Original Research Article

"A Study To Assess The Effect Of Accreditation On Nurses Awareness Regarding Co-Workers Support Amongst Nurses Working In Selected NABH Accredited And Non NABH Accredited Hospitals Of Indore City."

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ABSTRACT
Objectives:
1 To assess the effect of accreditation among nurses working in NABH accredited hospital and non NABH accredited hospitals.
2 To compare the effect of accreditation on nurses awareness regarding coworkersin selected NABH accredited and non NABH accredited hospital.
3 To find out association effect of accreditation on nurses awareness regarding coworkers with selected demographic variables.
Background Of The Study
NABH is a process in which hospital accreditation is done but whole process is very time consuming and tidies' to adopted and achieve the highest standards of healthcare it is essential to practice it forever. This process requires continuous hard work and full determination of health care workers. Manpower is the most important and the most valuable asset of any organization and success or failure of every organization strongly depends on the performance of its people. Nurses are back bone of any hospital care provided to patients creates a good or bad reputation about the hospitals, nurses awareness about co-workers cooperation and understanding may bring positive and supportive feelings towards organization which can be influential for nursing services. Awareness about fellow workers make the person comfortable at workplace and this sense may boost the belongingness towardsaorganization.
Materials and methods
A quantitative research approach and descriptive research design is used in this studySettings of the study was NABH accredited and non NABH accredited hospitals , data is collected through self reporting check list which has cover 10 points about nurses awareness regarding co-workers. Result: Statistical analysis of the data revealed that, according to independent t-test there was highly

significant effects on awarenessabout co workersamong nurses working in NABHaccredited hospitals groups rather than non NABH grpoup.

Conclusions: There is consistent evidence that shows that accreditation programs improve the process of care and sense of team work among nurses.

Keywords:NABH – Accreditation constituent board of Quality Council of India.
Non NABH– hospitals which are not accredited by quality council of India.
Co-workers – People who allworkers together with common goal.

Aims:
The aim of this study is to find out the effect of accreditation on nurses awareness in relation to coworkers support.

Objectives:
1 To assess the effect of accreditation on nurses awareness regarding co-workers support among nurses working in NABH accredited hospital and non NABH accredited hospitals.
2 To compare the effect of accreditation on nurses awareness regarding coworkers support in selected NABH accredited and non NABH accredited hospital.
3 To find out association of effect of accreditation on nurses awareness regarding coworkers support with selected demographic variables.

BACKGROUND OF THE STUDY
Support of co workers at workplace received from any hospital or agency gives great happiness and reasons to feel secure and happy, and provide better care to health care seekers and they becomes the brand embossers of quality aspects. Impression which a nurse or employ carries with him/her to home spontaneously becomes a milestone of a successful health care industry .In this study researcher is trying to check the effects of accreditation on nurses awarenessinterms of co-workers supportreceiving during their duty time , this support might have contributed a lot in the performance level of nursesevery time, in two diverse workplaces NABH and non NABH accredited hospitals.

Several researches have been done in this regards but researcher felt need to do the similar study in this aspect of nurses perception. NABH accredited hospitals are committed to follow the standard parameters and norms of care which is somewhere lacking in the non NABH accredited hospitals. Many studies have been done to compare many other parameters, here researcher felt need to compare it with the co-workers supportchosen in the study

LITERATURREVIEW
Sodeify R, Habibpour Z. (2020) conducted a study on "Nurses' perceptions of co-worker support in the workplace" This study is a qualitative research in which Fourteen staff nurses who were working in hospitals affiliated to the Khoy University of Medical Sciences, Iran were selected based on purposeful sampling and interviewed using un-structured in-depth interviews. All interviews were recorded, transcribed, and analyzed using conventional content analysis approach through constant comparative method. Results: Data analysis revealed four major themes with 11 sub themes. The four major themes include 'emotional support', 'effective working relationship and collaboration', 'suitable social relationships', and 'guidance and teaching'. Conclusion: The results showed that, nurses had a positive perception of their colleagues' support in the workplace. Co-worker Support is a multidimensional phenomenon and is influenced by various factors. Perceiving support from the colleague and having a sense of support can promote the quality of care and

increase dealing with stressful situations in nursing. Therefore, communication and flexibility skills should be taught to both staff and managers in this regard.

Khoa T. Tran et al (2018) has conducted a study on "The Impacts of the High-Quality Workplace Relationships on Job Performance: A Perspective on Staff nurses in Vietnam"
The aim ofthis study was to investigate the effects of healthy workplace relationships on employees' working behaviors, which in turn affect their performance. In doing so, an integrated model was developed to examine the primary performance drivers of nurses in Vietnamese hospitals and focus on the effects of high-quality workplace relationships on the working attitudes of the staff. This study analyzed a questionnaire survey of 303 hospital nurses using a structural equation modeling approach. The findings demonstrated the positive effects of high-quality workplace relationships on working manners including higher commitment, lower level of reported job stress, and increased perception of social impact. Notably, the results also demonstrated that relationships between leaders and their staff nurses make a significant contribution to the quality of workplace relationship and nurses' performance. In addition, the social impact was illustrated to positively moderate the association between healthy workplace interactions and job stress; however, it had no significant effect on job commitment. Unfortunately, job commitment was surprisingly found to not be related to performance ratings. This paper provides some suggestions for the divergence of performance drivers in the hospital context in Vietnam.

Basil H. Amarneh et all (2009) "Co-workers' support and job performance among nurses in Jordanian hospitals" (2009)The purpose of this study was to investigate the effect of social support from co-workers on job performance among Jordanian hospital nurses. A correlation descriptive survey was used to investigate this relationship among a convenience sample of 365 Jordanian hospital nurses. Data were collected using a structured questionnaire, which included the Schwerin Six Dimension Scale of Nursing Performance, the McCain and Marklin Social Integration Scale, and the demographic form. Perceived social support from co-workers enhanced the level of reported job performance (r ¼ 0.40; p < 0.001). The analysis also showed that demographic variables and co-workers support explained 20% of the variation in job performance. Results indicated the positive effect of co-workers support on job performance.

METHODOLOGY
Research design: Quantitative Descriptive research design is used. Study area**:** Indore city Study period: time duration was be 6 months. sample size: 300 nurses have been selected by using non provability purposive sampling technique. Variables: research variable have been measured in their natural settings and their association with Socio-demographic variables were analyzed. Statistical analysis: the collected data will be analyzed by using suitable statistical test like t-test, chi square, Enova test and other non parametric tests to find the statistical significance to the related data. Settings of the study NABH accredited and non NABH accredited hospitals of Indore city. Source of data: nurses working inselected NABH and non NABH accredited hospitals of Indore city. Method of data collection: The data is collected through self reporting check list. Sample: nurses working in NABH and non NABH accredited hospitals of Indore city. Inclusion Criteria: nurses working in NABH and non NABH accredited hospitals, nurses who are willing to participate in the studyExclusion criteria: nurses who are not willing to participate in the study were not included.

TECHNIQUES:
Data in the present study was collected with the help of 5 point rating scale about opinion of nurses about co-workers support which has cover 10 points aboutnurses awareness regarding co-workers supportin NABH accredited and non NABH accredited hospitals, all the parameters assessed in both

the group and difference have been measure. Association of nurses awareness regarding co-workers support with selected demographic variables have been measured.

Data collection process

Prior to data collection   ethical clearance from the Institution has been done. Permission from the higher authority of hospital and subjects were obtained .The researcher has selected the subjects who meet the inclusion criteria.

RESULT:

Section-1

To assess the effect of accreditation regarding co-workers in selected NABH accredited hospital and NON-NABH accredited hospitals

This section represents the assessment of the effect of accreditation regarding co-workers inselected NABH accredited hospital and NON-NABH accredited hospitals

Table 1: Descriptive statistics of all demographic variables of nurses working in NABH accredited hospital and NON- NABH accredited hospital

Descriptive Statistics									
	N	**Minimum**		**Maximum**		**Mean**		**Std. Deviation**	
Variables		**NABH**	**NON NABH**	**NABH**	**NON NABH**	**NABH**	**NON NABH**	**NABH**	**NON NABH**
Gender	150	1	1	2	2	1.65	1.64	.478	.482
Age	150	1	1	6	6	2.43	2.29	1.444	1.293
Maritalstatus	150	1	1	3	4	1.63	1.69	.561	.590
Serviceyears	150	1	1	4	4	1.75	1.69	.978	.820
department	150	1	1	5	5	1.84	1.95	1.056	1.113
Educationalstatus	150	1	1	3	3	1.49	1.53	.588	.610
Kindofemployment	150	1	1	2	2	1.47	1.50	.501	.502
Workingexperience	150	1	0	30	30	5.42	5.49	5.227	4.531
experience	150	1	1	5	5	1.66	1.69	1.029	.942
Position	150	1	1	4	3	1.43	1.29	.847	.619

The descriptive table displays the sample size,mean, standard deviation, maximum and minimum of all demographic variables of nurses working in NABH accredited hospital and NON- NABH accredited hospital. Among 300 nurses of both groups most of the nurses were female and married.Maximum age group of nurses above 46 years, minimum age group 20-25 and mean age group of nurses is 2.43of NABH group andmean age group of NON-NABH group is 2.29i.e. on average nurses belonging to 26-30years age group. Most of nurses working in ward and CCU department. Large number of nurses have less than 10 years work experience in NABH and NON NABH hospitals. Very less percentage (4-6%) of post graduate nurses in both groups.

Table 2: Descriptive statistics of the assessment of the effect of accreditation regarding co-workers in selected NABHaccredited hospital in Indore city

Particular	N	Minimum	Maximum	Mean	Std. Deviation
Team work	150	1	5	3.65	1.148
Relationship with co-worker	150	1	5	3.69	1.049
Relationship with physician	150	1	5	3.60	1.003
Relationship with supervisors	150	1	5	3.63	1.071
Relationship with head nurse	150	1	5	3.79	1.078
Relationship with manager	150	1	5	3.83	1.013
Relationship with patients	150	1	5	3.79	1.131
Relationship with Director	150	1	5	3.87	1.053
Relationship with others	150	1	5	3.83	1.114

The descriptive table displays the mean, sample size, standard deviation, and maximum and minimum of the assessment of the effect of accreditation regarding co-workers in selected NABH accredited hospital in Indore city. Maximum average scores of factor relationship with Director3.83, minimum average score of factor relationship with physician 3.60 representing in the above table. Subjects clearly gain on average scores over the course of the study. But the standard deviation were more variable on all the variables.

Table 3: Descriptive statistics of the assessment of the effect of accreditation regarding co-workers in selectedNON-NABH accredited hospital in Indore city

Particular	N	Minimum	Maximum	Mean	Std. Deviation
Team work	150	1	5	3.04	1.295
Relationship with co-worker	150	1	5	2.96	1.346
Relationship with physician	150	1	5	3.05	1.252
Relationship with supervisors	150	1	5	2.99	1.428
Relationship with head nurse	150	1	5	3.03	1.226
Relationship with manager	150	1	5	3.13	1.322
Relationship with patients	150	1	5	2.77	1.372
Relationship with Director	150	1	5	3.00	1.210
Relationship with others	150	1	5	2.99	1.405

The descriptive table displays the mean, sample size, standard deviation, and maximum and minimum of the assessment of the effect of accreditation regarding co-workers in selected NON-NABH accredited hospital in Indore city. Maximum average scores of factor Relationship with

manager3.13,minimum average score of factor Relationship with patients 2.77 representing in the above table. Subjects clearly gain on average scores over the course of the study. But the standard deviation were more variable on all the variables.

Table 4: Assessment of the effect of accreditation frequency and percentage scores regarding co-workers in selected NABH accredited hospital and NON-NABH accredited hospitals.

	Co- worker	Very Dissatisfied		Dis Satisfied		Neutral		Satisfied		Very Satisfied	
		NABH	NON NABH	NABH	NON NABH	NABH	NON NABH	NABH	NON NABH	NABH	NON NABH
1	Team work	10(6.7%)	18(12%)	20(13.3%)	41(27.3%)	14(9.3%)	35(23.3%)	75(50%)	29(19.3%)	31(20.7%)	27(18%)
2	Relationship with co-worker	10(6.7%)	27(18%)	10(6.7%)	35(23.3%)	22(14.7%)	27(18%)	82(54.7%)	39(26%)	26(17.3%)	22(14.7%)
3	Relationship with physician	7(4.7%)	17(11.3%)	20(13.3)	42(28%)	15(10.0%)	27(18%)	92(61.3%)	44(29.3%)	27(18.0%)	20(13.3%)
4	Relationship with supervisors	13(8.7%)	33(22%)	8(5.3%)	28(18.7%)	32(21.3%)	23(15.3%)	74(49.3%)	40(26.7%)	21(14.0%)	26(17.3%)
5	Relationship with head nurse	9(6%)	16(10.7%)	12(8%)	40(26.7%)	16(10.7%)	40(26.7%)	78(52%)	32(21.3%)	35(23.3%)	22(14.7%)
6	Relationship with manager	8(5.3%)	23(15.3%)	11(7.3%)	29(19.3%)	10(6.7%)	28(18.7%)	90(60.0%)	46(30.7%)	31(20.7%)	24(16%)
7	Relationship with patients	14(9.3%)	32(21.3%)	6(4%)	43(28.7%)	12(8%)	24(16%)	83(55.3%)	29(19.3%)	35(23.3%)	22(14.7%)
8	Relationship with Director	7(4.7%)	13(8.7%)	14(9.3%)	48(32%)	10(6.7%)	37(24.7%)	80(53.3%)	30(20%)	39(26%)	22(14.7%)
9	Relationship with others	14(9.3%)	31(20.7%)	6(4%)	30(20%)	5(3.3%)	24(16%)	91(60.7%)	40(26.7%)	34(22.7%)	25(16.7%)

Crosstab describes Assessment of the effect of accreditation frequency and percentage scores regarding co-workers in selected NABH accredited hospital and NON-NABH accredited hospitals. The data presented in the above table depicts frequency and percentages according to rating among very dissatisfied, dissatisfied, neutral, satisfied and very satisfied of all demographic variables in nurses working in NABH accredited hospital and NON- NABH accredited hospital. Among 300 nurses, rating scores above 50% are belonging to satisfied category in NABH and between 20-30% in NON- NABH hospitals. In NABH hospitals less than 30% rating scores are lies in very satisfied category where asless than18% nurses of NON-NABH hospitals.All factorsscoresof coworkersrepresenting in the above table.

Section - 2
To compare the effect of accreditation on nurses' awareness regarding Co-workers in selected NABH accredited and NON-NABH accredited hospital.
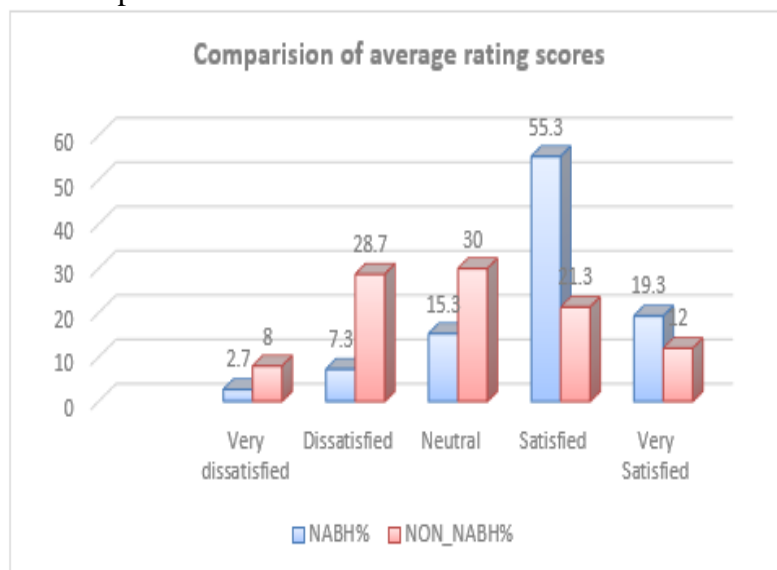This section represents the comparison of the effect of accreditation on nurses awareness regarding coworkers in selected NABH accredited and NON-NABH accredited hospital.
Hypothesis: There is no significant difference between the effect of accreditation on nurses awareness regarding coworkers in selected NABH accredited and NON-NABH accredited hospital.

Table 5: Average comparison rating scoresregarding coworkers in selected NABH accredited and NON-NABH accredited hospital.**.**

Rating Score	NABH	NABH%	NON-NABH	NON_NABH%
Very dissatisfied	4	2.7	12	8.0
Dissatisfied	11	7.3	43	28.7
Neutral	23	15.3	45	30.0
Satisfied	83	55.3	32	21.3
Very Satisfied	29	19.3	18	12.0
Total	150	100.0	150	100.0

Fig.2: Average comparison rating scoresregarding coworkers in selected NABH accredited and NON-NABH accredited hospital.

Table 6: Group statistics table regarding coworkers in selected NABH accredited and NON-NABH accredited hospital.

Group Statistics

	Groups	N	Mean	Std. Deviation	Std. Error Mean
Scores	NABH	150	33.6867	8.33053	.68019
	NON-NABH	150	26.9533	9.87325	.80615

The group statistics table displays the mean, sample size, standard deviationcomparison of the effect of accreditation on nurses awareness regarding coworkers in selected NABH accredited and NON-NABH accredited hospital.Themean and std. deviation of the all factorsscores of co factors(33.68±8.33) of NABH and (26.95±9.87) NON-NABH hospitals over the course of the study. Standard deviation was more variable on all the variables of NON-NABH group.

Table 7: Independent samples testtable regarding coworkers in selected NABH accredited and NON-NABH accredited hospital.

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Scores	Equal variances assumed	12.895	.004	6.384	298	.010	6.73333	1.05476	4.65761	8.80906
	Equal variances not assumed			6.384	289.793	.010	6.73333	1.05476	4.65737	8.80930

The independent sample statistics produces two tests of the difference between the NABH and NON-NABH groups. This test assumes that the variances of the two groups are equal. The Levene's statistics tests this assumption. The significance value of the statistic is.004this values is less than 0.05, we can assume that the groups have not equal variances. A value less than .05 means that the variability of both groups is not same. The independent sample t –test displays a probability from the t distribution with 298 degree of freedom.The Sig. (2-Tailed) value with NABH scores and NON-NABH is 0.010.This values are less than .05. Because of this, we can conclude that there is statistically significant difference the effect of accreditation on nurses awareness regarding coworkersin NABH accredited and NON-NABH accredited hospital. Since our Group Statistics revealed that the Mean (33.68) for the group NABH is greater than the fromNon-NABH. So, The statistically significant difference according to coworkers scores of nurses working in NABH (33.68$\pm$8.33) and NON-NABH (26.95$\pm$9.87)with group conditions; t (298) =6.38, p = 0.010.These results suggest that the effect of accreditation on nurses awareness regarding coworkersof NABH group is more effective rather than NON-NABH.

Section 3
To find out association effect of accreditation on nurses awareness regarding co-workers with selected demographic variables
Hypothesis:There is no association between awareness regarding co-workers with selected demographic variable

Table8 :Association between awareness regarding Co-workerswith selected demographic variables among nurses working in NABH accredited hospital of Indore.

Variables		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Chi-Square value
Age	20-25	0	1	6	33	7	
	26-30	1	3	7	27	10	
	31-35	2	0	5	12	5	32.626(.037)[*]
	36-40	0	2	3	5	2	
	41-45	1	2	2	4	3	
	above 45	0	3	0	2	2	
Gender	Male	1	3	8	28	12	
	Female	3	8	15	55	17	1.039(.904)
Marital status	single	0	2	8	43	8	
	Married	3	8	14	38	20	15.970(.043)[*]
	Divorced	1	1	1	2	1	
Service years	1-5years	2	3	11	52	13	
	6-10years	2	2	8	20	8	17.101(.146)
	11-15years	0	3	1	7	4	
	above 15	0	3	3	4	4	

departme nt	Ward	1	6	12	39	15	
	critical care unit	2	3	9	27	8	
	surgical operatin g room	0	1	0	7	2	6.074(.987)
	Emerge ncy	1	1	2	8	3	
	other specify type	0	0	0	2	1	
Educatio nal status	G.N.M.	2	8	11	48	14	4.044(.853)
	B.Sc.	2	3	10	32	13	
	M.Sc.	0	0	2	3	2	
Employ ment type	Tempor ary	1	6	15	49	8	11.365(.023)[*]
	Perman ent	3	5	8	34	21	
Experien ce	less than 5	2	4	12	56	14	
	5-10	2	3	10	19	9	
	10-15	0	1	1	4	2	17.909(.329)
	15-20	0	1	0	2	1	
	above 20	0	2	0	2	3	
Position	Staff nurse	3	7	14	70	18	
	Head nurse	0	2	3	5	9	
	Assistan t Head Nurse	1	0	4	5	1	25.042(.015)[*]
	Supervi sor	0	2	2	3	1	
	Other	0	0	0	0	0	

We can see here that $\chi^2 = 32.62$ $p = .037$ .This tells us that there is statistically significant association between age and knowledge scores regarding coworkers; we reject the null hypothesis. we conclude that there is enough evidence to suggest an association between age and knowledge scores regarding coworkers among nurses working in NABH accredited hospital.Similarly we can see association with "*" Significant P<0.05 in the above table.No association found in also others variables gender, educational status, position etc.

Table9 : Co-workers rating scores of all demographic variables among nurses working in NON-NABH accredited hospitals of Indore.

Variables		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Chi-Square value
Age	20-25	5	15	10	9	8	
	26-30	7	16	13	12	4	
	31-35	0	8	15	3	3	25.027(.200)
	36-40	0	2	3	3	0	
	41-45	0	1	3	3	3	
	above 46	0	1	1	2	0	
Gender	MALE	6	9	19	14	6	
	FEMALE	6	34	26	18	12	6.905(.141)
Marital status	Single	5	21	13	9	7	
	Married	7	19	28	23	10	12.148(.434)
	Divorced	0	2	4	0	1	
	Widowed	0	1	0	0	0	
Service years	1-5years	6	20	25	16	11	
	6-10years	4	11	16	9	4	10.699(.555)
	11-15years	2	12	3	6	2	
	above 15	0	0	1	1	1	
Department	Ward	4	25	19	19	3	
	critical care unit	3	12	10	9	8	
	surgical operating room	2	3	6	2	1	25.757(.058)
	Emergency	3	3	10	1	6	
	other specify type	0	0	0	1	0	
Educational status	G.N.M.	4	28	22	19	7	10.360(.241)
	B.Sc.	6	13	20	11	11	
	M.Sc.	2	2	3	2	0	
Employment type	Temporary	7	24	22	13	9	2.062(.724)
	Permanen	5	19	23	19	9	

	t						
Experience	less than 5	6	21	25	15	12	
	5-10	6	17	16	10	3	
	10-15	0	3	3	3	2	11.630(.769)
	15-20	0	1	0	2	0	
	above 20	0	1	1	2	1	
Position	Staff nurse	9	40	33	27	10	
	Head nurse	3	2	8	2	3	
	Assistant Head Nurse	0	1	4	3	5	19.361(.013)*
	Supervisor	0	2	2	3	1	
	Other	0	0	0	0	0	

We can see here that $\chi^2 = 25.027$ $p = . 200$ .This tells us that there is not statistically significant association between age and knowledge scores regarding coworkers; we do not reject the null hypothesis. we conclude that there not is enough evidence to suggest an association between age and knowledge scores regarding coworkers among nurses working in nonNABH accredited hospital.SimilarlyNo association found in also others variables except position.

CONCLUSION:

Statistical analysis of the independent t-test there was highly significant difference because the p-values are less than .05. We can conclude that there is statistically significant difference the effect of accreditation on nurses awareness regarding co-workers in NABH accredited and NON-NABH accredited hospital. The study confirmed that the effect of the score regarding co-workers in group NABH is more effective or more satisfied rather than Non-NABH group.And Chi-Square test tells us that there is no statistically significant association between all variables in NON-NABH hospital except position but in NABH most of the variables are associated.

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