



ENTENDENDO A EVOLUÇÃO DAS PESQUISAS SOBRE A ACREDITAÇÃO DOS SERVIÇOS DE SAÚDE: UMA REVISÃO DA LITERATURA DE 2012 A 2015

UNDERSTANDING THE EVOLUTION OF HEALTH SERVICE ACCREDITATION RESEARCH: A LITERATURE REVIEW FROM 2012 TO 2015

COMPRESIÓN DE LA EVOLUCIÓN DE LA INVESTIGACIÓN DE ACREDITACIÓN DE SERVICIOS DE SALUD: UNA REVISIÓN DE LA LITERATURA DE 2012 A 2015

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Resumo

O objetivo deste estudo é investigar os temas centrais das pesquisas sobre acreditação. Este trabalho faz uma revisão da literatura sobre a acreditação nos últimos quatro anos e apresenta uma comparação dos resultados com uma revisão anterior, para analisar a evolução das publicações ao longo do tempo. A pesquisa identificou 90 estudos empíricos que examinam tanto os processos quanto os impactos de programas de acreditação. Os artigos foram classificados em nove categorias temáticas, sendo que oito categorias já haviam sido empregadas em estudos anteriores e uma emergiu dessa avaliação, relacionada à sustentabilidade programa de acreditação (n = 10). O número de publicações aumentou nos últimos anos. A maioria dos estudos foram dos Estados Unidos (n = 35) e Austrália (n = 14). Os resultados indicam uma tendência de aumento da colaboração internacional entre os pesquisadores. Na literatura recente, o número de estudos que indicam efeito positivo da acreditação é mais elevado do que o identificado nos trabalhos anteriores de revisão. Os pontos de vista em relação aos impactos financeiros, questões de pesquisa e profissionais de saúde permanecem menos claro.

Palavras-chave: Acreditação; Saúde; Qualidade.

Abstract

The aim of this study is to investigate the core themes of accreditation research. This paper reviews the literature on accreditation in the last four years and compares the findings to a prior research to analyze the evolution of publication over time. The search identified 90 empirical studies examining either the processes or the impacts of accreditation programs. The articles were classified in nine thematic categories, whereas eight were employed by prior studies, one emerged from this review regarding the accreditation program sustainability (n=10). Publications number increased in the last years. The majority of studies were from the United States (n=35) and Australia (n=14). The findings indicate an increasing trend of international collaboration among researches. In the recent literature, the number of studies indicating positive effect of accreditation is higher than prior reviews. The views regarding financial impacts, survey issues and health professionals are less clear.

Keywords: Accreditation, Health Care; Quality.

Resumen

El objetivo de este estudio es analizar los temas centrales de la investigación de acreditación. Este trabajo es una revisión de la literatura sobre la acreditación en los últimos cuatro años y se comparan los resultados con la versión anterior, para analizar la evolución de las publicaciones a través del tiempo. La investigación identificó 90 estudios empíricos que examinan tanto los procesos como los impactos de los programas de acreditación. Los artículos fueron clasificados en nueve categorías temáticas, mientras que ocho fueron empleados por los estudios previos, uno surgido de esta revisión con respecto a la sostenibilidad de los programas de acreditación (n = 10). El número de publicaciones ha aumentado en los últimos años. La mayoría de los estudios fueron de los Estados Unidos (n = 35) y Australia (n = 14). Los resultados indican una tendencia al aumento de la colaboración internacional entre los investigadores. En la literatura reciente, el número de estudios que indican que el efecto positivo de la acreditación es superior identificado en trabajos anteriores sobre la revisión. Los puntos de vista en relación con los impactos financieros, preguntas de investigación y profesionales de la salud siguen siendo menos claro.

Palabras clave: Acreditación; Salud; Calidad.

INTRODUCTION

Accreditation programs have been widely implemented, being considered an essential quality enhancement tool for improving healthcare organizations (HCO). In a research to study organizations offering accreditation services nationally or internationally, it was identified 61 accreditation organizations, which offer external assessment against published standards and formally recognize institutional compliance with those standards (accreditation) (SHAW et al., 2013). International accreditation is increasing quickly and Joint Commission International (JCI) staff have conducted most international accreditation, active in more than 40 countries (WOODHEAD, 2013). However, there is conflicting evidence regarding the program effectiveness, as demonstrated in the literature review (GREENFIELD; BRAITHWAITE, 2008; HINCHCLIFF et al., 2012). It therefore seems appropriate to follow up the prior study reviews with this new paper, applying the same review methodology, to answer the questions such as:

- Is there reliable evidence of the benefits of accreditation programs?
- What do recent studies find about the accreditation impacts on quality measures, organizational system, financial results, consumer views and patient satisfaction?
- Is accreditation now a consolidated science with a tried and tested research hypothesis?

The aim of this paper is to analyze evidence-base accreditations by providing a literature review, along with a content analysis of all the empirical research published from 2012 to August 2015. The process and effectiveness of health service accreditation was examined and the results were compared to a prior study, which applied the same review method (HINCHCLIFF et al., 2012). In addition, critical knowledge-gaps were identified.

METHODS

This study involved a hybrid methodological approach combining a multi-method strategy for research, selection of articles, along with content analysis. In order to allow evaluating the evolution of accreditation studies, a similar research, used in other pertinent reviews, was applied (GREENFIELD; BRAITHWAITE, 2008; HINCHCLIFF et al., 2012). The search aimed to identify studies examining either the processes or the impacts of accreditation programs.

Search

The search was carried out between July and September 2015. The first search strategy was an electronic database research, followed by search in the ISQua (The International Society for Quality in Health Care) website.

For obtaining the initial sample, the databases Medline, CINAHL, Web of Science and Scopus were searched with no restrictions regarding academic disciplines, journals or publication dates. 'Accreditation', Joint Commission" or "JCAHO" were the keywords used. Each keyword was searched separately within each database. Only peer-reviewed papers were considered. The initial search resulted in the identification of 89,286 articles. In addition, 15 studies were identified on the ISQua websites. A total of 89,301 publications met the initial search criteria (Figure 1). Among the results, a further filter was applied by searching for references associated with 'research' (e.g., 'accreditation AND research'). This filter reduced the sample to 11,636 articles, with no duplicates and filtered by publication date (from 2012 to 2015) resulted in 1,833.

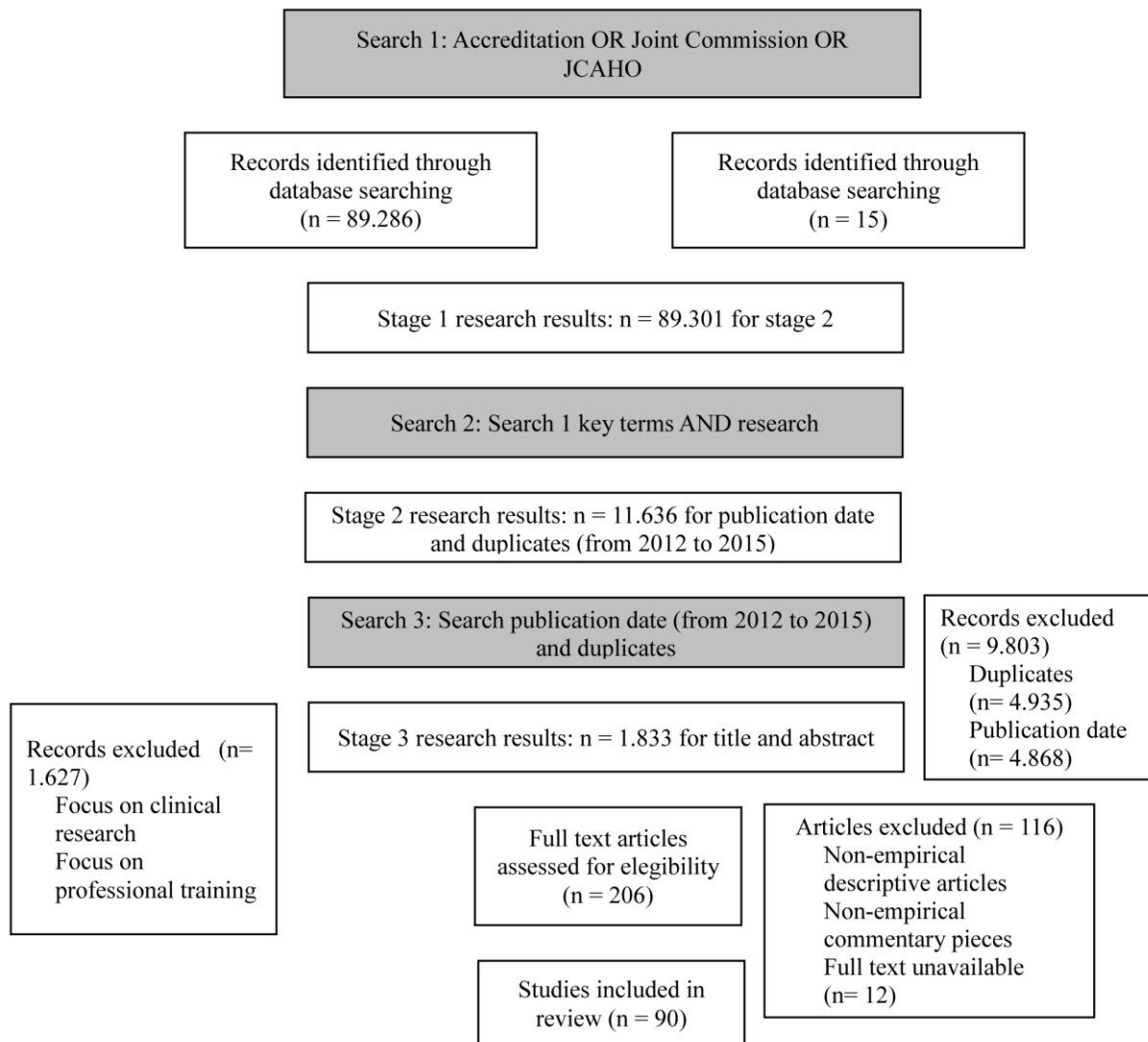


Figure 1. Flowchart of search strategy and relevance screening
Search: Prepared by the authors

Selection criteria

The authors reviewed titles and abstracts according to the inclusion and exclusion criteria independently. When the author considered necessary, the full article was reviewed. Under the inclusion criteria, references had to focus on one or more aspects of health service accreditation programs or processes. Additional inclusion criteria were empirical research, English language and full text availability. The exclusion criteria were research concerning professional development or medical credentialing programs, non-systematic literature reviews and commentaries; yielding 90 publications.

Level of evidence

An adapted codification scheme was used to classify the papers according to the methodological approach that was used (HINCHCLIFF et al., 2012). At first, the articles were classified in two group according to study design: intervention or observational. After that, it was analyzed the methodology applied. In the prior study (HINCHCLIFF et al., 2012), the authors concluded that literature published until the early months of 2012 was limited in terms of the level of evidence.

Content analysis

In order to organize the articles, each paper included in the sample was registered individually using the Mendeley software (version 1.14). For content analysis, papers were classified into nine thematic categories. Eight categories were suggested in a previous literature review (HINCHCLIFF et al., 2012): (1) organizational impacts; (2) relationship to quality measures; (3) change mechanisms; (4) program assessments; (5) financial impacts; (6) professionals' attitudes regarding accreditation; (7) consumer views or patient satisfaction; (8) survey and surveyor issues. A new thematic category, concerning the accreditation program evolution, was identified after the articles analysis, which was originally classified in the 'program assessments'. This new category was named 'sustainability program'. In addition, more than one category was often examined within a single publication. As in prior studies (GREENFIELD; BRAITHWAITE, 2008; HINCHCLIFF et al., 2012), the content analysis was used to provide an overall picture of the main topics of investigation within the accreditation literature, including critical knowledge-gaps.

RESULTS

The total number of articles eligible for analysis was 90. These articles were published in 52 journals and are by 381 authors. Based on the ISI Web of Science proposed areas, 'health care sciences service' and 'public environmental occupational health' were the main research areas identified.

The classification of papers according to the level of evidence was concluded after the base selected. Evidences show that the majority of the studies (around 85%) applied observational study design as research methods, supporting the notion that issues relating to 'accreditation' are still being explored and consolidated. Most of the papers that were analyzed applied cross-sectional or case study as study design (n=45). There was little evidence in the literature about quantitative research that study accreditation programs. There were only one randomized controlled trial study, which is considered the 'gold standard' study design for producing reliable evidence (NOUWENS et al., 2014).

Evolution of publications over time

Even though the first article identified was published in 1983 (HINCHCLIFF et al., 2012), there was an increase in publications from 1998 onwards, as shown in Figure 2. After 1998, accreditation studies have increased, mainly in the last two years (from 2013 to 2014). The articles were published in several sources led by the *International Journal for Quality in Health Care* (n=28), followed by the *Journal of Public Health Management & Practice* (n=15). For the group 'others', no more than five articles were identified in the same source.

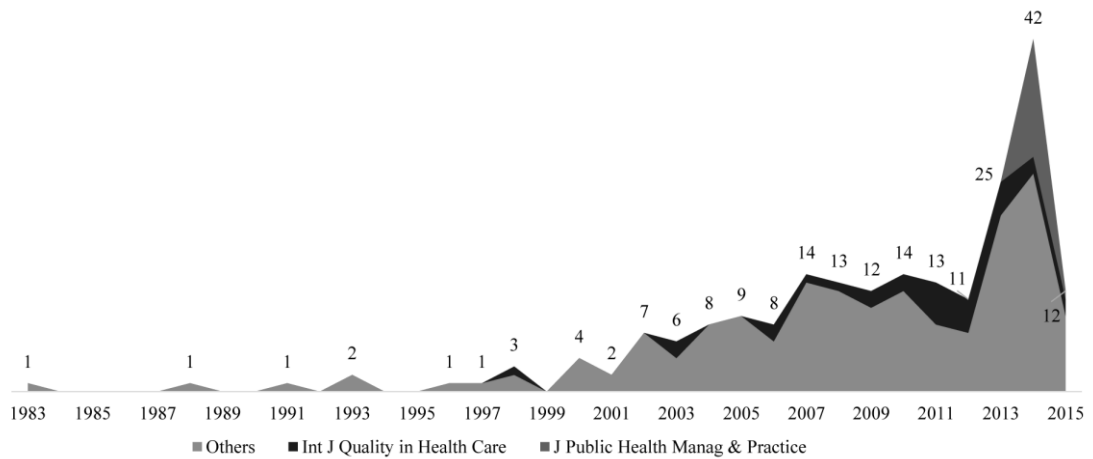


Figure 2. Number of publications per journal and per year.

Search: Prepared by the authors

Note: One article from 2012 (GREENFIELD et al., 2012a) was in both databases; therefore, it was counted only once

The majority of the articles from the *Journal of Public Health Management & Practice* were published in 2014 (14 out of 15 articles). These articles (EMER et al., 2014; HAGOS et al., 2014; THIELEN et al., 2014b; VERMA; MORAN, 2014; WALKER, 2014; WETTA et al., 2014; HOTCHKISS, 2014; LAFRANCE, 2014; MARONE et al., 2014; MARSHALL, 2014; MARSHALL et al., 2014; MONTEIRO et al., 2014; RICCARDO; PARENT; DESALVO, 2014; THIELEN et al., 2014a) were from issue number 20, since the theme of its January 2014 20th anniversary issue was “Transforming Public Health Practice Through Accreditation”.(NOVICK, 2014) Additionally, it is worth highlighting, despite being a special issue, the total number of publications concerning accreditation was close to its highest in 2014.

Countries of the research

According to a prior study (HINCHCLIFF et al., 2012), a large proportion of articles regarding ‘accreditation’ studies were conducted in the USA and Australia before 2012. Even though the USA and Australia still led the number of studies, in recent years there was a decrease in researches developed in the USA and an increase of studies in ‘other countries’, suggesting that ‘accreditation’ has become more international (Figure 3). The group ‘others’ is constituted by several countries, led by Netherland, Lebanon, Brazil and Taiwan.

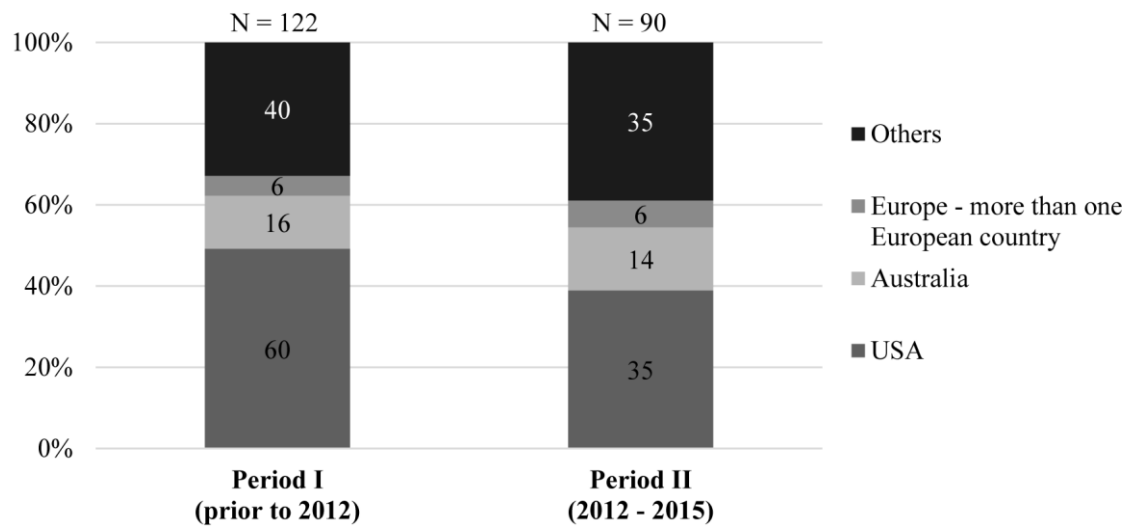


Figure 3. Number of articles per country of research.
 Search: Prepared by the authors

Co-authorship patterns

In addition, the co-authorship among the published papers were analyzed to understand the collaboration patterns among authors. The percentage of articles with less than three authors decreased from 41.8% in Period I to 35.6% in Period II, which means an increase in the number of articles written by collaborating authors; therefore, more collaborations have taken place in the field of accreditation research in recent years.

Taking the countries of the authors' affiliations into consideration, the number of articles by co-authors from different countries has increased over time. In Period I, only one article was written by co-authors representing more than four countries, which was an article developed by authors from 8 European countries (GRATWOHL et al., 2011). On the other hand, in Period II, more articles were written in close collaboration, including authors from different countries and world regions, such as Shaw et al. (2013), involving four countries from Oceania, North America, Europe and Africa. Additionally, in Period II, there were three articles from South America (which do not appear in Period I), by Brazilian researchers (one was written in partnership with a researcher from Canada). As can be seen in Figure 4, there is an increasing trend of international collaboration among authors.

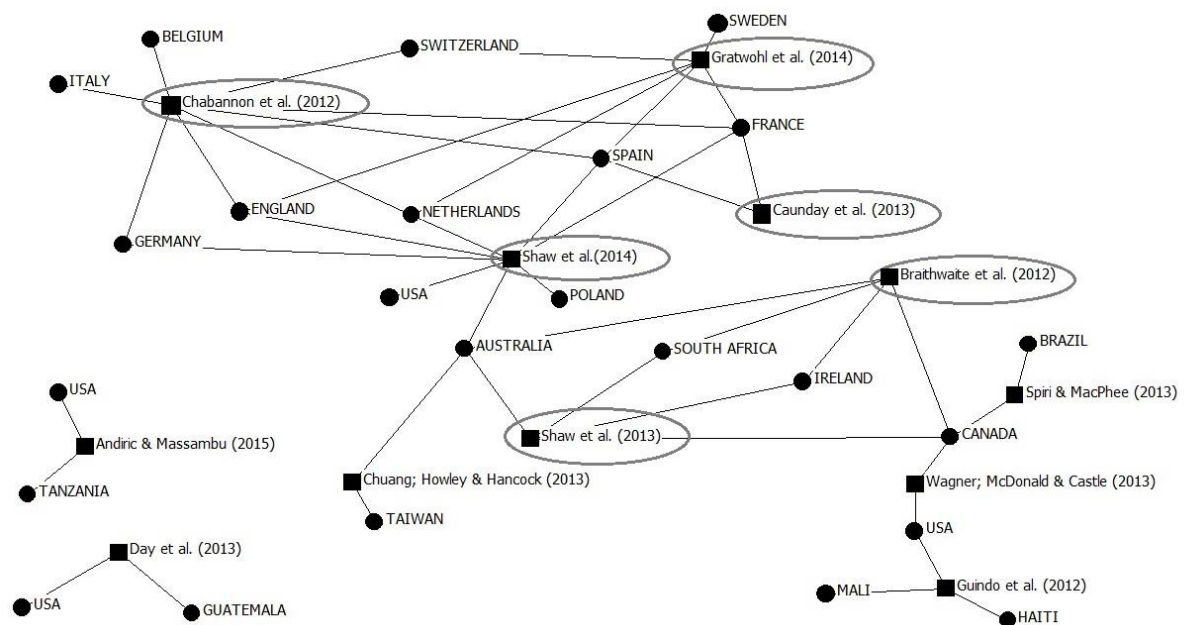


Figure 4. International collaboration network in Period II (2012-2015), considering countries of the authors' affiliations. The network was created with the Ucinet software using data imported by the Sitkis software. The circles represent the countries and the squares represent the articles. The main articles developed in collaboration between different countries were highlighted.

Search: Prepared by the authors

Thematic categories

All the 90 studies were categorized under nine topics as follows.

Relationship to quality measures

The relationship between accreditation program and quality measures were examined in 21 articles (WAGNER; MCDONALD; CASTLE, 2012a; CHABANNON et al., 2012; WAGNER; MCDONALD; CASTLE, 2013; BRODRIBB; KRUSKE; MILLER, 2013; PEACOCK et al., 2013; PRONOVOST et al., 2013; RAJAMANI et al., 2013; KWON et al., 2013; NOUWENS et al., 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; SONG; LI; ZHOU, 2014; TOWERS; CLARK, 2014; VAN DOORN – KLOMBERG et al., 2014; GRATWOHL et al., 2014; MERKOW et al., 2014; MORTON; GARG; NGUYEN, 2014; MUMFORD et al., 2014; BOGH et al., 2015; TELEM et al., 2015; FALSTIE-JENSEN et al., 2015; LIU et al., 2015). Following prior research, two key subthemes were explored in these studies, including indicators of organizational performance rates, along with patient or healthcare consumer outcomes. Twelve studies compared accredited and non-accredited health services or health service units (CHABANNON et al., 2012; BRODRIBB; KRUSKE; MILLER, 2013; WAGNER; MCDONALD; CASTLE, 2013; RAJAMANI et al., 2013; TOWERS; CLARK, 2014; MERKOW et al., 2014; MORTON; GARG; NGUYEN, 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; BOGH et al., 2015; FALSTIE-JENSEN et al., 2015; LIU et al., 2015; TELEM et al., 2015).

Moreover, 10 studies presented positive findings between accreditation and organizational performance levels (WAGNER; MCDONALD; CASTLE, 2012a, 2013; KWON et al., 2013; PEACOCK et al., 2013; PRONOVOST et al., 2013; MERKOW et al., 2014; MORTON; GARG; NGUYEN, 2014; NOUWENS et al., 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; LIU et al., 2015); however, two of them identified no

associations with patient outcomes (MERKOW et al., 2014; NOUWENS et al., 2014). A research developed in the United States, accredited cancer centers performed better in most process and patient experience measures, but showed worse performance in most outcome measures (MERKOW et al., 2014). Similarly, the focus of improvement plans on cardiovascular risk management (CVRM) in practice accreditation programs led to some improvements in CVRM, but not in primary outcomes (NOUWENS et al., 2014). One example of positive findings is Radiotherapy for oesophageal patients in medical centers (accredited) incurs significantly lower medical expenses, mortality and risk of death than in non-medical centers (non-accredited) (LIU et al., 2015). Negative or neutral findings were also identified in three studies (RAJAMANI et al., 2013; VAN DOORN – KLOMBERG et al., 2014; BOGH et al., 2015), for example, the participation in accreditation was not associated with greater improvement in performance measures for acute stroke, heart failure or ulcer (BOGH et al., 2015).

Nine studies examined patient outcomes (CHABANNON et al., 2012; BRODRIBB; KRUSKE; MILLER, 2013; GRATWOHL et al., 2014; MERKOW et al., 2014; NOUWENS et al., 2014; SONG; LI; ZHOU, 2014; TOWERS; CLARK, 2014; FALSTIE-JENSEN et al., 2015; TELEM et al., 2015), out of which six revealed positive associations between accreditation and patient outcome measures. For example, bariatric hospital accreditation improved patient outcomes as compared to unaccredited hospitals and within the same hospital compared to pre-accreditation (TELEM et al., 2015). Other studies produced inconsistent results or identified no associations (BRODRIBB; KRUSKE; MILLER, 2013; MERKOW et al., 2014; NOUWENS et al., 2014). For example, the Baby-Friendly Hospital Initiative (BFHI) accreditation per se does not improve breastfeeding rates at 1 and 4 months when breastfeeding-initiation rates are high; both accredited and non-accredited hospitals have infant-friendly practices (BRODRIBB; KRUSKE; MILLER, 2013).

Program assessments

Overall, 21 studies examined the impact of accreditation programs (WAGNER; MCDONALD; CASTLE, 2012a, 2012b; CHABANNON et al., 2012; GUINDO et al., 2012; O'BEIRNE et al., 2013; RAJAMANI et al., 2013; BRODRIBB; KRUSKE; MILLER, 2013; KWON et al., 2013; ABOU ELNOUR et al., 2014; AGHEORGHIESEI et al., 2014; MERKOW et al., 2014; MORTON; GARG; NGUYEN, 2014; NOUWENS et al., 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; VAN DOORN – KLOMBERG et al., 2014; ALONAZI; THOMAS, 2014; GRATWOHL et al., 2014; KELTON; TALAN; BLOOM, 2014; SISAY et al., 2015; TELEM et al., 2015; LAYMON et al., 2015). Positive, negative and neutral impacts were identified. There were 10 studies identifying positive impacts (CHABANNON et al., 2012; GUINDO et al., 2012; WAGNER; MCDONALD; CASTLE, 2012b; ABOU ELNOUR et al., 2014; AGHEORGHIESEI et al., 2014; GRATWOHL et al., 2014; MORTON; GARG; NGUYEN, 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; SISAY et al., 2015; TELEM et al., 2015). For example, a significant 14% increase in overall survival was observed for patients with chronic leukemia who received an allogenic HSCT (hematopoietic stem cell transplantation) in an accredited program, as compared with those treated in a non-accredited program (CHABANNON et al., 2012). Similarly, accredited centers are associated with the decreased incidence of complications, mortality, and failure to rescue, suggesting that accredited centers are safer than unaccredited ones for performing a bariatric surgery.(MORTON; GARG; NGUYEN, 2014) Conversely, the findings in some studies imply that further research is required to examine the possible impact of accreditation on health care (O'BEIRNE et al., 2013; ALONAZI; THOMAS, 2014).

Five studies identified positive results in accreditation assessment; however, each mentioned several concerns about the results, which included that accreditation does not continue to improve over time (WAGNER; MCDONALD; CASTLE, 2012a; KWON et al., 2013) and does not impact outcome measures (RAJAMANI et al., 2013; MERKOW et al., 2014; NOUWENS et al., 2014).

Change mechanisms

Overall, 23 studies explored how the activity of preparing and undergoing accreditation promotes change in health organizations (MCHUGH et al., 2013; CAUNDAY et al., 2013; CHUANG; HOWLEY; HANCOCK, 2013; DAY et al., 2013; DERIU et al., 2013; HOTCHKISS, 2014; LAFRANCE, 2014; MARONE et al., 2014; MARSHALL et al., 2014; MONTEIRO et al., 2014; RICCARDO; PARENT; DESALVO, 2014; THIELEN et al., 2014a, 2014b; VERMA; MORAN, 2014; WALKER, 2014; WETTA et al., 2014; DAVIS et al., 2014; EL-JARDALI et al., 2014; EMER et al., 2014; HAGOS et al., 2014; ANDIRIC; MASSAMBU, 2015; CARMAN; TIMSINA, 2015; LAYMON et al., 2015). Several change mechanisms were identified. First, 8 studies highlighted the need to work in collaboration internal and externally. Internally, there is a need to break down some functional silos (DAY et al., 2013; DERIU et al., 2013; EMER et al., 2014; LAFRANCE, 2014; MARONE et al., 2014; MARSHALL et al., 2014; WALKER, 2014; LAYMON et al., 2015). Secondly, 6 studies explored staff engagement in quality improvement.(DAVIS et al., 2014; HOTCHKISS, 2014; LAFRANCE, 2014; MARONE et al., 2014; WALKER, 2014; CARMAN; TIMSINA, 2015) Third, the introduction and use of indicators (CAUNDAY et al., 2013; CHUANG; HOWLEY; HANCOCK, 2013; DERIU et al., 2013; HAGOS et al., 2014). Finally, the other mechanisms identified were: training approach (DERIU et al., 2013; WETTA et al., 2014; ANDIRIC; MASSAMBU, 2015) and leadership support (MARONE et al., 2014; WETTA et al., 2014).

Organizational impacts

The impact of accreditation programs on health service organizations and units were examined in 27 studies (WAGNER; MCDONALD; CASTLE, 2012b; CHUNG; YU, 2012; GUINDO et al., 2012; ABDALLAH et al., 2013; PRONOVOST et al., 2013; SALEH et al., 2013; DAY et al., 2013; ABOU ELNOUR et al., 2014; LEE, 2014; MARONE et al., 2014; MARSHALL, 2014; MBAH et al., 2014; MOHAMMADI; MATIN; RIAHI, 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; SAGHATCHIAN et al., 2014; SHAW et al., 2014; SONG; LI; ZHOU, 2014; VERMA; MORAN, 2014; YILDIZ; KAYA, 2014; CARMAN; TIMSINA; SCUTCHFIELD, 2014; EL-JARDALI et al., 2014; GREENFIELD et al., 2014c; NOUWENS; VAN LIESHOUT; WENSING, 2015; RAJAN et al., 2015; ANDIRIC; MASSAMBU, 2015; SISAY et al., 2015; CHEN et al., 2015), including continuous quality improvement, the quality of care and safety of organizational cultures, compliance with external programs guidelines, standardization of care processes, and performance management systems. As observed in a research results, most responding hospitals considered accreditation as a worthy investment due to its effect on enhanced quality and safety culture (SALEH et al., 2013). In another study, accreditation was actually considered the starting step in the process to reach excellence in hospitals (ABDALLAH et al., 2013).

Professionals' attitudes toward accreditation

Nine studies analyzed the views of healthcare professionals concerning the processes, impacts and values of accreditation programs (MANZO et al., 2012; MANZO; BRITTO; CORRÊA, 2012; WAGNER; MCDONALD; CASTLE, 2012b; SPIRI; MACPHEE, 2013;

EL-JARDALI et al., 2014; HO et al., 2014; YILDIZ; KAYA, 2014; NOUWENS; VAN LIESHOUT; WENSING, 2015; RAJAN et al., 2015). On the one hand, in all the studies, health professionals perceived positive effects of accreditation programs on the quality of care. On the other hand, three revealed unintended impacts on health professionals, including an increased workload (MANZO et al., 2012; MANZO; BRITTO; CORRÊA, 2012; HO et al., 2014). Two studies were performed for analyzing the implications of hospital accreditation on the daily lives of healthcare workers at a hospital, which revealed negative aspects such as stress, work overload and little professional valorization (MANZO et al., 2012; MANZO; BRITTO; CORRÊA, 2012). Similarly, although the accreditation was perceived to have positive effects, in one study, the professionals' perception was that patient care was not directly influenced by the accreditation program (NOUWENS; VAN LIESHOUT; WENSING, 2015). This result is in line with prior literature review (HINCHCLIFF et al., 2012) since there are contrasting messages. It suggests the need for additional research to examine the viewpoint of health professionals on accreditation.

Financial impacts of accreditation

Fourteen studies addressed some issues concerning the financial aspects of accreditation (AMMAR et al., 2013; SALEH et al., 2013; KWON et al., 2013; MCHUGH et al., 2013; DAVIS; BEVC; SCHENCK, 2014; SONG; LI; ZHOU, 2014; WETTA et al., 2014; EL-JARDALI et al., 2014; EMER et al., 2014; LEE, 2014; MERKOW et al., 2014; MONTEIRO et al., 2014; NOUWENS; VAN LIESHOUT; WENSING, 2015; LIU et al., 2015). Key topics are related to implementation cost and expenditure after accreditation. On the one hand, accreditation could be an opportunity to increase funding (LEE, 2014) generating a positive impact on expenditures reduction (MERKOW et al., 2014; SONG; LI; ZHOU, 2014; LIU et al., 2015). For example, the one-year intervention program for outpatient antibacterial use during the journey to the JCI accreditation reduced the expenditure on antibacterial (SONG; LI; ZHOU, 2014). On the other hand, four studies explored that the pursuit of accreditation requires significant time and resources; therefore, it should be considered in the decision of implementing an accreditation program for a specific health service or from the perspective of a national healthcare system (SALEH et al., 2013; EMER et al., 2014; WETTA et al., 2014; NOUWENS; VAN LIESHOUT; WENSING, 2015). Challenges encountered to improve implementation of accreditation included limited financial resources, poor infrastructure, and staff shortages.(EL-JARDALI et al., 2014) Flexible funding arrangements may be an effective way to increase healthcare departments' accreditation readiness (MONTEIRO et al., 2014).

Two new topics related to financial issues were identified: hospital reimbursement based on accreditation level (AMMAR et al., 2013; MCHUGH et al., 2013); and the influence of contextual factors (such as funding cuts) on the preparedness capacities in an accreditation program (DAVIS; BEVC; SCHENCK, 2014).

Consumer views or patient satisfaction

Only seven studies considered the relationship between accreditation and consumer views or patient satisfaction (KOWALSKI et al., 2012; GREENFIELD et al., 2013a; HSIAO; CHENG, 2013; MERKOW et al., 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; YILDIZ; KAYA, 2014; HANDAYANI et al., 2015). Although the number of articles is still relatively low, the result suggests a tendency of change. As opposed to the prior review (HINCHCLIFF et al., 2012), the literature indicates that accreditation has a positive impact on consumers' views or patient satisfaction (MERKOW et al., 2014; PARTHASARATHY; SUBRAMANIAN; QUAN, 2014; YILDIZ; KAYA, 2014). For example, in a case of patients with obstructive sleep apnea, the accreditation-certification status of sleep centers and

physicians was associated with better PAP (positive airway pressure) adherence, better patient education, greater patient satisfaction, and greater timeliness (PARTHASARATHY; SUBRAMANIAN; QUAN, 2014).

The survey results applied to Breast Cancer Centers showed that accreditation played a key role when selecting a clinic (KOWALSKI et al., 2012). Additionally, in a research developed in Taiwan, the results revealed that the choice of hospital (accreditation level) is associated with the patients' education (HSIAO; CHENG, 2013).

A study investigated the practices associated with the public disclosure of healthcare accreditation information, in addition to multi-stakeholder perceptions of key challenges and opportunities for improvement (GREENFIELD et al., 2013a). Four interrelated issues were identified: accreditation information should be publicly disclosed; the need to inform the community about accreditation information and the practical question of the detail to be provided for accreditation; the impacts, both positive and negative, of disclosing accreditation information were raised; and the lack of knowledge about the impact on consumers was discussed.

Survey and surveying issues

Nine studies discussed the survey and surveying issues (BRAITHWAITE et al., 2012; GREENFIELD et al., 2012a, 2012b, 2013b, 2015; AGHEORGHIESEI; ILIESCU; GAVRILOVICI, 2013; CHUANG; HOWLEY; HANCOCK, 2013; AGHEORGHIESEI et al., 2014; TOWERS; CLARK, 2014), by assessing the function and reliability of accreditation surveys and surveyors. The results suggest that recent researches have focused more on surveying issues. Key findings regarding surveying includes: ethical audit within the accreditation process (AGHEORGHIESEI; ILIESCU; GAVRILOVICI, 2013; AGHEORGHIESEI et al., 2014); the use of clinical indicator reports to support the surveyor (CHUANG; HOWLEY; HANCOCK, 2013); patient journey survey and short notice survey methodologies as a complement, but not as a substitute, for existing accreditation methods (GREENFIELD et al., 2012a, 2012b); and unannounced site visits appear to have little effect on the cyclical patterns of patient outcomes (TOWERS; CLARK, 2014).

Among other issues, different surveying expectations and experiences were considered as a significant issue by the stakeholders regarding the evolution of health service accreditation programs (GREENFIELD et al., 2015). Moreover, key findings concerning surveyor issues include: certification processes for trainee surveyors was appointed as a specialized divergence feature between LMICs (low- and middle-income countries) and HICs (higher-income countries) (BRAITHWAITE et al., 2012).

A research, developed to investigate the reliability of a survey on hospital staff judgment in a large Australian teaching hospital, was inconclusive (GREENFIELD et al., 2013b). The result was compromised by events beyond the study settings, interactions of surveyors, organizational influences on the surveyor and relationships between researcher and participants.

Program sustainability

The idea of creating a new thematic category has emerged from this research seeing that some articles mainly discuss both the development and the sustainability of accreditation programs. Overall, 10 studies examined the evolution of accreditation programs (BRAITHWAITE et al., 2012; HINCHCLIFF et al., 2013; SAX; MARX, 2013; SHAW et al., 2013; TABRIZI; GHARIBI; PIRAHARY, 2013; WOODHEAD, 2013; GREENFIELD et al., 2014a, 2014b, 2015; HANDAYANI et al., 2015). Most of them highlighted stakeholders' concerns, such as the government, agencies and the community; besides the collaborative process.

A research conducted in Pakistan to identify perceived factors influencing the adaptation of international healthcare accreditation within a developing country context concluded that there is no 'one size fits all' approach for introducing healthcare accreditation as a means to improve healthcare quality. Therefore, those planning to support healthcare accreditation need to understand how the components of healthcare accreditation fit the local health system and the broader political and social environments (SAX; MARX, 2013).

As indicated by the comparison of health service accreditation programs in low and middle-income countries to those in higher income countries, the accreditation program sustainability, irrespective of country characteristics, is influenced by several factors. The factors identified were ongoing policy support by the government, a large enough healthcare market, stable program funding, diverse incentives to encourage participation in accreditation by HCO as well as the continual refinement and improvement in accreditation agency operations along with program delivery (BRAITHWAITE et al., 2012).

In addition, a research studied the growth in international accreditation and its relationship to medical tourism markets. The results indicate increasing healthcare-globalization, perhaps also signaling towards maturing developing world health markets (WOODHEAD, 2013).

DISCUSSION AND CONCLUSION

The search identified 90 empirical studies examining either the processes or the impacts of accreditation programs. An increase in the number of publications was observed in the last years. The majority of studies were from the USA, Australia and Europe, although an increasing trend of international collaboration among researches is indicated.

Concerning the term collaboration, it was mentioned in three dimensions. First, related to the relationship between the different stakeholders in the countries, such as governments, accreditation agencies, community and HCO. Second, collaboration is important to implement an accreditation program in a HCO; therefore, it discusses the relationship between staff, managers, agencies, supplier and others. A need for decomposing some functional silos was also mentioned. Third, the collaboration between researchers from different countries showed international collaboration.

In the context of international collaboration, more studies related to development and sustainability of health service programs were observed. This theme seems to stand out as an important topic and a trend for future research; for this reason, a new thematic category named 'program sustainability' was proposed.

The number of studies indicating positive effects of accreditation are observed to be higher than in prior reviews. The accreditation level began to influence the patient when choosing a HCO. However, the financial impact, survey issues and the view of healthcare professionals are less clear, suggesting additional research is needed. Regarding financial issues, new topics concerning hospital reimbursement, based on accreditation level, acknowledging that linking reimbursement to accreditation has contributed to better hospital adherence to the accreditation process.

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