

Improving the nursing accreditation process



Sarah Walker Davis DNP, RN^a, Diane Weed PhD, FNP-BC, RN^b,
Jeffery Wade Forehand DNP, RN-BC^{b,*}

^a *Wallace Community College, Selma, AL, USA*

^b *Troy University School of Nursing, Troy, AL, USA*

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Abstract

Accreditation demonstrates that an organization is establishing high quality and it is committed in the achievement of specified standards. This study was conducted to reduce perceived stress and anxiety among nursing faculty and nursing administrative staff related to the accreditation process. Participants were provided an educational intervention in preparation for an accreditation visit. Results revealed anxiety and stress scores were lowered after the intervention.

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Accreditation achievement is a means of ensuring quality education and improvement in higher education. Accreditation is a self-controlled process whereby agencies recognize educational programs that have met defined standards. In the United States, program or institutional accreditation is a decision of choice as compared to other countries where accreditation may be mandatory by law. Programs that are accredited may be held in higher professional regard than those that are not accredited (Britt & Aaron, 2008).

The initial intent of accreditation was to recognize institutions that provided expert educational services (Britt & Aaron, 2008). When the accreditation process began, the evaluators were the programs themselves. Pullen and Mueller (2006) emphasized that prior to 1998, the National League of Nursing served as the only accrediting agency for all of nursing. The American Association of Colleges of Nursing (AACN) formed its own accreditation agency, the Commission on Collegiate Nursing Education (CCNE). This accreditation agency was formed in 1998 (AACN, 2012).

Accreditation indicates that the organization is resolute to high-quality care and it is steadfast in the achievement of specified standards (Guerrero & Alvarado, 2010). Agencies such as Accreditation Commission for Education in Nursing (2013), AACN, and CCNE can assist in meeting benchmark achievement in program outcomes (DeSilets & Dickerson, 2009).

The Council for Higher Education Accreditation (2010) noted that in many states accreditation is a requirement for an institution to be licensed as a provider of higher education. Most of the states require accreditation in order for the institution to receive state financial funding for its students. Numerous nursing programs are seeking accreditation to ensure quality outcomes and due to competition in the hiring of nursing graduates from accredited programs (Tanner, 2009).

Faculty and nursing directors have continually depicted the accreditation process as overwhelming and time consuming. In addition, research findings demonstrate that stress and anxiety have been associated with participation in the nursing accreditation process (Elkins et al., 2010). The purpose of this study was to reduce perceived stress and anxiety among nursing faculty and nursing administrative staff related to the nursing accreditation process. In addition,

* Corresponding author. Tel.: +1 334 670 5864; fax: +1 334 670 3744.
E-mail address: 4hand@troy.edu

the study was to improve the accreditation process and to increase knowledge of accreditation for new faculty.

1. Literature synthesis

An extensive search of the Cumulative Index to Nursing and Allied Health Literature, Education Resources Information Center, Health and Psychosocial Instruments, Proquest Nursing and Allied, and PubMed databases from 2007 to 2013 was performed. The search focused on accreditation of educational, college, and nursing programs. A total of 49 articles were reviewed. Seventeen were considered irrelevant to the study. References were assessed for relevance, and evaluated to identify additional studies. Key terms included *accreditation*, *nursing*, *attitude*, *anxiety*, *education*, *program accreditation*, and *program outcomes*.

Five of the articles explored were nonresearch articles. Therefore, they were excluded from the critical appraisal and review. Relevant articles were those that included evidence about the accreditation process and stress and anxiety related to accreditation.

A systematic review by Alkhenizan and Shaw (2012) examined the attitude of health care professionals related to accreditation. The setting of this study was King Saud bin Abdulaziz University for Health Sciences in collaboration with University of Liverpool, and it included a review of 17 studies from various settings. Participants of the 17 studies were composed of hospital professionals and owners of hospitals. Attitudes were positive when participants viewed accreditation as a process to improve quality. When accreditation was not viewed as cost-effective, staff attitudes were reported as negative (Alkhenizan & Shaw, 2012).

Elkins et al. (2010) explored stress among nursing and administrative staff related to the accreditation process in a randomized study in a large hospital in central Texas. Participants in this study were administrators, managers, and supervisors. The Anxiety Subscale was utilized from the Hospital and Anxiety and Depression Scale. In addition, the Perceived Stress Likert-type scale was utilized. The results of this study report that hospital accreditation significantly affects anxiety, stress, and sleep (Elkins et al., 2010).

A nonrandomized quantitative study was conducted to determine the effects of a Nova Scotia School accreditation program on education and student learning. This study reports the significance of instructor participation in a change process involving evidence-based practice in three secondary schools in Canada. Results indicate that there were some inconsistencies among the schools involved in the study. However, the results do indicate that faculty participation is needed during the process of change involving accreditation (Wood & Meyer, 2011).

The analysis of accreditation outcomes in a descriptive study provides evidence of accreditation in 14 universities and nursing programs in Chile. This descriptive study defined accreditation as a method of exposing program

weaknesses and strengths. The results of this study indicate that some academic divisions are more proficient than others in offering nursing programs. Results indicate that all nursing programs should participate in accreditation due to the large numbers of students that seek enrollment in nursing programs.

2. Method

After institutional review board approval was granted, an initial meeting was held with the program director of the associate degree nursing program in an Alabama community college to discuss the study and potential participants. During the meeting with the program director, it was decided that the study could be discussed at the next scheduled faculty and staff meeting, which provided a convenient opportunity for the study announcement and recruitment of participants. In addition, the staff meeting provided an opportunity to respond to nursing faculty and administrative staff questions and concerns. The meeting also provided an opportunity to obtain contact information for potential recruits.

After the consent forms were signed, each participant was given a packet that contained color- and number-coded preintervention and postintervention perceived stress and anxiety surveys. This included the Perceived Stress Scale 10 (PSS-10) and the State-Trait Anxiety Inventory (STAI) for adults. The packet also contained a demographic questionnaire, a printed copy of the slide presentation, and two addressed business length envelopes (labeled A) for return of the preintervention survey and (labeled B) for return of postintervention survey. Preintervention data collection survey tools were printed on green paper and coded A (for example, A-1, A-2). Survey tools consisted of the PSS-10 and the STAI. The demographic questionnaires were also printed on green paper and number coded. The postintervention data collection survey tools were printed on blue paper and coded B (for example, B-1, B-2). Surveys were coded in this manner to link individual preintervention and postintervention data for comparison. Printed instructions for completing the surveys and questionnaires were also provided in the packet.

At the end of the promotional staff meeting, participants placed the preintervention surveys (PSS-10, STAI, and the demographic questionnaire on green paper) in the plain envelop labeled A, and returned the sealed envelope to the primary researcher. The internet URL Instruction sheet for viewing the accreditation intervention (Session A and Session B) was provided after preintervention data collection was completed for all participants.

2.1. Sample and setting

The convenience sample consisted of full and part-time nursing faculty and nursing administrative staff. The site had eight full-time nursing faculty and nursing administrative staff and 16 part-time nursing faculty members. Ten recruits

agreed to participate in the study. Inclusion criteria included all full- and part-time nursing faculty and nursing administrative staff.

The setting for the study was an associate degree nursing program at a community college in Alabama. The program serves local and surrounding communities and accepts enrollment of approximately 130 associate-degree nursing students yearly. The program began accepting students in 1973 and received its initial accreditation shortly after. The program has maintained its accreditation from its inception. The site was selected because of the upcoming scheduled accreditation reaffirmation visit for the associate degree nursing program. At the time of this study, no other programs or college-wide accreditation visits were planned at the campus. Administrative staff and nursing faculty began to prepare for the accreditation process 2 years prior to the anticipated site visit.

2.2. The intervention

This study was an exploratory one group pre- and postintervention design. The intervention consisted of live video recordings. The recordings, which described the accreditation process, consisted of two sessions (Session A and Session B) lasting approximately 1 hour and 10 minutes combined. Participants viewed Session A and Session B presentations prior to the scheduled accreditation visit. The recorded sessions were accessed through an internet URL, which was established by the Web development staff through the college's electronic learning (E-Learning) site. The link was available for participants to review the intervention repeatedly on or off campus if needed during the study and until the end of the accreditation visit in mid-October. Two weeks was allowed for nursing faculty and nursing administrative staff to complete the postintervention surveys. This timeframe assisted in the attainment of survey data from part-time nursing staff.

2.3. Data collection tools

Data collection involved preintervention and postintervention assessment of the PSS-10 and the STAI for adults. The demographic questionnaire consisted of four questions that included age, position, educational level, and prior experience with the nursing accreditation process.

The PSS-10 is a widely used tool for measuring stress. The PSS-10 is a self-report instrument that evaluates the degree of perceived stress during the last month. The scale asked participants about thoughts and feelings during the last month. The scale consists of 10 items based on a 5-point Likert scale. Responses are reported as 0 = *never*, 1 = *almost never*, 2 = *sometimes*, 3 = *fairly often*, and 4 = *very often*. A higher score indicates a higher level of perceived stress. This tool measures the degree conditions in the participant's life are perceived as stressful.

The PSS was utilized in a study implemented to determine the level of stress and common coping strategies among

physician assistant students (Brien, Mathieson, Leafman, & Rice-Spearman, 2012). Overall reliability of the tool was reported as .78 to .91 (Cohen & Williamson, 1988). Reliability related to internal consistency (alpha coefficient) for the PSS was .83, and test-retest was .73. Cohen and Janicki-Deverts (2012) asserted that the internal reliabilities for the PSS-10 were .78 in the Harris Poll population.

The STAI for adults consists of 40 questions, which is formulated as two 20-item self-report scales (STAI 1 or Y-1 for the measurement of state anxiety and STAI 2 or Y-2 for measurement of trait anxiety) for measuring two separate anxiety concepts. Questions are on a 4-point Likert scale. Items from the state anxiety scale are reported as 1 = *not at all*, 2 = *somewhat*, 3 = *moderately so*, and 4 = *very much so*. Items on the trait anxiety scale are reported as 1 = *almost never*, 2 = *sometimes*, 3 = *often*, and 4 = *almost always*. A low score reflects a low level of state or trait anxiety, and a high score reflects a higher level of state or trait anxiety (Spielberger, 1983).

State anxiety best describes how each participant feels in a given situation at a specific time. Trait anxiety describes individual differences in the way the participant feels. Trait anxiety describes the frequency to how often a person usually feels anxious. In a study involving nursing student performances during human-based anesthesia simulator training, the STAI was utilized. The results suggested that trait anxiety affects performance negatively. Students who reported higher levels of anxiety were found by faculty and administration to have lower grades for clinical competency (Chiffer, Buen, Bohan, & Maye, 2010).

2.4. Data analysis

Data analysis consisted of descriptive statistics and inferential statistics to compare pre and post total scores, and comparing age with survey responses. Descriptive statistics were performed to determine severity of perceived stress and anxiety. The paired sample *t* test was utilized to indicate significant differences between the two groups before the accreditation intervention and after the accreditation intervention.

3. Results

Mean, standard deviation, and range of pre- and postintervention PSS, STAI 1, and STAI 2 raw scores are described in Table 1. The PSS scores of participants decreased overall from preintervention ($M = 15.50$) to postintervention ($M = 12.10$), indicating a significant difference in perceived stress after the educational intervention. The STAI scores decreased overall from preintervention ($M = 37.90$) to postintervention ($M = 35.30$), indicating a clinical difference in state anxiety post education intervention, and the STAI 2 scores decrease from preintervention (34.20) to postintervention (32.00), indicating a clinical difference in post trait anxiety post education intervention.

All PSS, STAI 1, and STAI 2 total scores were lower after the intervention, both in mean and range. On the basis of the Likert scale used for this study, lower total scores and ranges provide

Table 1 Mean, standard deviation, and range of continuous level outcomes ($n = 10$)

	Pre intervention			Post intervention		
	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range
PSS	15.50	5.94	9–29	12.10	4.14	7–22
STAI 1	37.90	13.15	20–60	35.30	6.61	28–46
STAI 2	34.20	9.16	22–51	32.00	6.71	23–41
Feel nervous	1.70	0.82	1–3	1.70	0.67	2–4
I am jittery	1.50	0.70	1–3	1.30	0.67	1–3
I am worried	1.90	0.73	1–3	1.60	0.69	1–3
Difficulties	1.40	1.17	0–4	1.10	0.99	0–3
Turmoil	1.60	0.69	1–3	1.40	0.69	1–3
Worry	1.90	0.99	1–4	1.50	0.70	1–3

evidence that the nursing faculty and nursing administrative staff were positively affected by the education intervention.

4. Discussion

The project outcomes provide evidence that nursing faculty and nursing administrative staff experience stress and anxiety associated with the nursing accreditation process and the upcoming site visitation. The study results also suggest that stress and anxiety scores were higher for nursing administrative staff than for the nursing faculty. Many faculty and staff acquire prolonged stress as they are preparing for the accreditation visit. Moreover, participants might have underlying stress or anxiety. A more long-term assessment of stress and anxiety could be implemented to determine stress and anxiety months prior to the scheduled accreditation visit.

5. Limitations

Several nursing faculty members could not participate in the study due to time constraints. As a result, a limitation of this study was the sample size. Consequently, the generalizability of the project outcome is somewhat limited.

In addition, preexisting or underlying stress and anxiety disorders in the participants were not assessed during or after the study concluded. Participants self-administered the demographic questionnaire, the perceived stress, and anxiety tools. The surveys were completed anonymously, but nursing faculty knew the researcher. Therefore, bias cannot be excluded.

6. Conclusion

Accreditation implies program quality, demonstrates excellence to peers, and provides for institution and program

recognition. Involving faculty and staff in the accreditation process is important for quality nursing programs. Stress and anxiety are a part of the accreditation process. Education sessions are important to reduce accreditation stress and anxiety and can make the process more meaningful.

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