

## Health Care Surveyor: Virtues and Islamic Work Ethics

Everard Van Kemenade, Phd<sup>1\*</sup>, Nasser Al-Salmani, Phd, Msc, BSN<sup>2</sup>

<sup>1</sup>Director / Owner Van Kemenade Audit Coaching & Training, Senior Lecturer Utrecht University of Applied Sciences, Master Integrated Care

<sup>2</sup>Director of Accreditation & Standards Development at Ministry of Health Oman

**\*Corresponding Author:** Everard Van Kemenade, Phd, Director / Owner Van Kemenade Audit Coaching & Training, Senior Lecturer Utrecht University of Applied Sciences, Master Integrated Care, Email: everard@onsnet.nu

### ABSTRACT

**Purpose:** In Oman a new healthcare accreditation system is being developed. The quality of a surveyor in such a healthcare accreditation system is crucial for its acceptance and so its success. We investigated the virtues that a surveyor in the Omani Healthcare Accreditation System needs, using the Islamic Work Ethics (IWE).

**Design/Methodology/Approach:** In prior research on the effect of accreditation on the professional we searched for the impact of the surveyor in Higher Education. As a follow up we did a literature review to see if similar surveyor issues are reported in health care. Then the Islamic Work Ethics (IWE) are used for contextualization.

**Findings:** Surveyors play an important role in the impact of accreditation on actual quality improvement. That makes the quality management of surveyors an important topic in the development of an accreditation system. The competences needed are context dependent. In this study seven surveyor's virtues are suggested: Intention (Niya) النية, Justice (Adil) العدل, Sincerity (Ekhlas), Consciousness, الاخلاص of self-improvement (Etqan) الاتقان, Trustfulness (Sidq) الصدق, Trust (Amana) الأمانة and Patience (Sabr) الصبر.

**Research limitations/implications:** This research only searched in one database (PubMed). It needs to be considered as a viewpoint to build a hypothesis for further research.

**Practical Implications:** In the development process of any accreditation system, especially the one for health and safety in Oman, seven virtues need to be taken into account.

**Social implications:** Surveying and training surveyors is largely influenced by the context. In this research the Islamic context is taken into consideration.

**Originality/value:** Quality of surveyors, although crucial, gets little attention in accreditation research. In surveyor training the development of virtues has not been taken into consideration. Furthermore, we focus on the needs of surveyor training in a specific context: the development of an accreditation system in a Middle-Eastern country.

**Keywords:** surveyor, virtue, accreditation, context

**Article Classification:** view point

### INTRODUCTION

Accreditation is a worldwide system of quality assurance in healthcare. Most of the time site visits or surveys are part of the system. The quality of such a survey largely depends on the quality of the surveyor. Pirsig (1972) states that "quality is not a thing, it is an event". This coincides with Maas (2000), who has the opinion that the quality of services depends on interaction. Like quality in healthcare is about the human interaction between patient and

doctor, nurses and other healthcare professionals that the patient encounters in his hospital journey, so quality of an accreditation survey is about the interaction between the surveyor and the interviewees. In the case of accreditation surveyors give most of the time feedback on organizational level. Feedback from these surveyors is not easily accepted, especially not when they are external.

In this article we focus on surveyors in a mandatory accreditation system on the compliance

of a hospital and its staff to standards. Our main research question is: *What competences do surveyors in the Omani National Accreditation System for Healthcare (ONASH) need to have to make the survey effective?*

We first define competences, accreditation, surveyor and effectiveness. Then we look at the results of a study on the effect that accreditation has on professionals in the organization in Higher Education. We did an orientation on the subject in healthcare by a literature review in Pub Med. Because of the importance of the attitude of a surveyor we elaborate on the required attitude of a surveyor based on Islamic Work Ethics, that will lead to a proposal of seven virtues a healthcare surveyor needs to possess or needs to be trained on to be effective.

### DEFINITIONS

#### Competence

Epstein and Hundert (2002) define competence as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (p. 227). Following Schaap et al. (2009), we state that competences are conceived as more or less organized wholes of knowledge, skills and attitudes (Lizzio and Wilson 2004; Vander Sanden and Teurlings 2003), that are required for adequate fulfillment of professional tasks (Eraut 1994; Hager and Gonczi, 1991).

#### Accreditation

Accreditation is an accepted part of quality management in higher education and healthcare all over the world. Most of the time a team of surveyors visits the site, does document reviews and holds interviews to judge if the organization complies to a set of standards. Finally a report is written with scores of the organization on the standards and often with recommendations for improvement. ISO has a different interpretation of what accreditation is. ISO defines that a procedure by which a third party gives written assurance that a product, process or service conforms to specified requirements is called *certification*. Accreditation according to ISO is the procedure by which an authoritative body gives formal recognition that a body or person is competent to carry out specific tasks (like certification). It is an independent evaluation of conformity assessment bodies against recognized standards to ensure their impartiality and competence (ISO, 2018). What in many

countries is named accreditation would then have to be considered to be certification. An independent body certifies the healthcare institute. Accreditation then would be reserved as definition for the activity of a body like the International Society for Quality in Healthcare (ISQUA) that accredits the ‘accreditation’ bodies in many countries all over the world. Unfortunately the term accreditation is too commonly used for certification of healthcare institutes that we cannot avoid it (Kemenade, 2009). ISQUA defines accreditation *as a public recognition by a healthcare accreditation body of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization’s level of performance in relation to the standards* (Tregloan, 2000).

The Saudi Central Board for Accreditation of Healthcare Institutes (CBAHI, 2018) stresses independency and defines healthcare accreditation *as an assessment process that involves a rigorous, transparent, and comprehensive evaluation by an external independent accreditation body*. Many definitions stress the importance of standards. The ACHC (Accreditation Commission for Health Care) defines accreditation *as a process of review that healthcare organizations participate in to demonstrate the ability to meet regulatory requirements and accreditation standards established by a recognized accreditation organization*. According to the World Health Organization (2018) the term “accreditation” *reflects the origins of systematic assessment of hospitals against explicit standards*. Accreditation Canada states that accreditation is *an ongoing process of assessing your organization against standards to identify what you do well, where you can make improvements, and how to make them happen*. We here follow that definition, because of its focus on the PDCA-cycle and the effect of the process.

Accreditation of a healthcare institute is a form of external quality management. Kemenade and Hardjono (2010) discern eight criteria to describe an external quality management system: its function, values, object, standards, stakeholders, organization of the process, methodology and its assessors. Each of the eight criteria provides different possibilities to choose from in the design of the external quality management system, like accreditation. Do you want it to be voluntary or compulsory? Is its

function accountability or improvement? Do you want surveyors to be peers, or professional

auditors or even patients? Or do you want a combination of these? (See table 1).

**Table 1.** Description Model for External Quality Management Systems (Based on Kemenade, 2009)<sup>8</sup>

Parameters	Possibilities
Function (intended outcome)	Accountability Compulsory
Values	Improvement Voluntary
Object	Control
Standards	Continuous improvement Commitment
Stakeholders (example)	Service Organization
Organization of the process	Profession/person Quality system Process
Methodology	Fitness for purpose (the organization sets its own goals and is measured on these) Standards are set outside the organization under scrutiny
Surveyors	Patients Family Partners /referral hospitals Family doctors Employees Suppliers Government
	Governmental Professional body Independent body
	Self-evaluation Stakeholder survey Consensus meeting
	Performance indicators Service inspection Mystery guest
	Site visit Dialogue Document analysis
	Peers Professional auditors Patients

In Oman a Omani National Accreditation System for Healthcare (ONASH) is under construction. On April 26<sup>th</sup> and 27<sup>th</sup> 2017 the First Consultation Meeting to Develop ONASH was held in Muscat. The conference had four themes on which international experiences were shared and workshops were held with a large group of stakeholders. Although no decisions were taken at the conference, there were many discussions held at different levels covering different topics. The topics were:

- Standard Development
- Funding
- Selection and Training of surveyors,
- Day-to-day management

Looking at the description model (table I) you can discern a tendency to make the ONASH a mandatory system. Specific national standards are developed based on international examples. All stakeholders are involved, like at the conference. The function of the system will likely be improvement.

The organization of the accreditation will be done by an independent agency. The methodology used will consist of document review; site visits with observations and interviews, like in most other accreditation systems. The object of the survey will be a healthcare institute as a whole, starting with hospitals. The healthcare surveyors at ONASH will be peers from other healthcare institutes.

**Surveyor**

Many words are used to describe the person who actually does the survey: inspector, controller, auditor, assessor, peer reviewer, surveyor or

consultant. Actually in this order the role shifts from a person that comes to supervise the organization and acts like a policeman that can give the hospital a fine to a person that supports the organization on its journey to continuous improvement. In the case of Oman the term surveyor has been proposed to state that this person does not have the role of inspector, policeman, controller or auditor (in the sense that the term is used for financial auditing where it actually originates). The ONASH wants to focus on improvement. That means that the surveyor will not only judge the organization on its compliance to the standards, but also will give recommendations. However, without taking up the role of consultant that guides the organization through all the steps of the improvement process. The surveyor will be a senior professional and will work in a team that combines competences in the field of medicine, nursing, quality and leadership. It has not been decided if a representative of the patients takes part in the team.

**Effectiveness**

Effectiveness of the survey is achieved, when the survey is linked to measurable changes in quality of care. most of the time such changes require different behavior from one or more of the staff. The survey is effective if the professionals move towards quality improvement.

**Surveyors are Crucial for the Impact of a Survey on the Willingness of Professionals to Act upon Its Results**

*Surveyors in Higher Education*

Kemenade (2009) who describes the willingness of professionals in Higher Education in the Netherlands and Dutch speaking Belgium to

contribute to a mandatory accreditation system, states the importance of the quality of the surveyor in an accreditation process. The conclusions of his research are that professionals are willing to contribute to an accreditation process, because they agree accreditation has added value. They have the conviction specifically that the survey could contribute to quality improvement. However there are impediments to this willingness within the accreditation process, the professional himself and in the organization (see figure 1). If the process is not motivating or if the professional is not loyal to the organization or if the organization does not give enough management support, the accreditation process might not be successful. In the respect of our research question the impediments in the accreditation process, especially regarding the surveyors are interesting. One of the conclusions of the Delphi-study was, that the surveyor should not have control as dominant value. The behavior of surveyors is according to the participants in the Delphi study too often unpredictable. Members of the team have different interpretations of the standards. Surveyors have an offensive attitude that makes that interviewees do not dare to be vulnerable

and open their mind for feedback. Surveyors can easily be the cause of resistance. Professionals prefer to have “a dialogue with peers who received additional training in the surveying process”.

In fact this implicates that a surveyor should not just deliver an output like a concise and clear report, but that he also has a responsibility towards the outcome of his intervention: what the receiving professionals actually do with the information and to what extent that really leads to improvement.

The surveyor needs to realize that he has an impact on the professionals. The success of an accreditation system depends on the acceptance of the survey and the surveyor. Bad performance of surveyors can have great consequences for the acceptance of the accreditation system and that performance largely depends on way the surveyor behaves. Especially when the dominant value of a surveyor is to control, resistance occurs. A bad surveyor may result in what Barrows (1999) calls “dramaturgical compliance”. The interviewee performs in a play and tells the surveyor, what he wants to hear.

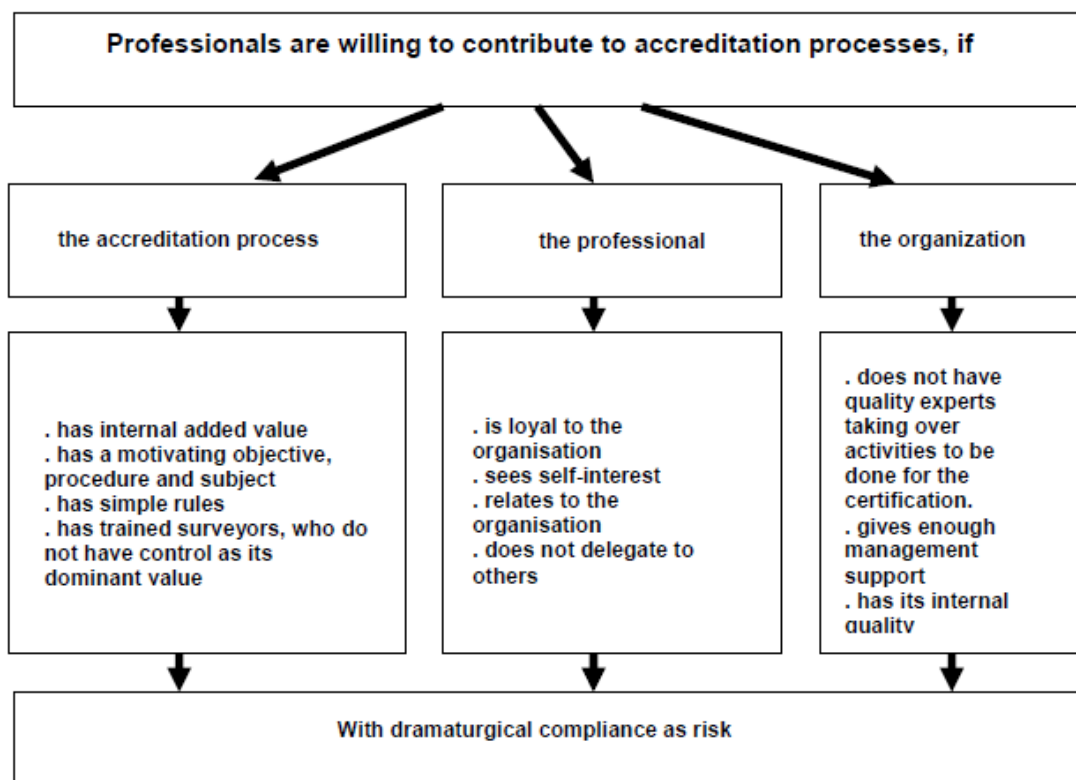


Figure 1. Willingness of Professionals to Contribute to a Mandatory Accreditation System

Just recently Pham (2018) states that lack of competence of the review team were barriers to

any attempts to improve quality of higher education in Vietnam.



Kemenade (2009b) argues that there are enough similarities between professionals in higher education and healthcare that the results of his research might be applicable to healthcare as well.

### Surveyors in Health Care?

To further explore the importance of the quality of surveyors in healthcare a literature review is done as an orientation in the subject. In PubMed articles were selected in the advanced search mode entering: surveyor or auditor. The selection was furthermore limited to English articles of the last five years and free full texts. That resulted in 86 proposed articles. There appeared to be not many articles on the surveyor issue in an audit or accreditation system. After investigation we included 12 articles. We added 8 articles based on the literature these articles referred to. These 20 articles are used in the literature review.

Also healthcare professionals value audits in general (e.g. Baker et al. 1995; Lord and Little Johns, 1996 and Johnston et al, 2000, Alkhenizan and Shaw, 2012). Nicklin (2013) executed a large literature review by finding 30 benefits of accreditation supported by over 70 articles. To name a few: accreditation provides a framework to help create and implement systems and processes that improve operational effectiveness and advance positive health outcomes; it improves communication and collaboration internally and with external stakeholders; it demonstrates credibility and a commitment to quality and accountability; it mitigates the risk of adverse events and accreditation promotes capacity-building, professional development, and organizational learning. [SEP] Nicklin (2013) also reports 8 areas requiring further study. One of these is the need for consistency in surveyors' approach (not supported by earlier research, it is probably the view of the author). [SEP]

Hijazi et al (2018) mention the positive effect of accreditation on patient-centeredness, but do not specify the contribution of surveyor to that result. Wagner et al. (2014) mention the use of surveyors, but make no evaluative remarks on their impact or acceptance.

Ivers et al (2012) searched the Cochrane Central Register of Controlled Trials (Central) 2010, Issue 4, part of The Cochrane Library and concluded that auditor feedback may be more

Effective when baseline performance is low, the source is a supervisor or colleague, it is provided

more than once, it is delivered in both verbal and written formats, and when it includes both explicit targets and an action plan. In addition, the effect size varied based on the clinical behavior targeted by the intervention.

Also Dos Santos (2017) pleads for peers to do the surveying and states that poor recognition by institutions of the peers and of the volunteer nature of the system may affect surveyors' recruitment and consequent experience.

- Efforts to operationalize public
- Involvement in the governance of these systems provided
- Greater objectivity and credibility to the accreditation process [62].
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O'Connors et al. (2007) propose participation of patients in the survey team, stating that public involvement in accreditation system provided greater objectivity and credibility to the accreditation process.

Teymourzadeh et al. (2016) state that the surveyors in hospital accreditation program are indeed considered as the core of accreditation programs. So, they continue, the reliability and validity of the accreditation program heavily depend on their performance. This is confirmed by Nelson and Tan (2005), Greenfield et al (2008) and Lee (2016).

Greenfield and Braithwaite (2008) did a literature review about accreditation in healthcare. The results, examining the impact or effectiveness of accreditation were classified into 10 categories, including surveyor issues. They found three articles on that topic, not enough to draw conclusions. Greenfield et al (2009) found that six interrelated factors simultaneously promoted and challenged reliability of the healthcare accreditation process: the accreditation program, including organizational documentation and surveyor accreditation reports; members' relationship to the accrediting agency and survey team; accreditation agency personnel; surveyor workforce renewal; surveyor workforce management; and last but not least: survey team conduct including coordinator role.

Baker et al. (1995) specifically mention the importance of the extent to which the medical audit group was seen as useful or threatening. Greenfield et al. (2011) state that frontline professionals “explained that they valued those surveyors who made the effort to ask them, preferably in a relaxed, informal manner, directly about their service and work. At the same time they, more than managers or senior staff, expressed nervousness about engaging with surveyors, with many expressing a concern about ‘saying the wrong thing’. Not all respondents experienced interactions with surveyors as positive. Surveyors with a lack of knowledge about or little interest in particular standards or services were said to be immediately apparent, predominantly to managers and frontline staff.” Srigley et al. (2014) wanted to determine whether the presence of hand hygiene auditors was associated with an increase in hand hygiene events as measured by a real-time location system (RTLS). They concluded that hand hygiene event rates were approximately threefold higher in hallways within eyesight of an auditor compared with when no auditor was visible and the increase occurred after the auditors’ arrival. This is consistent with the

existence of a Hawthorne effect localized to areas where the auditor is visible and calls into question the accuracy of publicly reported hospital hand hygiene compliance rates (JCI, 2010). Barnett et al (2017) mention other proof of the Hawthorne effect in other healthcare areas (Mangione-Smith et al., 2002; Leonard and Masatu, 2006; Meeker et al., 2016). Further they state that: “In addition to the Hawthorne effect, there is a robust literature in economics describing how audits or monitoring of employees can lead to improved performance (Olken, 2005; Deykaran and O’Farrell, 2014). There is little doubt that, for many hospitals, the monitoring of staff by surveyors motivates changes in staff behavior to reflect expectations of what hospitals want surveyors to see (Nagin et al., 2002). This supports the finding regarding dramaturgical compliance by Kemenade (2009).

Table II shows that healthcare surveyors have impact. The impact can be negative (fear, nervousness) or temporarily positive (dramaturgical compliance and Hawthorne effect) or positive. To overcome these barriers surveyors need to have the right competences. The literature above does not clarify how we can in prepare them for their task.

**Table2.** *Impact of Surveyors in Health Care*

Study	Conclusion	Usability for the research
Nicklin (2013)	Accreditation has 30 benefits like : providing a framework to help create and implement systems and processes that improve operational effectiveness and advance positive health outcomes; improving communication and collaboration internally and with external stakeholders; demonstrating credibility and a commitment to quality and accountability; mitigating the risk of adverse events and accreditation promotes capacity-building, professional development, and organizational learning.	More research is needed into the need for consistency in surveyors’ approach
Hijazi et al (2018)	Accreditation has positive effect on patient centeredness	No remark on surveyor nor his impact
Wagner et al. (2014)	Surveyors mentioned	No remark on surveyor impact
Ivers et al (2012)	Auditor feedback may be more effective when baseline performance is low, the source is a supervisor or colleague, it is provided more than once, it is delivered in both verbal and written formats, and when it includes both explicit targets and an action plan.	Can be useful as topics in surveyor training; Peers have more impact
Dos Santos (2017)	Plea for peers	Peers have more impact
O’Connor et al. (2007)	Participation of patients n the survey team, stating that public involvement in accreditation system provided greater objectivity and credibility to the accreditation process.	Involve patients in the survey teams
Teymourzadeh et al. (2016)	Surveyors are the core	Surveyors have impact
Nelson and Tan (2005)	Surveyors are important	Surveyors have impact
Greenfield et al (2008)	Surveyors are important	Surveyors have impact

Lee (2016)	Surveyors are important	Surveyors have impact
Greenfield and Braithwaite (2008)	Surveyors might be an issue	not enough articles to draw conclusions
Greenfield et al (2009)	Six interrelated factors simultaneously promoted and challenged reliability of the healthcare accreditation process: the accreditation program, including organizational documentation and surveyor accreditation reports; members' relationship to the accrediting agency and survey team; accreditation agency personnel; surveyor workforce renewal; surveyor workforce management; and survey team conduct including coordinator role.	Survey team conduct is one of the factors that influence the accreditation process
Baker et al. (1995)	Audit teams have impact	Audit teams might be seen as useful or threatening.
Greenfield et al. (2011)	Surveyors have impact	Frontline professionals express nervousness about engaging with surveyors
Srigley et al. (2014), JCI (2010), Barnett et al (2017), Mangione-Smith et al., 2002; Leonard and Masatu, 2006; Meeker et al., 2016), Olken, 2005; Deykaran and O'Farrell, 2014, Nagin et al., 2002	Surveyors have impact	Hawthorne effect

**Surveyor Competences**

On healthcare competences for surveyors again there is not much literature. Lancaster et al (2010) studied the extent to which surveyor training and active involvement in accrediting other facilities translates as a value-added resource for the surveyor in her or his usual professional role or for the facility in which a surveyor is regularly employed. They did not pay attention to the content of the training.

Shaw (2000) showed that a surveyor should be selected on the basis of identification and definition of the components of employment, and taking advantage of a set of competencies and qualifications, but does not specify what these should be. Talele (2010) mentions that the auditors from Drugs Controller General of India (DCGI) in India are trained, but not in what areas.

Teymourzadeh et al (2016) held interviews with surveyors to study the surveyor selection, training, support, and stimulation, which they called the surveyor management accreditation program. Important conclusions by the respondents were that the first motivator for surveyors in Iran was financial and that in the case under study the surveyors were neither well selected, nor properly trained. Some of the main personality-behavioral characteristics considered by the respondents of the research done by Teymourzadeh et al (2016) included

communication skills, flexibility, confidence, accountability, honesty, open-mindedness, and impartiality.

Low (2012) however, comes to the conclusion that in her case in Australia the primary motivating factor for MCs to participate in accreditation was their perception that it improved quality and safety of patient care. She suggests adding in the surveyor training example-training exercises for surveyors specifically targeted at the issue of survey reliability.

Bohigas (1998) presents the results of a collaborative report undertaken by the six accrediting organizations that agreed to compare their data on the surveyors they employ to survey the hospitals volunteering to be accredited. They concluded that surveyors see surveying as a means of helping health care institutions to improve their quality performance. They are trained and retrained by the accreditors in knowledge and skills. The content of the training usually includes the following areas: standards knowledge, surveying processes, communication, interviewing and report-writing skills. Most accreditors use the observation of real surveys as a part of the training.

Shaw (2004) mentions that surveyors need to be introduced to the standards and annual re-training to reinforce best practice and to introduce new procedures; a surveyor manual

for the training program and for use as a reference document when preparing for or taking part in a survey. Little is said about what exactly the required competences are. Chuang and Inder (2009) mention that reports of the Australian Commission on Safety and Quality in Health Care discussed the effectiveness of accreditation processes and contained feedback from consultation with focus groups and stakeholders. The focus groups acknowledged issues regarding inter and intra surveyor’s reliability, availability and sustainability. Tan et al. (2002) suggested – not specifically for healthcare- that when assigning auditors to highly complex tasks, it should be ensured that the auditors have the requisite knowledge as well as the appropriate motivational level. Auditors assigned to “significant audit responsibilities should possess the knowledge, skill, and ability” to effectively complete those

tasks. Greenfield et al (2008) observed surveyors and found a typology comprising three unique surveyor styles the interrogator, the explorer and the discussor. Additionally, a further style, the questioner, is hypothesized.

Lee et al (2016) focus on self-efficacy. They conclude: High self-efficacy typically leads to higher audit quality, and self-efficacy has immense effects on an individual’s motivation, effort, persistence and performance. Professional development and audit quality have found to have a positive correlation. High profession growth typically leads to higher audit quality. Therefore, self-efficacy and professional development affects audit quality. Su et al. (2016) indicated that (a) perceived ability, (b) problem-solving skills, (c) resource sharing, and (d) confidence and persistence significantly positively affected healthcare audit performance.

**Table3.** *Competences and Training Topics for Surveyors in Health Care*

Study	Conclusion	Usability for research
Lancaster et al (2010)	Training is valued by surveyors	No remarks on competences needed
Shaw (2000)	Competences need to be defined	Not mentioned which
Talele (2010)	Auditors are trained	No remarks on competences needed
Teymourzadeh et al (2016)	Surveyors not properly trained, driven by finances	Needed: communication skills, flexibility, confidence, accountability, honesty, open-mindedness, and impartiality
Low (2012)	MC driven by quality improvement	Train in survey reliability
Bohigas (1998)	Surveyors driven by quality improvement	Training topics: standards knowledge, surveying processes, communication, interviewing and report-writing skills.
Tan et al. (2002)	Pleas to ensure that the auditors have the requisite knowledge as well as the appropriate motivational level.	Knowledge, skills and motivation
Greenfield et al (2008)	Four types of surveyors	The interrogator; the explorer and the discussor. Additionally, a further style, the questioner, is hypothesized.
Lee et al (2016)	High self-efficacy typically leads to higher audit quality.	Self-efficacy
Su et al. (2016)	(a) Perceived ability, (b) Problem-solving skills, (c) Resource sharing, and (d) Confidence and persistence significantly positively affected healthcare audit performance.	(a) Perceived ability, (b) Problem-solving skills, (c) Resource sharing, and (d) Confidence and persistence

The following competences are mentioned communication skills, flexibility, confidence, accountability, honesty, open-mindedness, and impartiality, standards knowledge, surveying processes, interviewing and report-writing skills, self-efficacy, problem-solving skills and persistence.

**Virtues**

In training often a distinction is made between knowledge, skills and attitude. To improve the quality of interaction Maas (2000) stresses the

importance of attitude. Attitude is most important to overcome fear and nervousness on the one hand and to prevent dramaturgical compliance and a Hawthorne effect.

An attitude is, according to Eagly and Chaiken (1993) *a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor.* An attitude has a affective component (how we feel about something or somebody), a cognitive component (how you think, what you believe about the



something or somebody) and a behavioral component (how we behave accordingly). However, there is evidence that the cognitive and affective components of an attitude do not always match with behavior. We prefer in the case of a survey to talk about virtues. Vinkenburg (2006) states the importance of attitude in healthcare and re-introduces the term *virtue* from the Greek philosophers like Plato and Aristotle. Vinkenburg argues that in quality management we have standards for objective measurement, we have values for subjective judgments, but we need a bridge between the two in the capacity of virtues that are inter-subjective.

Virtue was named “are tē” in Greek, “virtus” in Latin. Originally virtue meant excellence, perfection. McIntyre (1984) defines virtues *to be understood as those dispositions which will not only sustain practices and enable us to achieve the goods internal to practices, but which will also sustain us in the relevant kind of quest for the good, by enabling us to overcome the harms, dangers, temptations, and distractions which we encounter, and which will furnish us with increasing self-knowledge and increasing knowledge of the good* (p. 219). Virtues help people to make choices (Tongeren, 2003). We define virtue as the attitude, the tendency to think and do what is right and to avoid what is wrong. We prefer to talk about virtues, because it is not just the tendency to act, but it requires coming into action. A virtue has four elements: feeling, thinking, seeing and acting. Like Savater (1996) we argue that a virtue derives from exercise, education and training. Besides that, one can learn a virtue through shadowing or modeling an expert.

That makes us redefine our research question into: *What virtues does a surveyor in the Omani National Accreditation System for Healthcare (ONASH) need to have to make the survey effective?*

In the competences from Table III confidence, honesty and open-mindedness can be seen as virtues. To get deeper into the matter we investigated four training designs from the International Society for Quality in healthcare (ISQUA), that accredits national accreditation agencies all over the world; ISO/IEC 17021-1:2015; ISO19001: 2011 and an Arabic accreditation body, the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI).

As a part of their service ISQUA provides important and useful standards to design a

surveyor-training program. ISQUA mentions skills and knowledge that is required to be taught to the surveyors, but the standards on surveyor training do not refer to any surveyor's attitude nor virtues. ISO/IEC 17021-1:2015 mentions two crucial attitudinal aspects in conformity assessment: integrity and confidentiality.

ISO19001: 2011 gives nine ‘personal attributes’ that an auditor, as they call it, should possess:

- Ethical, i.e. fair, truthful, sincere, honest and discreet;
- Open-minded, i.e. willing to consider alternative ideas or points of view;
- Diplomatic, i.e. tactful in dealing with people;
- Tenacious, i.e. persistent, focused on achieving objectives;
- Observant, i.e. actively aware of physical surroundings and activities;
- Perceptive, i.e. instinctively aware of and able to understand situations;
- Versatile, i.e. adjusts readily to different situations;
- Decisive, i.e. reaches timely conclusions based on logical reasoning and analysis; and
- Self-reliant, i.e. acts and functions independently while interacting effectively with others.

Quite similar to these the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) mentions besides some skills the following attitudes needed for their surveyors:

- Open-mindedness: Willingness to consider alternative ideas or points of view.
- Diplomacy: Tact and skill in dealing with people.
- Tenacity: Persistence, the ability to be focused, oriented towards objectives.
- Integrity: Needs to be fair, truthful, sincere, honest and discreet.

Ethics/integrity, diplomacy and open-mindedness are virtues that have the greatest impact on people. Together our literature review and search in four training designs led to six surveyor virtues as a conclusion for our research.

### Context

So far we have argued that accreditation processes to be effective needs surveyors with virtues that will not cause resistance from the

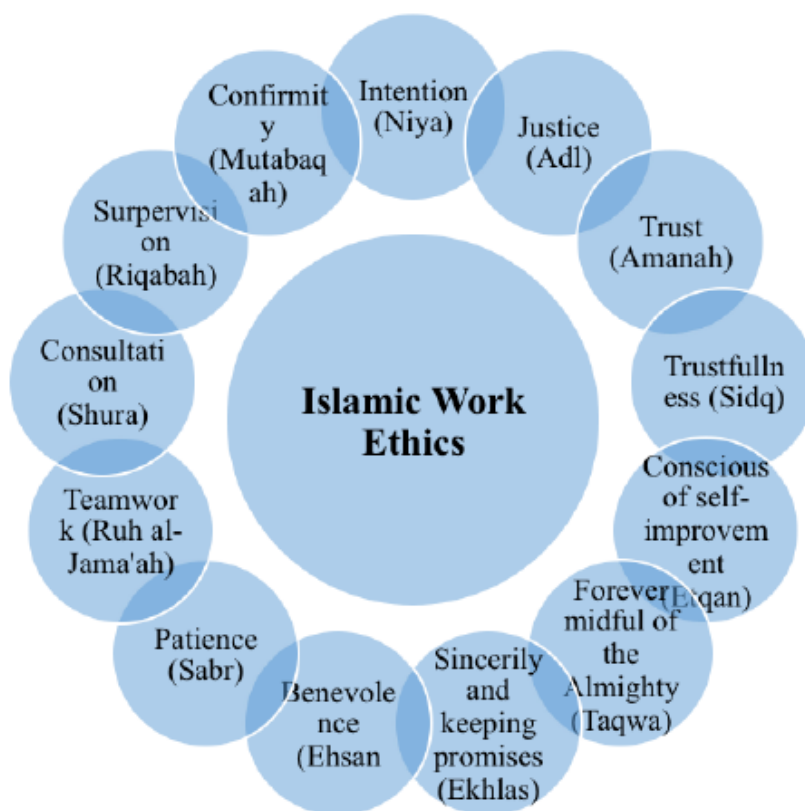
professionals that are under scrutiny. We found besides knowledge and skills some attitudes that are expected by accreditation systems and agencies. We called these virtues, the tendency to think and do what is right and to avoid what is wrong. A surveyor that feels thinks and sees what behavior the organization needs from him and acts accordingly. The programs and proposed virtues seem to be similar worldwide.

**Table4.** Six Surveyor Virtues

Source	Conclusions on required attitudes	Conclusion for the research
Teymourzadeh et al (2016)	Confidence, Honesty, Open-mindedness	Confidence Honesty Integrity Open-mindedness Confidentiality Diplomacy
Su et al (2016)	Confidence	
ISO/IEC 17021-1:2015	Integrity Confidentiality	
ISO19001:2011	Ethical, Open-minded, Diplomatic,	
CBAHI	Open-mindedness, Diplomacy, Integrity	

However, we think that selection, coaching and training of surveyors will be more effective if the required virtues are tailored to the context. That brings us back to the question what virtues a healthcare surveyor in the Omani National Accreditation System for Healthcare needs to have to be effective. In the Middle-Eastern context Islamic Work Ethics (IWE) are known. These might be useful to (re-) define the required virtues of an Omani surveyor.

To describe the IWE we used the following sources: Al-Qur'an, Sunna, Consensus of Scholars (Ijma'a), Analogy (Qiyas), Al-Masaleh al-mursalah and Maqasid Al-Shari'ah. Based on these sources Al-Salmani (2016) designed Islamic Work Ethics to be able to design a quality management system that would fit Islamic societies better than the existing certification/accreditation schemes, models and tools. These Islamic Work Ethics can also be used for the definition of the code of conduct of surveyors. The Grand Mufti, the highest Islamic authority in Oman approved the thirteen Islamic Work Ethics components (see figure 2).



**Figure2.** The Islamic Work Ethics Components

In our research we used the thirteen work ethics to re-define the six virtues of a surveyor needed to conduct an effective survey as

mentioned in Table 4. The result is shown in table 5.



**Table 5.** The Islamic Work Ethics Related to the Role of a Surveyor and His Virtues.

No	Islamic Work Ethics (IWE) (Al-Salmani 2016)	Applied to the role of the surveyor and his virtues
1	<p><b>Intention (Niya)</b> النية                      Muslims' actions should be accompanied by good intentions (Braniane &amp; Pollard, 2010). As God Said in the Qur'an (Surah ar-ad 13:11), 'God does not change the condition of people unless they change what is in their hearts', and the Prophet Mohammed said, 'actions are recorded based on intentions and the person will be rewarded or punished accordingly' (Bukhari &amp; Muslim). In other words, people should be judged based on their intentions.</p>	<p>In surveying this means that an organization nor an employee within should not be punished for making mistakes or reaching unintended outcomes, but, but rather rewarded based on their objectives, ideas, plans, and strategies to account for external factors, beyond an the organisation's control, that may have led to the mistake or unintended outcome. This relates to <u>confidence as well as open-mindedness</u>.</p>
2	<p><b>Piety (Taqwa)</b> التقوى                      Taqwa is defined as fear for God out of our love to him. It is a belief that our actions and intentions are known to God. When people fear only God, they will do what He has commanded (good deeds) and avoid forbidden actions. In other words, Taqwa demands piety, doing what is right, avoiding what is wrong and sensing God's presence in action and thought.</p>	<p>For a surveyor working according to Taqwa, means, that he will obey the rules and standards, complying with job requirements. A surveyor's good performance will lead to good results. It is more of a skill than an attitude.</p>
3	<p><b>Justice (Adil)</b> العدل                      Justice, or Adil, represents absolute value and is considered to be the foundation stone of the Islam ethics system. Under Adil, all people should be treated equally regardless of their gender, color, race, wealth, job or social status. This value is common to other religions, as well.</p>	<p>In surveying this value ensures fairness and justice for both parties, the organization under scrutiny and the accreditation body (cfr. Abbasi, 2010). A contract, describing the conditions and the witnesses associated with an interaction, will ensure justice in later disputes and maintains the rights of each party. The feeling of justice is crucial for an employee that is interviewed in a survey. Justice strongly relates to <u>integrity</u>. It also requires that the surveyor follows the standards and scoring procedures in the accreditation system. Individuals are expected to develop Adil within themselves and to take responsibility for their actions.</p>
4	<p><b>Sincerity and keeping promises (Ekhlas)</b> الاخلاص                      Muslims are obliged to be sincere in their words and deeds. The Holy Qur'an states, 'It is Allah I serve, with my sincere and exclusive devotion' (Surah 39:14).</p>	<p>Abbasi et al. (2010) note that the best complement an employee can give to his organization is carrying out his duties and tasks with sincerity. The same goes for surveyors and the accreditation body they work for. A sincere surveyor does not need constant supervision as he has developed a self-supervision attitude and performs his tasks in a complete way. Sincerity relates strongly to <u>honesty</u>.</p>
5	<p><b>Conscious of self-improvement (Etqan)</b> الاتقان                      The Prophet Mohammed said, 'God loves when someone does a job to do it well' (Bukhari and Muslim). From this hadeeth, we understand that Islam urges all Muslims to give their best effort while performing a job (Hashim, 2010). According to Branine and Pollard (2010) Etqan encourages self-improvement in order to perform well at work. Etqan also leads to Alfalah, an Islamic value representing passion for excellence.</p>	<p>To perform surveying correctly, skills and knowledge are required, which cannot be acquired unless an employee has a sense of consciousness and of self-improvement. This is the more true for the surveyor. Giving feedback to others means being open to feedback on your own performance as well. Based on feedback the surveyor should continuously reflect and act to do a better job. This relates to <u>open-mindedness</u>.</p>
6	<p><b>Benevolence (Ehsan)</b> الاحسان                      Ehsan represents several Islamic values, such as proffering alms, perfection, amelioration, forgiveness and complete faith. But Ehsan's most important meaning is doing good deeds (Branine &amp; Pollard, 2010). It is a voluntary act to help other person(s) and it is done without any obligations</p>	<p>In line with Ali (2010), Ehsan shapes individual and group interactions within an organization and equips employees with values such as forgiveness, mercy, goodness, tolerance and kindness. For a surveyor this is especially important in the relationship to the other surveyors in the team. However its is more of a skill than an attitude.</p>



expectations for reward. It is an act with the pure intention of seeking God's blessing and satisfaction (Beekun and Abdawi, 2005).
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	Islamic Work Ethics (IWE) (Al-Salmani 2016)	Applied to the role of the surveyor
7	<p><b>Trust (Amana) الأمانة</b>                      The Holy Qur'an states, 'O you that believe! Betray not the trust of God and the Apostle nor misappropriate knowingly things entrusted to you' (Surat Al-Anfal 8:27). (Yusuf 10: 55) reflects the importance of trust in management. The value of trust is also represented by the story of the Prophet Musa (Moses), "Said one of the (damsels): O my (dear) father! Engage him on wages: truly the best of men for thee to employ is the (man) who is strong and trusty". (AL-Qasas 28:26).</p>	<p>Trust is crucial in surveying to accelerate performance and collaboration; as Covey notes in his in this book "The speed of trust: the one thing that changes everything (2006), the synergistic effect of being trusted and giving trust unleashed a level of performance we had never had before".                      I surveying this also relates to the need of <u>confidentiality</u>. The organization that is assessed needs to feel safe to open up and show its strengths and weaknesses without any fear that the surveyor will use this information against them e.g. publish it in the media.</p>
8	<p><b>Trustfulness (Sidq) الصدق</b>                      Sidq refers to doing and saying what is right to the best of one's knowledge; the opposite of Sidq is to lie or cheat (Branine &amp; Pollard, 2010). It is not acceptable for an individual to be honest in one aspect of his life and liar in another. Muslims are obligated to keep their promises; breaking promises is not an Islamic behavior, especially if the breaking is done intentionally (Abuznaid, 2006).</p>	<p>Keeping the promises made between surveyors; surveyors and the accreditation body, surveyors and the organization under scrutiny increases confidence in the accreditation system and creates a culture of trust (Branine &amp; Pollard, 2010), a culture that may have positive impact on organizational performance as a whole. As Abbasi et al. (2010) considered trustfulness as the most important ethical value in Islam because it is required in speech, intention, resolution, and fulfillment of resolution, action and in all stations on the path. In business related activities Sidq, or trustfulness builds a sense of <u>confidence</u> among all stakeholders. This is more a skill than an attitude.</p>
9	<p><b>Consultation (Shura) الشورى</b>                      Islam emphasizes the importance of seeking advice. As it is stated in the Holy Qur'an (Surah, 42: 38), 'their matters are Shura between them'. The Prophet Mohammed practiced consultation with his companions before making decisions in different subjects.</p>	<p>Consultation (Shura) was a major characteristic of the Prophet's management; therefore surveyors should consult with others prior to making decisions, (cfr. Branine &amp; Pollard, 2010). Shura helps develop consensus and agreement ensuring all decision making benefits the community business. Best practices in surveying emphasize interviewing patient, family and staff. It also provides surveyors a better tool for assessing the organization than only based on their document review and observations. Shura also relates to encouraging humbleness in surveying duties and engaging each other in decision-making processes (Abdzniad, 2006). Shura or consultation, aims to build consensus within the surveyor team. This is more a skill than an attitude.</p>
10	<p><b>Patience (Sabr) الصبر</b>                      Sabr, or Patience, is an important ethical value in Islamic teachings. According to Abbas et al. (2010), Sabr is practiced in two ways. Mental patience is the ability to control one's anger. Sabr is also practiced through bodily patience represented through tolerance of physical pain, performing acts of worship or facing difficulties in life.</p>	<p>A surveyor needs be able to control his emotions in the survey process. A surveyor needs to be able to face the difficulties that the sometimes-hard job of a surveyor brings along.                      A surveyor must be willing to give the organization and its employees the time to express what they want to tell. Patience is an aspect of <u>diplomacy</u>.</p>
11	<p><b>Conformity/Compliance (Mutabaqa) المطابقيه</b>                      In Islam Compliance, or Mutabaqa, is considered the criterion for achieving quality of performance. For example, the Articles of Faith and the Pillars of Eman are basic elements of the Islamic faith with which every Muslim is required to comply. Any</p>	<p>Compliance here means to be professional in his job. A surveyor should consider the standards to be the reference for his survey. Just his experience and assumptions are not accepted here but he has to survey the hospital or the healthcare institution based on the written standards.</p>

	deviation from these elements is considered to be non-conformity with God's law and His regulation. The rule of Mutabaqa applies to Muslim activities in the community and the work environment, which should comply Islamic principles.	
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	Islamic Work Ethics (IWE) (Al-Salmani 2016)	Applied to the role of the surveyor
12	Teamwork (Ruh aljam'ah) روح الجماعة Islam emphasizes the need to work in a team and directing all efforts towards achieving group objectives and values. Teamwork is represented by God's words as stated in the Quran: 'And hold fast all together by the rope which Allah (stretches out for you) and be not divided among yourselves; and remember with gratitude Allah's favor on you; for you were enemies and He joined your hearts in love so that by His grace you became brothers; and you were on the brink of the pit of fire and He saved you from it. Thus doth Allah make His signs clear to you: that you may be guided' (Surah, 3:103).	For surveying, it is very important that all surveyors share the same values and purposes and work together as a team (cfr. Abbasi et al., 2010). This is more of a skill than an attitude.
13	Supervision (Riqabah) الرقابه In the Holy Qur'an, God states (50:18), 'Not a word does he utter but there is a sentinel by him, ready (to note it)'. We understand from this verse that everything uttered and every act performed by a Muslim is noted by God. In business, Islamic teachings highlight the importance of supervision. It dictates that managers not only give orders but ensure implementation of those orders comply with Islamic principles, as well.	As Aldaradka notes in his book, Total Quality Management and Customer Services (2006), 'The Islamic control, whether internal or external, lead to ensure the implementation of the goals set in minutes, according to norms and standards and control of legitimacy'. This also applies to the surveyor process. Surveyors need to be trained, coached and evaluated and act upon the results and suggestions for improvement. It is more a prerequisite to the surveyor system than his individual attitude.

## CONCLUSION

The accreditation process, in higher education as well as in health care is more effective, if the interviewees are willing to be open and show the strengths and weaknesses of the organization. If they are not afraid or nervous engaging in the survey. If they do not perform dramaturgical compliance or if there is no sign of a Hawthorne effect.

That requires a specific surveyor attitude. Our research from a literature review brought us 6 attitudes towards interviewees: open-mindedness, diplomacy, honesty, integrity, confidence and confidentiality. We prefer to talk about virtues, since these require not just a tendency, but also action. Furthermore we think these virtues need to be adapted for use in a specific context, in this case in the ONASH. For that purpose we compared the 6 virtues with the Islamic Work Ethics. Those made us re-define them as follows:

- Intention (Niya) النيه
- Justice (Adil) العدل
- Sincerity (Ekhlas) الاخلاص

- Conscious of self-improvement (Etqan) الاتقان
- Trust (Amana) الأمانة
- Trustfulness (Sidq) الصدق
- Patience (Sabr) الصبر

The proposed seven Islamic Work Ethics define in a recognizable way the attitude of a surveyor in a health care accreditation system in the Middle East, which will increase the acceptance of the virtues to be learned by the surveyor. The other six Islamic Work Ethics still may be useful for the development of an accreditation system as a whole, like it is developed in Oman, but do not apply to surveyor's virtues.

## DISCUSSION

The research done is just an orientation in the field of healthcare accreditation and the quality of surveyors. We only used one source (PubMed) for our literature review. More literature will be available that is not disclosed there.

Virtues of the surveyor are a critical success factor for surveys. However, the success of the survey and the feedback given, depend on more than just the attitude of the healthcare surveyor.

When we look at the surveyor personal characteristics, education, audit experience and audit training can influence the quality of a surveyor. The success depends on the strength of the survey team as a whole. Furthermore the quality of the standards and the scoring system, the organization of the site visit have an impact on the outcome. The success also depends on the way the interviewees are able (and trained) to accept feedback. And the outcome of a survey stays in the first place the responsibility of the organization itself. But the healthcare surveyor has an important role in the improvement process of an organization that is to be accredited.

The hypothesis that the seven virtues are crucial for the quality of a survey needs further research. More research is also needed to investigate if the Islamic Work Ethics in general should have a broader impact on the Omani accreditation system than just on the surveyor. Islamic Work Ethics could be applied to the development of the mission of ONASH, its policies and procedures in addition to surveyor's attitude. That might increase the effectiveness and acceptance of the system as a whole.

### PROPOSED NEXT STEPS

The development of the Omani Healthcare Accreditation System at the moment is focused on the design of the standards. In a later stage it is planned that the survey procedure, the surveyor selection process, the surveyor training needs are defined. We support the idea of selecting peers for the survey process. We strongly suggest to add a patient like Accreditation Canada<sup>1</sup> does, as well as to take care of an equal representation of gender. At that moment – in any development of an accreditation system- it is suggested to focus the selection and training of surveyors on attitude or rather virtue. A proposal for seven required virtues is presented in this article, based on the Islamic Work Ethics. We suggest that in the process of development of the Omani Accreditations System these attitudes are taken into account. They can be translated into a code of conduct. The healthcare surveyors then would need to be aware of the code of conduct, sign it as proof of their acceptance. They need to be trained in their use. They need to be assessed on them to know to what extent they are mastered and they need to be a crucial part of the assessment to get

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<sup>1</sup> See: <https://accreditation.ca/news/patients-bring-valuable-lived-experience-insights-accreditation-survey-teams/>

certified as a healthcare surveyor. The effect should be measured. Applying the seven required virtues the accreditation system will experience an increased acceptance by the surveyors as well as by the people involved in the survey.

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