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Quality Certification is Not Enough: The Human Element of Healthcare Quality

Anjani Nandan[1]

[1]Program Manager, NHM, Bihar
Public Health, Hospital Administration, Healthcare Quality Management

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Abstract:

- ***Background:***
Improving quality is a priority in India's public healthcare system. Initiatives such as the National Quality Assurance Standards (NQAS), LaQshya and Kayakalp have increased attention to patient safety, hygiene, clinical practices and service delivery. However, the availability of standards, training programmes and certification processes does not guarantee their consistent implementation in everyday hospital practice.

- ***Purpose:***
This article discusses how healthcare professionals' morale, professional ethics, accountability, leadership and organisational culture may influence the implementation and sustainability of quality standards in government hospitals.

- ***Discussion:***
A gap may exist between knowledge of quality standards and their consistent application in routine patient care. Staff motivation, workload, resource availability, supervisory support and institutional accountability may influence the implementation of quality procedures. Certification establishes benchmarks, but sustained improvement requires ongoing monitoring, corrective action and a culture of patient-centred care.

- ***Conclusion:***
Sustainable healthcare quality requires an integrated approach that combines effective quality management systems with professional commitment, supportive leadership, adequate resources and fair accountability. Quality certification should be viewed as the starting point of continuous improvement, not its final destination.

Keywords: *Healthcare Quality; NQAS; LaQshya; Kayakalp; Staff Morale; Professional Ethics; Organisational Culture; Patient Safety; Public Health; Quality Improvement.*

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I. INTRODUCTION

Healthcare quality is a major determinant of patient safety, public confidence and the overall effectiveness of the health system. India has introduced several initiatives to improve the functioning of public health institutions and establish measurable standards for healthcare delivery.

The Swachh Bharat Abhiyan renewed national attention to sanitation, cleanliness and hygiene. Programmes such as Kayakalp, the National Quality Assurance Standards (NQAS) and LaQshya have further reinforced the focus on cleanliness, quality assurance, labour-room services and patient safety in healthcare institutions.

These programmes provide structured approaches to assessing infrastructure, clinical processes, infection prevention, documentation and service delivery. They also encourage healthcare facilities to identify shortcomings and take corrective action.

However, one important question remains: Can sustainable healthcare quality be achieved through standards, training and certification alone?

A hospital may have trained staff, defined protocols and carefully maintained checklists, yet quality standards may not always be put into practice. This highlights the importance of understanding the human and organisational factors that influence the translation of knowledge into routine professional practice.

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Healthcare quality depends on more than the availability of protocols or the completion of assessments. It is also influenced by staff morale, professional ethics, leadership, organisational culture, accountability and the resources available to healthcare personnel.

This article examines these factors and argues that certification provides an important foundation for quality improvement, but sustained progress depends on making quality an integral part of everyday hospital functioning.

- *The Gap Between Knowing and Doing*

There is an important distinction between knowing what quality requires and applying it consistently in everyday practice.

Healthcare staff may understand the importance of hand hygiene, biomedical waste segregation, patient identification, respectful communication and accurate documentation. However, the application of these practices may vary across departments, shifts and working conditions.

Similarly, a hospital may have quality manuals, standard operating procedures and completed assessment checklists without ensuring that all identified deficiencies have been addressed or that improvements are sustained over time.

This illustrates a key challenge in healthcare management: quality cannot be achieved simply by transferring knowledge or recording compliance. It must become part of professional behaviour and institutional culture.

Certification can establish expectations, but the true value of a quality programme lies in the consistent application of standards during routine patient care, including when no external assessment is taking place.

Quality improvement must therefore focus not only on healthcare personnel's understanding of standards, but also on their ability and consistency in implementing them.

- *Staff Morale: A Neglected Dimension of Quality*

Healthcare workers are the backbone of healthcare delivery. Their motivation, morale, commitment and sense of professional duty influence teamwork, communication and responsiveness to patients.

Public hospitals often face challenging conditions, including high patient volumes, staff shortages, limited resources and heavy administrative workloads. These factors may hinder the implementation of quality standards, even when staff members understand their importance.

Low morale, lack of recognition, inadequate supervisory support and limited opportunities for professional development may further affect employee engagement. Quality improvement therefore cannot rely solely on inspections, instructions and compliance reports.

Hospital administrators need to create an environment in which healthcare personnel feel supported, valued and accountable for the quality of care they provide. At the same time, staff must recognise that professional responsibility and patient safety remain essential, including when operational difficulties arise.

A motivated healthcare professional working in a supportive environment is better positioned to contribute to sustainable quality improvement. However, motivation must be supported by adequate resources, clearly defined responsibilities and effective accountability.

Staff morale should therefore be recognised as an important organisational issue within healthcare quality management, rather than treated as separate from patient care.

- *Professional Ethics: The Foundation of Sustainable Quality*

Quality management is commonly associated with indicators, checklists, assessment scores and certification. These tools are important, but they cannot independently ensure ethical and responsible professional behaviour.

Healthcare quality also depends on integrity, compassion, discipline, honesty and respect for patient dignity. These values influence how healthcare workers communicate with patients, protect confidentiality, follow clinical standards and respond to potential safety concerns.

When quality becomes merely an administrative requirement, attention may shift towards preparing paperwork for assessments rather than improving the actual patient experience. Conversely, when professional ethics is embedded in organisational culture, quality standards are more likely to be understood as responsibilities towards patients rather than obligations imposed by an external authority.

This distinction is particularly important in public healthcare, where people rely on government hospitals for essential and affordable services.

Professional ethics should therefore be reinforced through leadership, workplace practices, training, fair supervision and transparent accountability. Quality should be viewed as a professional obligation to provide safe and respectful care, not simply as a technical requirement.

Quality standards provide the framework; professional ethics guides their application in everyday interactions with patients.

- *Quality Certification is the Start, Not the Finish*

NQAS, LaQshya and Kayakalp focus on distinct aspects of quality improvement in public healthcare facilities:

- National Quality Assurance Standards (NQAS): Provides a framework for assessing and improving the quality of public health facilities.

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- LaQshya: Aims to improve the quality of care in labour rooms and maternity operating theatres.
- Kayakalp: Promotes cleanliness, hygiene and infection prevention in public health institutions.

These programmes are important tools for improving healthcare delivery. However, certification should not be treated as the ultimate goal of quality management.

The greater challenge is to maintain the required standards after certification. This requires regular internal assessments, appropriate corrective actions, meaningful reviews of patient feedback and verification that improvements persist in routine operations.

A quality certificate reflects an assessment against defined standards; it does not mean that every process is followed consistently during every patient encounter.

Quality teams must therefore do more than complete checklists. They should identify the causes of noncompliance, remove operational barriers and monitor whether corrective actions lead to lasting improvements.

Internal assessments should be useful exercises that identify gaps and support improvement, rather than activities undertaken mainly to prepare for external evaluations.

The goal should be to build hospitals where quality is practised every day—not only when assessors are present.

➢ *Leadership and Organisational Culture Make the Difference*

Healthcare quality cannot be the sole responsibility of individual healthcare workers or designated quality managers. Hospital leadership is crucial in setting expectations, providing resources and influencing workplace behaviour.

When administrators model professional integrity, respond constructively to reported concerns and follow established standards themselves, they reinforce the importance of quality throughout the institution. In contrast, inconsistent supervision, poor communication and tolerance of repeated non-compliance can undermine quality improvement initiatives.

Effective leaders provide both support and accountability. Employees should be encouraged to report errors, highlight gaps and suggest practical solutions without fear of unfair punishment. At the same time, deliberate wrongdoing and persistent disregard for patient safety must be addressed through transparent and proportionate measures.

Quality must be a shared responsibility involving hospital administrators, doctors, nurses, paramedical staff, support personnel and quality management teams. Each department should understand how its work contributes to patient safety and the overall patient experience.

Hospital administrators and quality management teams can foster this culture by:

- Conducting regular supportive supervisory visits rather than relying only on inspections.
- Monitoring the implementation and sustainability of corrective actions.
- Recognising departments and personnel that demonstrate measurable improvements.
- Promoting teamwork among doctors, nurses, paramedical staff and administrative personnel.
- Learning from patient feedback and safety incidents.
- Providing staff with the resources, training and managerial support needed to meet quality requirements.

Leaders must communicate that quality is a shared institutional responsibility, not the sole domain of the quality manager or designated quality team.

➢ *What Changes are Needed in the Approach to Healthcare Quality?*

Sustainable quality improvement in government hospitals must go beyond the preparation of checklists and the evaluation of indicators.

- *Emphasise Staff Morale and Workplace Support*

Policymakers and hospital managers should give greater attention to workload, staffing adequacy, workplace safety, access to essential resources, recognition and opportunities for professional growth.

These factors should be considered alongside technical compliance because staff cannot consistently meet standards without critical resources and operational support.

Identified workplace barriers should lead to practical corrective action rather than simply being recorded without follow-up.

- *Focus on Sustained Implementation, Not Documentation Alone*

Quality assessments should examine whether standards are applied consistently during everyday patient care.

Regular audits, follow-up of corrective actions and reviews of actual patient-care practices can help determine whether improvements are sustained. Documentation should support quality improvement, not become an end in itself.

- *Strengthen Professional Ethics and Accountability*

Professional ethics and accountability should be promoted through supportive supervision, role clarity, leadership by example and fair performance management.

Responsibilities must be clearly defined, and staff should receive appropriate support when deficiencies are identified. Transparent and equitable accountability procedures are also needed for repeated or deliberate non-compliance that endangers patient safety.

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- *Promote Supportive Supervision and Continuous Learning*

Supervision should help healthcare personnel understand performance gaps, improve their practice and identify effective solutions.

Quality teams should encourage open communication, learning from errors and the sharing of good practices across departments. Supervisory activities should also consider whether problems arise from individual actions, inadequate training, resource shortages or weaknesses in organisational processes.

- *Build Leadership that Prioritises Quality*

Hospital administrators must demonstrate their commitment to quality through their own actions and decisions. They should ensure that quality-related findings are addressed promptly and that personnel receive the support needed to implement corrective actions.

A quality culture is more likely to take root when leadership combines clear standards with fairness, consistency and a willingness to address systemic problems.

- *Include Patient Experiences in Quality Assessments*

Quality improvement must remain grounded in patients' experiences.

Feedback about communication, dignity, waiting times, safety and responsiveness may highlight weaknesses that administrative records alone do not fully capture.

Patient feedback should complement clinical and operational indicators and help identify meaningful improvements in care delivery.

- *Encourage Ongoing Improvement*

Quality should be included in regular departmental meetings, clinical reviews, infection prevention activities, patient safety assessments and management decisions.

Healthcare staff should be encouraged to develop practical improvements and assess whether these changes produce meaningful results.

Such measures should complement existing certification programmes rather than add unnecessary paperwork. The aim is to improve care, not simply increase the volume of quality documentation.

➢ *Quality Requires Both Capable Systems and Committed Professionals*

Healthcare quality is not determined by individual motivation alone. Even highly committed professionals may struggle to maintain standards when equipment is unavailable, staffing is inadequate or infrastructure is lacking.

Every quality failure should therefore be evaluated in context:

- Was the required procedure understood?
- Were the necessary resources available?
- Were responsibilities clearly defined?
- Was supervision effective?
- Could the deviation have been avoided?
- What corrective action would prevent recurrence?

These questions encourage a balanced perspective that recognises both organisational limitations and individual responsibilities.

Rather than holding healthcare professionals accountable for every implementation gap, the goal should be to develop a system in which they have the capacity, resources, motivation and accountability needed to deliver quality services consistently.

Sustainable improvement depends on both the ability to implement quality standards and the commitment to maintain them over time.

II. CONCLUSION

India's public healthcare system has made important efforts to establish quality standards through initiatives such as NQAS, LaQshya and Kayakalp. These programmes provide useful frameworks for improving cleanliness, patient safety, healthcare processes and service delivery. However, their long-term success depends on the extent to which standards become embedded in routine hospital practice.

Training builds knowledge. Checklists guide processes. Indicators measure performance. Certification establishes benchmarks. Sustaining quality, however, also requires professional ethics, staff morale, supportive leadership, adequate resources and fair accountability.

The next stage of healthcare quality improvement should focus not only on whether hospitals meet prescribed assessment requirements, but also on whether they consistently provide safe, respectful and patient-centred care.

The true success of a quality-certified hospital is not the certificate displayed on its wall, but the quality of care each patient receives.

Ultimately, quality is not merely a system to be assessed; it is a responsibility to be practised. When organisational systems and professional commitment work together, quality certification can become a meaningful instrument for lasting improvement in public healthcare.

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