis and examined the characteristics of data. In conducting Univariate analysis, I quantified variables using frequencies and percentages. Thereafter, researcher did a cross tabulation of dependent and independent variables and check whether there is any association level. Researcher did a Pearson chi-square test and considered a P-value less than 0.05 as statistically significant and $p < 0.01$ for statistically highly significant. The knowledge was assessed using twelve questions and a summary (Table 1) below indicates how the staff knowledge level towards accreditation was classified. The attitude was assessed using twenty-five questions and a summary (Table 2) below indicates how the staff attitude level toward accreditation was classified.

4. Presentation of research findings

4. 1 The level of knowledge of hospital staff towards hospital accreditation in teaching Hospitals

Variables	**Items**	**Frequency (n)**	**Percent (%)**
Knowing on existence of Hospital accreditation process in Rwanda	Good knowledge	162	75.7
	Moderate knowledge	19	8.9
	Poor knowledge	33	15.4
Knowing when Accreditation process started	Good knowledge	90	42.1
	Moderate knowledge	77	36.0
	Poor knowledge	47	22.0
Your affiliated hospital in Accreditation process	Good knowledge	152	71.0
	Moderate knowledge	27	12.6
	Poor knowledge	35	16.4
Knowing the starting time for accreditation process at your hospital (in year)	1 118 55.1	Mean	1.7477
	2-5 60 28.0	Median	1.0000
	6-10 19 8.9	Std. Deviation	1.07549
	11-15 6 2.8		
	>16 11 5.1		
Attending any training session on accreditation	Good knowledge	114	53.3
	Moderate knowledge	77	36.0
	Poor knowledge	23	10.7
Knowledge on accredited Hospitals in Rwanda	Good knowledge	126	58.9
	Moderate knowledge	79	36.9
	Poor knowledge	9	4.2
Knowledge on accreditation entails	Good knowledge	88	41.1
	Moderate knowledge	91	42.5
	Poor knowledge	35	16.4
Knowledge on accreditation standards in Rwanda	Good knowledge	99	46.3
	Moderate knowledge	100	46.7
	Poor knowledge	15	7.0
Knowledge on all risk areas of accreditation in Rwanda	Good knowledge	112	52.3
	Moderate knowledge	87	40.7
	Poor knowledge	15	7.0
Knowledge on classification of Accreditation Standards in Rwanda	Good knowledge	99	46.3
	Moderate knowledge	100	46.7

	Poor knowledge	15	7.0
Knowledge on importance of accreditation on your hospital and to your country in General	Good knowledge	143	66.8
	Moderate knowledge	55	25.7
	Poor knowledge	16	7.5

Analyzing the provided data against the specified cutoff points for knowledge levels revealed clear distinctions in the distribution of knowledge among individuals. The cutoff points categorize knowledge into Low (0-30%), Moderate (40-70%), and High (80-100%) based on score ranges. According to the study findings data, 129 (60.3%), are classified as having Good Knowledge, which places them within the Moderate Knowledge range (40-70%). Conversely, 60 (28.0%), are classified as having Moderate Knowledge, and 25 (11.7%), are classified as having Poor Knowledge. Both these groups fall within the Low Knowledge range (0-30%), indicating that a combined total of 85 (39.7%) have a low level of knowledge.

4.2 The level of attitude of hospital staff towards hospital accreditation in teaching Hospitals

Variables	Items	Frequency (n)	Percentage (%)
We need Accreditation	Strongly Agree	113	52.8
	Agree	91	42.5
	Disagree	10	4.7
Accreditation is for name's sake	Strongly Agree	77	36.0
	Agree	113	52.8
	Disagree	18	8.4
	Strongly Disagree	6	2.8
Accreditation is benefit to the patients	Strongly Agree	103	48.1
	Agree	109	50.9
	Disagree	1	.5
	Strongly Disagree	1	.5
Accreditation is benefit to the healthcare professionals	Strongly Agree	90	42.1
	Agree	122	57.0
	Disagree	1	.5
	Strongly Disagree	1	.5
Accreditation is benefit to our hospital	Strongly Agree	84	39.3
	Agree	124	57.9
	Disagree	3	1.4
	Strongly Disagree	3	1.4
Accreditation activities consume time of other responsibilities	Strongly Agree	52	24.3
	Agree	128	59.8
	Disagree	22	10.3
	Strongly Disagree	10	4.7
Improvement in the quality of service	Strongly Agree	96	44.9
	Agree	114	53.3
	Disagree	3	1.4
	Strongly Disagree	1	.5
Better outlook about the services to be rendered	Strongly Agree	96	44.9
	Agree	114	53.3
	Disagree	4	1.9
Make our work systematic	Strongly Agree	93	43.5
	Agree	111	51.9
	Disagree	9	4.2

	Strongly Disagree	1	.5
Healthy relationship with other departments	Strongly Agree	85	39.7
	Agree	121	56.5
	Disagree	5	2.3
	Strongly Disagree	3	1.4
Provide a good image for the hospital	Strongly Agree	89	41.6
	Agree	116	54.2
	Disagree	6	2.8
	Strongly Disagree	3	1.4
Increase the value of healthcare professionals	Strongly Agree	86	40.2
	Agree	120	56.1
	Disagree	4	1.9
	Strongly Disagree	4	1.9
Help the healthcare professionals to update themselves	Strongly Agree	80	37.4
	Agree	122	57.0
	Disagree	7	3.3
	Strongly Disagree	5	2.3
Burden for the staff	Strongly Agree	23	10.7
	Agree	69	32.2
	Disagree	103	48.1
	Strongly Disagree	19	8.9
Increase in the documentation process	Strongly Agree	39	18.2
	Agree	132	61.7
	Disagree	29	13.6
	Strongly Disagree	13	6.1
Excess management control over the staff	Strongly Agree	32	15.0
	Agree	109	50.9
	Disagree	64	29.9
	Strongly Disagree	8	3.7
Unnecessary management intervention in our work	Strongly Agree	29	13.6
	Agree	71	33.2
	Disagree	97	45.3
	Strongly Disagree	17	7.9
High chance of legal action by patients against us	Strongly Agree	40	18.7
	Agree	116	54.2
	Disagree	49	22.9
	Strongly Disagree	9	4.2
Increase the stress level of the staff	Strongly Agree	24	11.2
	Agree	97	45.3
	Disagree	77	36.0
	Strongly Disagree	16	7.5
Affect the productivity of the staff	Strongly Agree	39	18.2
	Agree	125	58.4
	Disagree	39	18.2
	Strongly Disagree	11	5.1
Decreased job satisfaction level	Strongly Agree	33	15.4
	Agree	82	38.3
	Disagree	75	35.0
	Strongly Disagree	24	11.2
Implement changes	Strongly Agree	69	32.2
	Agree	116	54.2
	Disagree	19	8.9
	Strongly Disagree	10	4.7
Better respond to partners	Strongly Agree	59	27.6
	Agree	125	58.4
	Disagree	24	11.2
	Strongly Disagree	6	2.8
Encourage Teamwork	Strongly Agree	72	33.6
	Agree	109	50.9
	Disagree	27	12.6
	Strongly Disagree	6	2.8

The cutoff points categorize attitudes into Low (Negative) (20-46%), Moderate (Neutral) (48-74%), and High (Positive) (76-100%) based on score ranges. According to the data, 51 (23.8%) are classified as having a Good Attitude. However, this percentage falls within the Low (Negative) Attitude range (20-46%), indicating that despite the positive label, these individuals actually exhibit a low (negative) attitude according to the cutoff points. The majority of individuals, 137 (64.0%) are classified as having a Moderate Attitude. This percentage falls within the Moderate (Neutral) Attitude range (48-74%), suggesting that these individuals have a neutral stance, neither strongly favoring nor opposing the subject matter. Lastly, 26 (12.1%) are classified as having a Poor Attitude, which also falls within the Low (Negative) Attitude range (20-46%), confirming a negative outlook.

4.3 The level of Practice of hospital staff towards hospital accreditation in teaching Hospitals

Variables	**Items**			**Frequency (n)**		**Percentage (%)**
Working in activities related to accreditation in your service	Yes			143		66.8
	No			71		33.2
Time spent in accreditation preparation activities per week (in hours)	1	118	55.1	1	Mean	1.7477
	2-5	60	28.0	2-5	Median	1.0000
	6-10	19	8.9	6-10	Std. Deviation	1.07549
	11-15	6	2.8	11-15		
The Job description contain accreditation assignment	Yes			148		69.2
	No			66		30.8
Belonging to the accreditation supporting Committee	Yes			132		61.7
	No			82		38.3
Getting orientation on accreditation at the initiation phase	Yes			150		70.1
	No			64		29.9
Referring to Policies and Procedures on Daily patient management	Yes			145		67.8
	No			69		32.2
Hospital leaders communicate to you on strategies of implementing Accreditation?	Yes			121		56.5
	No			93		43.5
The regularity in reading accreditation document	Yes			126		58.9
	No			88		41.1
The involvement in policies and procedures development?	Yes			136		63.6
	No			78		36.4
The involvement in solving patients' suggestions and complaints for improving service quality	Yes			153		71.5
	No			61		28.5

Analyzing the provided data on practices using the specified cutoff points provides valuable insights into the distribution of practice effectiveness among individuals. The cutoff points categorize practices into Low (Poor) (20-46%), Moderate (Fair) (48-74%), and High (Good) (76-100%) based on score ranges. According to the data, 77 (36.0%), are classified as having Good Practice. However, this percentage falls within the Low (Poor) Practice range (20-46%), indicating that these individuals' practices are less effective than their label suggests. The majority of individuals, 112 (52.3%), are classified as having Moderate Practice, correctly placing them within the Moderate (Fair) Practice range (48-74%). This suggests that most individuals exhibit a fair level of effectiveness and adherence in their practices. Additionally, 25 (11.7%), are classified as having Poor Practice, aligning with the Low (Poor) Practice range.

4.4 Knowledge, attitudes, towards practices on hospital accreditation

Model	Unstandardized Coefficients		Standardized Coefficients	P-value	95.0% Confidence Interval for B	
	B	Std. Error	Beta		Lower Bound	Upper Bound
knowledge	.209	.072	.197	**.004**	.067	.351
attitude	-.139	.085	-.111	.102	-.307	.028

The regression analysis results indicate that the Knowledge on accreditation has a statistically significant positive impact on the practice of accreditation. The 95.0% confidence interval for the unstandardized coefficient (B) is [0.067, 0.351], providing a range of values within which the true population parameter is likely to fall with 95% confidence.

4.5 Relationship between Knowledge, Attitude toward Practice for Hospital accreditation

	P-Value	Adjusted OR	95% Confidence Interval for Exp(B)	
			Lower Bound	Upper Bound
Employee knowledge	**.000**	51.557	10.018	265.326
Employee attitude	**.001**	24.884	3.581	172.925
Employee practice	**.000**	68.271	10.699	435.633

Independent variables were submitted to the multivariate analysis, and it was concluded that there are much association between knowledge, attitude, and practice towards hospital accreditation. the researcher concluded that (AOR= 52; 95% CI: [10.018, 265.326]; p=0.000), indicating that employees with higher knowledge are 51.557 times more likely to exhibit the hospital accreditation compared to those with lower knowledge. The (AOR=24.884; 95% CI: [3.581, 172.925]; p=0.001), suggesting that employees with a positive attitude are 24.884 times more likely to experience the outcome compared to those with a less favorable attitude ho put into action hospital accreditation and the (AOR=68.271; 95% CI: [10.699, 435.633]; p=0.000), indicating that employees who engage in specific practices are 68.271 times more likely to put into practice the decision from hospital accreditation into action compared to those who do not.

5. Discussion of findings

5.1 The level of knowledge of Kigali and Butare university teaching hospitals staff towards hospital accreditation in Kigali and Butare university

According to the study findings, 129 individuals (60.3%) are classified as having Good Knowledge. This places them within the Moderate Knowledge range (40-70%), suggesting a fair understanding of hospital accreditation. Conversely, 60 individuals (28.0%) are classified as having Moderate Knowledge, and 25 individuals (11.7%) are classified as having Poor Knowledge. Both of these groups fall within the Low Knowledge range (0-30%), indicating that a combined total of 85 individuals (39.7%) have a low level of knowledge about hospital accreditation. a study conducted by (Mubuuke et al. 2016) on knowledge and attitudes towards accreditation in Ugandan hospitals found that a significant proportion of staff had moderate knowledge, but many also lacked sufficient understanding, similar to the low knowledge category observed in Kigali and Butare. Additionally, (Almasabi and Yang 2014) reported that healthcare professionals in Saudi Arabian hospitals exhibited moderate to low levels of knowledge about accreditation processes, reflecting the combined 39.7% low knowledge observed in this study.

5.2 the attitudes of Kigali and Butare university teaching hospitals staff towards hospital accreditation in Kigali and Butare university

According to the data, 51 (23.8%) are classified as having a Good Attitude. However, this percentage falls within the Low (Negative) Attitude range (20-46%), indicating that, despite the positive label, these individuals actually exhibit a low (negative) attitude according to the cutoff points. The majority of individuals, 137 (64.0%), are classified as having a Moderate Attitude. This percentage falls within the Moderate (Neutral) Attitude range (48-74%), suggesting that these individuals have a neutral stance, neither strongly favoring nor opposing the subject matter. Lastly, 26 (12.1%) are classified as having a Poor Attitude, which also falls within the Low (Negative) Attitude range (20-46%), confirming a negative outlook. A study by (Alkhenizan and Shaw, 2012) found that a significant portion of healthcare professionals in Saudi Arabian hospitals held neutral attitudes towards accreditation, reflecting the 64.0% with Moderate (Neutral) Attitudes found in Kigali and Butare. Additionally, a study by (Braithwaite et al. 2010) highlighted that healthcare workers often exhibit mixed or negative attitudes towards accreditation processes, similar to the 35.9% (combined 23.8% Good but negative and 12.1% Poor) with low (negative) attitudes observed in this study.

5.3 the practices of Kigali and Butare university teaching hospitals staff towards hospital accreditation in Kigali and Butare university

The analysis of practices among staff at Kigali and Butare university teaching hospitals towards hospital accreditation, based on the specified cutoff points, provides valuable insights into the effectiveness and adherence of their practices. The cutoff points categorize practices into Low (Poor) (20-46%), Moderate (Fair) (48-74%), and High (Good) (76-100%) based on score ranges. According to the data, 77 individuals (36.0%) are classified as having Good Practice. However, this percentage falls within the Low (Poor) Practice range (20-46%), indicating that these individuals' practices are less effective than their label suggests. The majority of individuals, 112 (52.3%), are classified as having Moderate Practice, correctly placing them within the Moderate (Fair) Practice range (48-74%). This suggests that most individuals exhibit a fair level of effectiveness and adherence in their practices. Additionally, 25 individuals (11.7%) are classified as having Poor Practice, aligning with the Low (Poor) Practice range. A study by (Al-Awa et al. 2011) found that a significant number of healthcare professionals in Saudi Arabian hospitals exhibited moderate levels of adherence to accreditation practices, which is similar to the 52.3% with Moderate (Fair) Practices observed in Kigali and

Butare. Furthermore, a study by (Greenfield et al. 2011) highlighted that many healthcare workers often misjudge the effectiveness of their practices, reflecting the 36.0% labeled as having Good Practice but actually falling into the Low (Poor) range. Multivariate analysis finds out a significant association between knowledge, attitude, and practice towards hospital accreditation. The adjusted odds ratios (AOR) suggest that employees with higher knowledge are 52 times more likely to exhibit hospital accreditation, those with a positive attitude are 24.884 times more likely, and those who engage in specific practices are 68.271 times more likely to implement hospital accreditation decisions compared to their counterparts. This study provided a rich understanding of potential psychosocial risks associated with the accreditation processes taking place in healthcare organizations. Accreditation programs have been found to promote change, standardize work, and limit potential errors caused by different practices (Greenfield et al., 2012), Further, HCPs are motivated to work in accredited organizations, which enhance their engagement in the workplace. a positive accreditation effect was found in more than 55% of the included in a study done at Ethiopia. The results indicate a consistent positive accreditation effect on process-related performance measures, safety culture, hospital efficiency, and patient length of stay. In contrast, staff job stress was found to be consistently negatively affected (Smith B., McGannon K. R, 2018)

6 Conclusion

The study's findings reveal significant insights into the levels of knowledge, attitudes, and practices regarding hospital accreditation among staff at Kigali and Butare university teaching hospitals. While a majority of individuals demonstrate a moderate level of knowledge, a notable portion still falls within the low knowledge range, indicating room for educational improvement. Attitudes towards accreditation are predominantly neutral, with a concerning number of staff members displaying negative attitudes despite being labeled as having a good attitude according to the scoring system. Practices towards hospital accreditation are largely fair, yet a significant number fall into the low effectiveness category. The regression and multivariate analyses underscore the crucial role of knowledge and attitudes in shaping effective accreditation practices. Employees with higher knowledge and positive attitudes are significantly more likely to engage in and implement accreditation practices.

the comprehensive assessment of hospital staff's knowledge, attitude, and practice regarding hospital accreditation yielded significant insights. Notably, a substantial 75.7% of respondents demonstrated a commendable understanding of the hospital accreditation process, showcasing a strong foundation of knowledge within the surveyed population. Specific aspects, such as awareness of accreditation initiation, the hospital's involvement, and the timeline of the accreditation process, demonstrated varying knowledge levels, emphasizing the need for targeted interventions to enhance comprehension in these specific areas.

Based on the findings of the study, the following recommendations were addressed to:

The study recommends that the Rwandan Ministry of Health consider the insights from the research to tailor policies and interventions that support continuous training and awareness programs. This includes addressing challenges faced by hospital staff in daily working conditions that may impact their knowledge and practices. Recommendations for referral and teaching hospitals include the development and implementation of targeted training programs and initiatives to enhance knowledge and practices related to accreditation. This may involve incorporating feedback from hospital staff and addressing specific concerns motivate all clinicians toward accreditation program and encourage the partition and ownership. The study suggests that accrediting agencies consider the varied regional contexts and healthcare systems, adapting their approaches to better align with the needs and challenges faced by hospital staff. Collaboration with healthcare institutions can be enhanced to create more effective and efficient accreditation processes. The study encourages other researchers to further investigate specific aspects of hospital accreditation, considering the nuances in different regions. It suggests exploring in-depth the factors influencing knowledge, attitudes, and practices, and proposing context-specific interventions that can contribute to the continuous improvement of healthcare quality and safety.

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