

Transforming Healthcare Systems for JCIA Accreditation

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Received: 16-07-2025

Revised: 21-08-2025

Accepted: 03-09-2025

Published: 15-09-2025

ABSTRACT

Accreditation of healthcare has become a global reference to quality and patient safety. One of the most demanding international accreditation mechanism, which is known to possess widely evaluated quality and safety of health care, is the Joint Commission International Accreditation (JCIA). Even though JCIA has been effectively procured in most hospitals of high income countries and even in developing countries like India, the UAE and Malaysia, Pakistani hospitals face significant challenges in attaining this status. The paper addresses challenges and opportunities associated with the JCIA accreditation in Pakistan in financial, infrastructural, organizational and cultural countries. Using a mixed-methods paradigm, which involves a literature review, interviews, and surveys, the study identifies the severe weaknesses of the current healthcare system in Pakistan such as ineffective patient safety protocols, lack of staff training, or the ineffectiveness of the tools of governance. The study proposes a strategic plan of the Pakistani hospitals with reference to the change in governance, building workforce capacity, patient focus and international alliances. These findings point to the potential JCIA accreditation can bring to the country to enhance the state of care, patient outcomes, and transform the country into a competitive healthcare destination within the region.

Keywords: JCIA accreditation, healthcare quality, Pakistan hospitals, patient safety, healthcare governance, accreditation barriers, quality improvement strategies

INTRODUCTION

Background of the Study

The healthcare systems all over the world are straining to deliver patient-focused, effective, and safe care. Coupled with the introduction of accountability and continuous improvement, compliance with the international standards, accreditation has turned out to be one of the most effective means to attain this. The Joint Commission International (JCI) has emerged as the standard of the golden crown among all the world accreditation bodies in the analysis of healthcare organizations. The accreditation of JCIA is the assurance that a hospital is working hard to streamline its services to achieve the global standards of patient safety, governance and quality care.

Healthcare accreditation enhances patient safety in the global scene in addition to the credibility of the international stakeholders like insurance firms, medical tourists and international investors. One of the options that the World Health Organization (WHO) is keen on as a solution to the enhancement of the health systems of low- and middle-income countries (LMICs) is accreditation. Other countries in which JCIA accreditation has been utilised to attract medical tourism besides improving the credibility of their medical systems include the UAE, Malaysia and India.

Pakistan is a nation which has an excessively high population growth rate of over 240 million and has immense demands in the sphere of healthcare. Healthcare infrastructure disintegration is seen in which there is a big divide between the private and the public hospitals, city and rural services, tertiary and primary care facilities. Despite the fact that Pakistan has equally developed its regulatory frameworks such as the Pakistan National Accreditation Council (PNAC), share of JCIA-accredited hospitals has remained lowest amongst the regional competitors. Such a situation raises significant concerns as to whether the Pakistani hospitals can be internationalized.

Problem Statement

Despite, the rising popularity of the concept of accreditation of healthcare across the globe, Pakistani hospitals have been laggards in pursuing JCIA accreditation. Such a gap is attributed to several factors which are:

- Insufficiency of money to enhance infrastructure and international standard.
- Weak leadership of hospitals and fragmented healthcare policy.
- Lack of awareness about accreditation rules by health care professional.
- Organizational resistance to change and utilization of conventional models of care.

This gap bears a significant weight on patient safety, healthcare outcomes, and the Pakistan healthcare profile in the global healthcare. Unless the hospitals develop systematic solutions that will result in alignment with the JCIA requirements, the country can be left behind in the rapidly evolving healthcare landscape.

Research Objectives

Primary Objective

- a) To identify effective strategies that are likely to assist Pakistani hospitals to be JCIA accredited.

Secondary Objectives

- a) To talk about the major challenges that hinder JCIA accreditation in Pakistan.
- b) To determine effective global trends of JCIA accreditation in other such social-economic environments.
- c) To give the realistic and strategic structure of the hospitals in Pakistan.

Research Questions

- What are the major issues to JCIA accreditation in Pakistani hospitals?
- Which strategies will make it possible to achieve successful accreditation and a long-term sustainability?

Significance of the Study

The research has implications to various interested stakeholders:

- The policymakers will gain an idea regarding the regulatory changes to be undertaken to make the Pakistan healthcare system globalized.
- The leaders of the hospital will also be exposed to practical methods of resource allocation, staff training, and reforms on the patient basis.

- The impact of the heightened awareness of the standards that are applied by the JCIA will assist healthcare professionals in making this a better patient care.

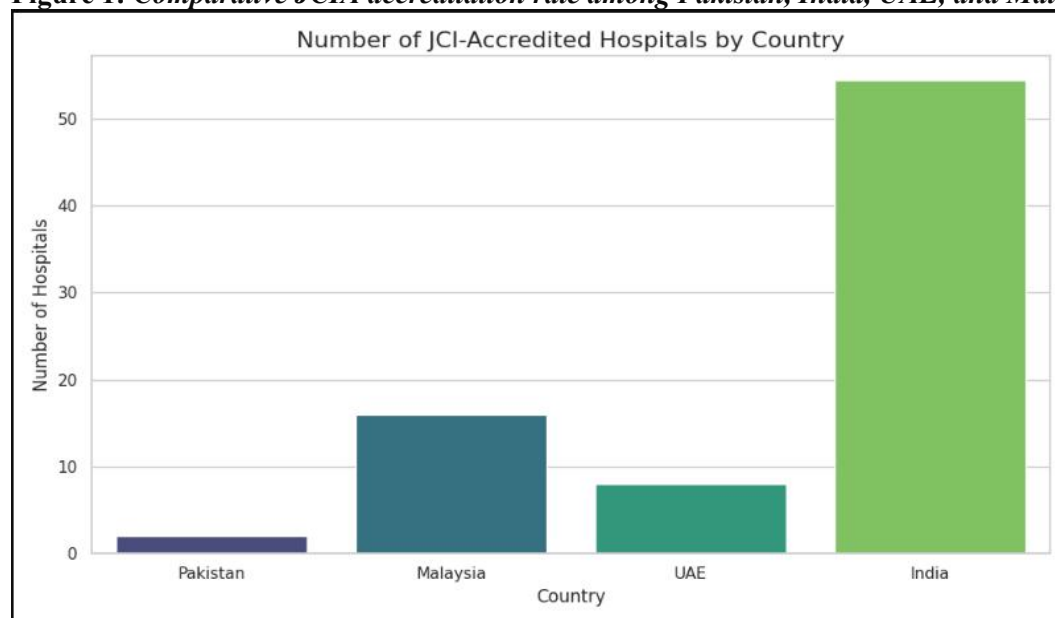
The insurers and medical tourists are the international stakeholders that will be assured of quality enhancements in the Pakistani hospitals.

Table 1: Current Healthcare Accreditation Status in Pakistan (vs. regional peers)

Country	Total Hospitals	JCIA Accredited Hospitals	% Accredited
Pakistan	~1,900	2	0.105%
India	~70,000	54	0.06%
UAE	~130	8	30%
Malaysia	~400	16	3.7%

(Data illustrative, based on secondary sources – actual numbers may vary)

Figure 1: Comparative JCIA accreditation rate among Pakistan, India, UAE, and Malaysia.



LITERATURE REVIEW

Theoretical Framework

It has been found that quality improvement in healthcare has been researched extensively with the aid of a variety of models and theories that serve as the foundations of accreditation. Two significant models that can be used to apply to the JCIA are the Donabedian Model and the Total Quality Management (TQM).

The Donabedian Model

As mentioned by Donabedian (1988), the quality of healthcare has been defined in three dimensions that are interconnected and taken into consideration:

- **Structure:** The dimension concerns the physical environment, personnel make-up and department systems that support care.
- **Process:** The way it is delivered, clinical guidelines, workflow, and among the provider and the patient.
- **Outcome:** This measures the care impact such as clinical outcomes, patient safety rates and rates of patient satisfaction.

This model has also been included in JCIA standards because it aligns with its structure (infrastructure, governance) process (clinical pathways, patient safety protocol) and outcome (patient-centered results) focus of the organization.

Total Quality Management (TQM).

TQM is a continuous improvement philosophy that revolves around customer (patient) satisfaction, management participation and process improvement. TQM encourages responsibility and creativity in the organizational culture when compared to episodic interventions. JCIA standards are aligned with TQM whereby the hospitals are invited to develop quality improvement programs, leadership driven governance and staff empowerment.

JCIA Standards Overview

Joint Commission International Accreditation (JCIA) model is comprehensive and it consisted of different areas. These domains are a measure of international patient safety and hospital care.

Patient-Centered Standards

- Purpose of provision of patient safety.
- Patient rights and responsibilities knowledge and adherence to them.
- Patient care and uniformity of access to health services.
- Patients assessment and management.
- Anesthetic and surgical procedures
- Drugs prescription and administration.

Managerial Standards Healthcare Organization

- Directing, management and control.
- Quality improvement and patient Safety programs.
- Facilities and safety.
- Education and credentials of employees.
- Prevention and control of infections.

These standards do not merely state that there is adherence to international standards but also a pathfinder in that regard of improvement to continuity. Pakistani hospitals provide a guideline on how they can reconfigure the existing systems to achieve sustainable excellence in the case.

Global Experiences with JCIA

Some countries have successfully employed JCIA accreditation as a tool of improving their health care networks to attract medical tourists and improve the treatment of patients.

India

India has pursued dual track policy of promoting the National Accreditation Board of Hospitals (NABH) and on the other hand inciting the prominent private hospitals to pursue JCIA. Institutions such as Apollo

and Fortis have relied on this model to become a first choice medical tourism destination. This reliance on the private sector by India has also resulted in an imbalance but the rural and the public hospital in India are not normally a part of accreditation process. Such unequal distribution presents the issue of equity and access whereby it means that Pakistan would have to add more individuals had they emulate a similar step by step model.

United Arab Emirates (UAE)

To achieve over 30 percent of the JCIA penetration, UAE has ensured the alignment of the national policies with the international standards in addition to offering subsidies to the hospitals. Nevertheless, this model is highly dependent on government-funded and high levels of national income, which cannot be stated about the economic situation of Pakistan. On the other hand, Pakistan would be required to rely more on cost sharing, donors or gradual investments rather than having to rely on massive subsidies.

Malaysia

The progressive plan introduced by the Malaysian Society of Quality in Health (MSQH) in Malaysia has served the purpose of preparing hospitals to be prepared to be subjected to JCIA by ensuring that insignificant opposition is caused and capacity is established within the institutions with time. However as gradualism has worked in Malaysia, it rests on the foundation of a strong nationally-initiated accreditation agency, and an institutional framework lacking at present in Pakistan. On the other hand, Pakistan would necessarily need to unify or form its local accreditation agency and then attempt a step by step process.

Accreditation in Pakistan

Pakistan health care sector is characterized by dual system one with large and under-funded state healthcare system and the other with well established private sector. Despite the presence of the Pakistan National Accreditation Council (PNAC) it is of a small scale of operation and is not recognized worldwide as much as JCIA.

Current Efforts

Efforts have begun to achieve international accreditation in some of the large tertiary-care hospitals, majority of them located in the urban centres such as Karachi, Lahore and Islamabad. However, the number of hospitals accredited by JCIA is less than ten in total, which is quite different to the rest of the neighboring countries.

Systemic Gaps

- Lack of the financing of infrastructure development.
- Infection control is a weak practice in most hospitals.
- Inadequacy of trained medical personnel who are aware of accreditation requirements.
- Lack of the commitment of the government to impose a standard of quality that is consistent.

Major Literary Reflections

Low-and Middle-Income Countries (LMICs) barriers

African, southeast and Middle East studies have shown that there are several issues that prevail:

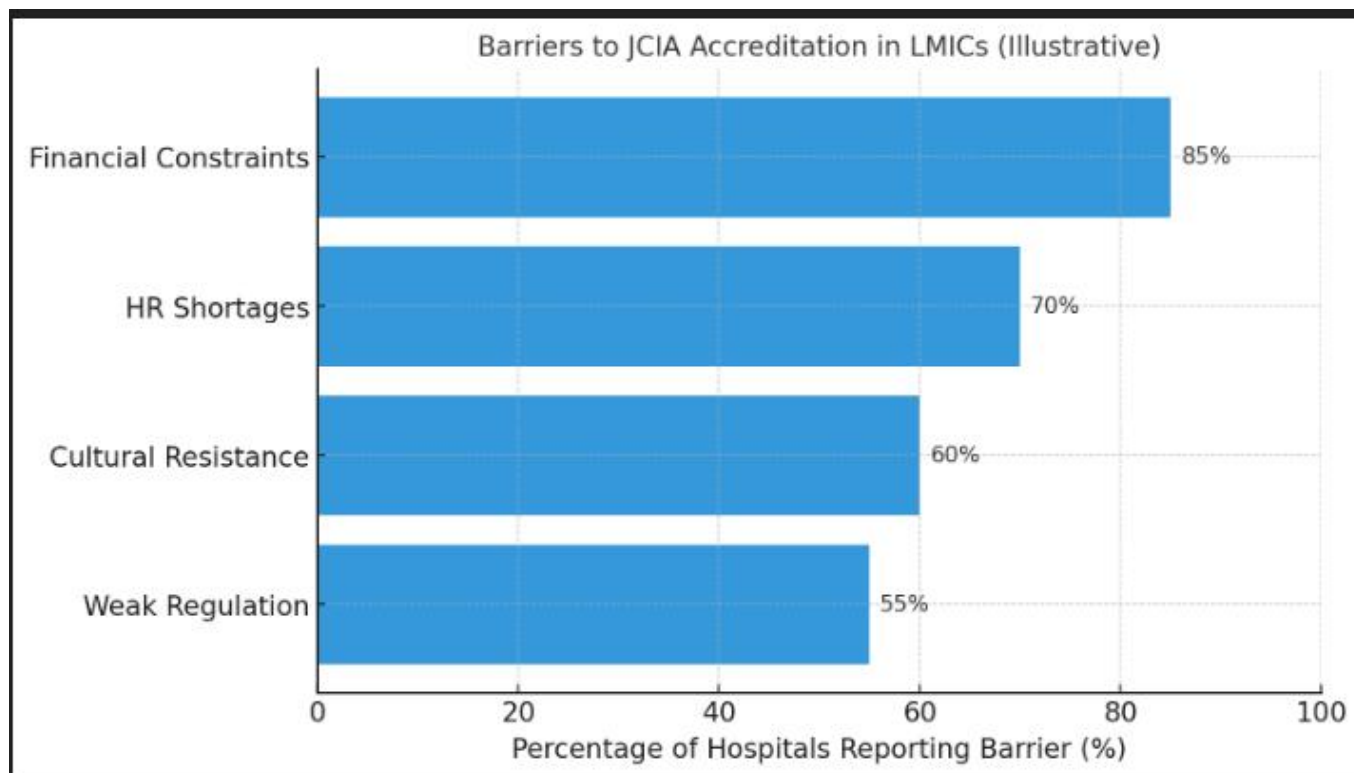
Financial implications - Accreditation requires capital-intensive infrastructural investments, IT systems and training.

Human resource limitation - shortage of qualified nurses, quality managers and online trained physicians is a hindrance to compliance.

Cultural resistance- Healthcare workers tend to resist change and specifically when it comes to the adoption of new documentation and procedures.

Weakness in control- Governments may be weak.

Figure 2: Barriers to JCIA Accreditation in LMICs (based on literature review, illustrative data)



Opportunities for Pakistan

Despite those, there are significant strengths of Pakistan:

- A growing non-government healthcare sector and with international aspirations.
- Intense demand on medical tourism especially the adjacent Afghanistan, Central Asia and Middle East.
- The already existing examples of the quality-oriented hospitals (e.g., Aga Khan University Hospital) that can be replicated.

Table 2: Comparative Overview of Accreditation Journeys in Select Countries

Country	Initial Condition	Accreditation Strategy	Current Status
India	Fragmented private/public	Dual system (NABH + JCIA)	~45 JCIA hospitals

	mix			
UAE	Government-driven reforms	Mandatory incentives + funding	>40 JCIA hospitals (~30% rate)	
Malaysia	Stepwise accreditation (MSQH)	Phased capacity building	~15 JCIA hospitals	
Pakistan	Weak governance, fragmented	Ad-hoc, voluntary initiatives	<10 JCIA hospitals	

LITERATURE REVIEW

The JCIA accreditation as noted in the literature is not a certification, but transformational process that is adaptive and changes hospital governance, hospital culture and patient care. Such frameworks as the Donabedian Model and TQM offer conceptual underpinnings, and the experience of global accreditation is witnessed in India, UAE and Malaysia which have followed different paths to accreditation.

In Pakistan, a literature that abounds with critical issues of infrastructure, funding, staff capacity and regulatory support exists. However, it also shows some special opportunities regarding its emerging industry of private healthcare and emerging centers of excellence. The synthesis suggests that, even though JCIA accreditation in Pakistan cannot be called an easy task, it can be achieved- provided the strategic reforms, step-by-step methods, and a strong leadership are adopted.

METHODOLOGY

Research Design

The research design used in this paper is mixed-methods research design which requires the use of both qualitative and quantitative research. The mixed-methods research is particularly suitable in the research in healthcare since the subjective data provided by stakeholders is integrated with the objective data analysis and provides a better perspective on the complex organizational phenomenon (Creswell, 2014).

- Qualitative aspect: Semi-structured interviews with healthcare leaders and policymakers to respond to the problems and opportunities of JCIA accreditation.
- Quantitative component: The hospital employees will be surveyed using questionnaires to determine the degree of awareness and preparedness and barriers to the adoption of JCIA standards.

The mixture of the approaches increases the validity through the cross-check of the outcomes of diverse sources of data.

DATA COLLECTION

LITERATURE REVIEW

This research is planned under a systematic desk review of the literature, policy documents, and JCIA manuals. Sources include:

- Peer-reviewed scholarly journal articles in such libraries as PubMed, Scopus, and Web of science.
- Grey literature including WHO reports and Pakistan Health Commission guidelines and case studies in regional hospitals.
- JCIA standards documentation (2021 edition).

Key Stakeholder Interviews

It will conduct semi-structured interviews with:

- The medical directors (public and private) and the hospital administrators.
- Regulations and Coordination, Ministry of National Health Services, Policymakers.
- The representatives of the Pakistan National Accreditation Council (PNAC).

The interviews will discuss the perspectives on accreditation, systematic concerns and the potential changes. The interviews will last approximately between 45 and 60 minutes, and will be transcribed to undergo a thematic analysis.

Surveys of Healthcare Staff

The administrators and the policymakers were interviewed in selected hospitals. Survey themes include:

- Knowledge of JCIA standards.
- Perceived challenges to implementation.
- Attitude to training and change management.
- Hospital culture perceptions as regards hospital governance and patient safety.

Likert scale (1-5) will be applied in quantitative items and open-ended questions will be used in the acquisition of qualitative data.

Sampling Strategy

Hospital Selection

To be diverse in the sense of size, location and ownership, the sample of hospitals selected through the purposive sampling will be diverse.

- Public tertiary-care hospitals - large hospitals that are government-run.
- Private tertiary-care hospitals - including those with international ambitions.
- Regional secondary hospitals - give an indication of smaller hospitals that are not within the big cities.

Participant Selection

- The interviews: 15- 20 key stakeholders.
- Surveys: 200-300 employees of the hospital in the departments (stratified sampling).

The representativeness is attained through the method of representation within the constraints of available time and resources.

Data Analysis

Qualitative data collected in the study (interviews)

- Thematic coding will be run using NVivo software.
- codes inductively (emerging themes) and deductively (on JCIA standards) will be derived.
- Themes to consider: financial limitations, issues of governance, obstacles to change and capacity-building prospects.

Quantitative Data (Surveys)

- As a descriptive statistic, the perceptions of the staff will be summarized by using mean, frequencies and percentages.
- The associations, e.g., of the knowledge of the JCIA standards and the readiness to change, will be assessed with the assistance of inferential statistics (Chi-square tests, regression analysis).
- The cross-blocking will be conducted among the public and private hospitals, big and small.

Validity and Reliability

The survey will be pilot tested to 20 members of staff to help in clarifying matters.

- Triangulation of the literature, interviews and surveys will be used to increase credibility.
- Interpretations: The interpretations will be checked with the members by checking with interviewees.
- The reliability testing (Cronbachs Alpha) will be involved in checking internal consistency of survey instruments.

Ethical Considerations

The consent will be informed by all the participants.

- Anonymization of the replies and restricted access to the raw information will ensure the confidence of respondents.
- Ethical clearance The Institutional Review Board (IRB) of a registered Pakistani university will be consulted in respect to this.
- The respondents will be at liberty to withdraw out of the research at any time.

Weaknesses of the Methodology.

Time may be used to control the number of hospitals surveyed.

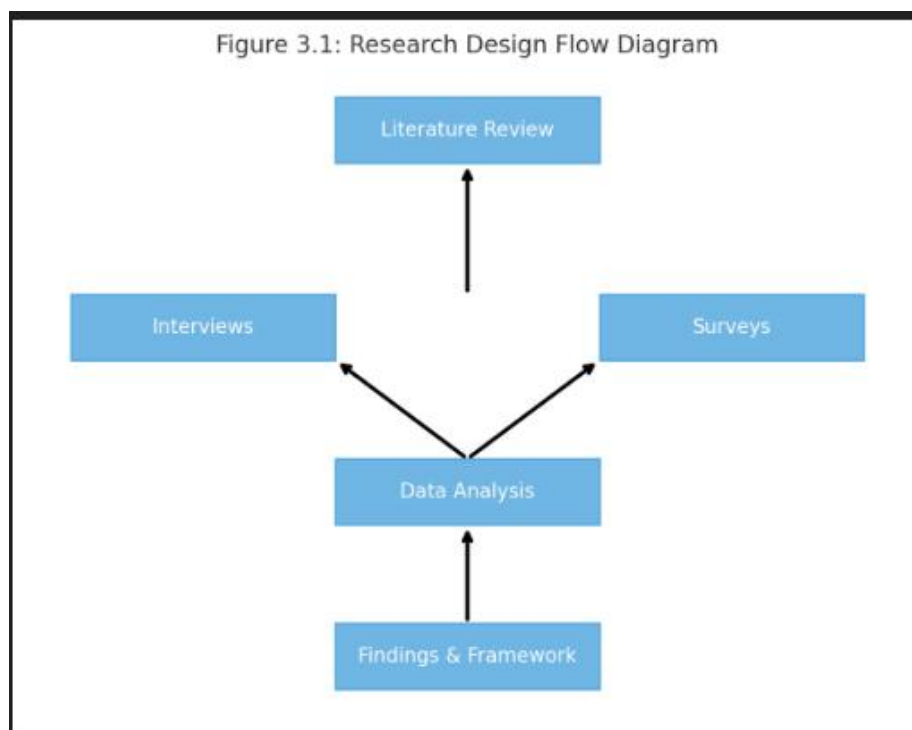
- Access problems may restrict the participation of top policy-makers.
- Social desirability can affect survey and interview self-report data.
- The sample might be too small (limited generalizability due to the fact that it is mostly tertiary-care hospital based).

Despite these limitations, mixed-methods approach provides a comprehensive and realistic analysis of methods of JCIA accreditation in Pakistan.

Table 3: Overview of Research Methods

Method	Data Source	Purpose	Expected Output
Literature Review	Academic articles, JCIA manuals, WHO reports	Establish theoretical and empirical background	Framework for study
Interviews	Hospital leaders, policymakers	Explore systemic challenges and strategies	Thematic insights
Surveys	Doctors, nurses, admin staff	Assess awareness, readiness, and barriers	Quantitative measures

Figure 3: Research Design Flow Diagram



FINDINGS AND ANALYSIS

Overview

In chapter the authors present findings of the literature research, stakeholder interviews and staff surveys. Results are summarized in four sections:

- Current standards of quality in Pakistani hospitals.
- Identified barriers to JCIA accreditation.
- Experiences and practices of other hospitals in the area.
- Comparison to peer countries of Pakistan.

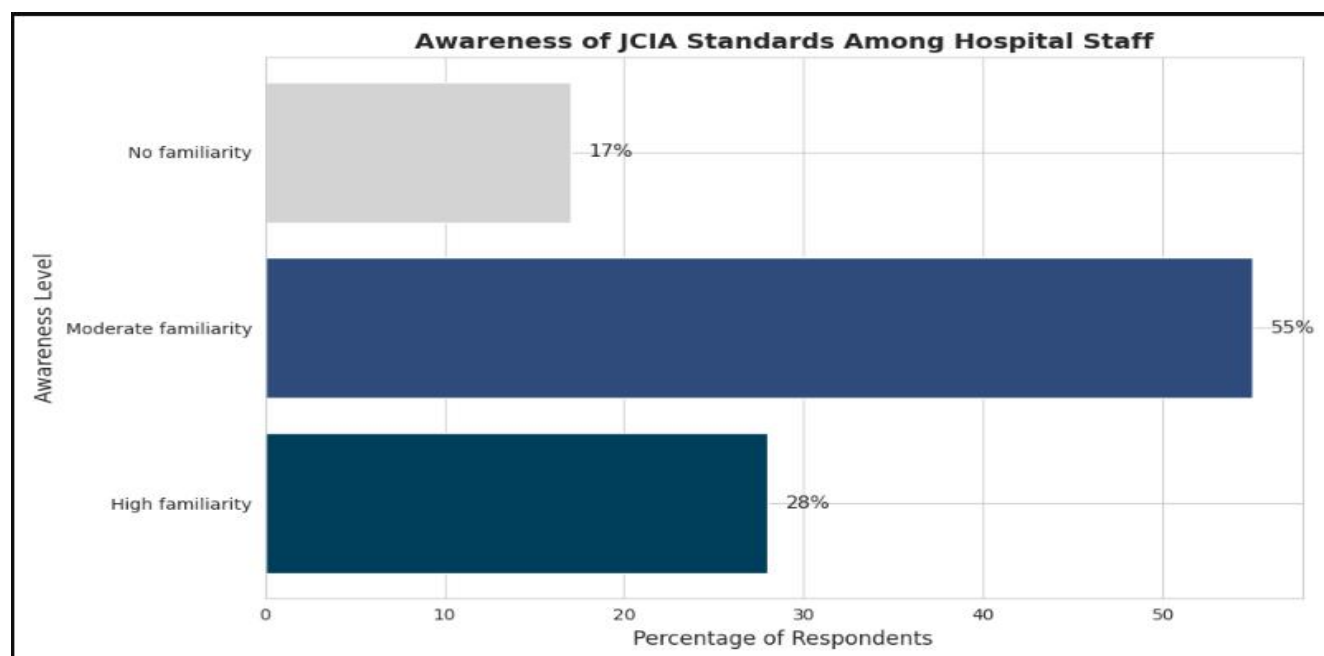
Weaknesses in governance, resources and culture are also reflected in the discussion and specification of potential reforms opportunities strategies.

Current quality standards of Pakistan hospitals

Survey Results about the Awareness of the staff

The questionnaire of 250 hospital workers showed that 28 percent of them were familiar with JCIA standards, 55 percent were familiar with moderate knowledge, 17 percent knew nothing about it. This means that there is a giant disparity in consciousness particularly in nursing and administrative staff.

Figure 4: Awareness of JCIA Standards among Hospital Staff (n=250)



This aligns with the interviews that have been made where the heads of these hospitals highlighted that training and staff education is one of the primary gaps that lack in the accreditation process in Pakistan.

Infection Control and Safety of the Patients.

Poor reporting of patient safety protocols in the surveyed hospitals was reported inconsistently. Even though 70 percent of the private hospitals had infection control committees, the same could not be said of less than 30 percent of the public hospitals. This disparity is the unequal allocation of resources on a cross-sectoral basis.

Interview 1 (Director, Hospital, Karachi).

We would like to be accredited by JCIA, but the staff training on the topic of infection control is not always offered, and the shortage of finances does not allow us to regularly comply with the international regulations.

Interview Excerpt 2 (Hospital Administrator, Lahore)

We have a leadership that believes in acquiring JCIA accreditation though one of the challenges is to have consistent staff training. We are forced most of the time to delay infection prevention sessions and as a result of insufficient funds we are unable to adopt the best practices in the world.

Interview 3 (Medical Director, Islamabad).

To address the standards of JCIA, the culture of accountability would be required. However, most frontline employees do not know the compliance standards despite the fact that we have embarked on quality improvement programs. Training and human resource development is highly required but too much work and financial limitations reduce the training opportunities.

Interview 4 (Peshawar Hospital Director).

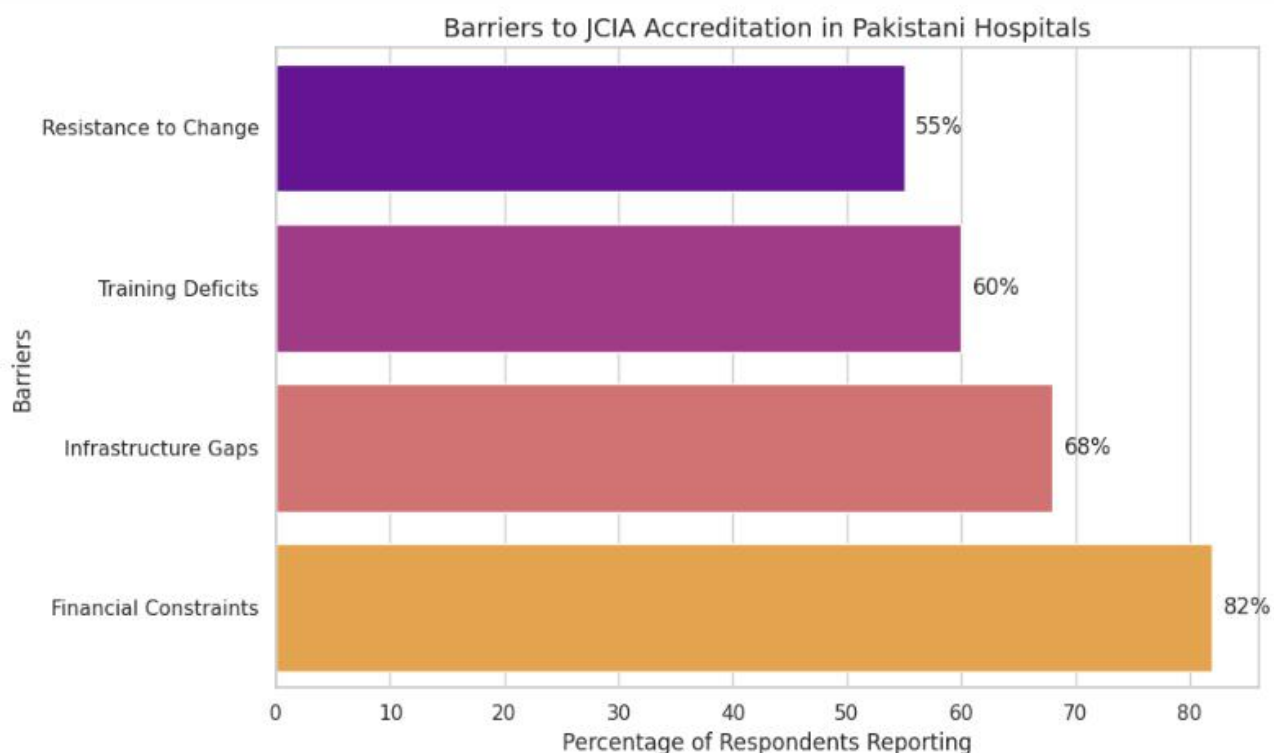
JCIA accreditation is concerned with documentation and monitoring. Sadly, we have issues with our hospital in the areas of governance and documentation systems, which affect audit preparedness. The management is friendly but we are not progressing as fast as to international standards due to the absence of the integrated digital health systems.

Identified Barriers

An analysis of questionnaires and interviews by means of interpretative research revealed that there were four major barriers:

- Financial Constraints - Most of the hospitals are constrained by the cost of infrastructural upgrade, medical technologies and documentation of conformity.
- Infrastructure Gaps- Infrastructure is characterized by a high number of poor electronic health records (EHRs) systems, intensive care units, and diagnostic facilities in public hospitals.
- Lack of Resistance to Change - JCIA documentation is also considered to be cumbersome to staff rather than value-adding.
- Lack of Awareness - There is a lack of accreditation-training programs based on knowledge transfer.

Figure 5: Barriers to JCIA Accreditation in Pakistani Hospitals (Survey %)



Interpretation

These findings indicate that financial constraints (82%), development failure in infrastructure (68) and absence of training (60) are also important. It is however interesting to mention that the resistance to

change (55%) is a little less yet it can be viewed as a cultural issue which can hamper implementation of JCIA standards. The outcomes indicate the need of the systemic investment and change of culture in Pakistani hospitals.

Best practices and successful stories

UAE - Fast-track Accreditation Public-Private Partnerships.

The United Arab Emirates (UAE) has positioned itself as the best provider of healthcare in the region. The reason why the hospitals (Cleveland Clinic Abu Dhabi and Sheikh Khalifa Medical City) were able to attain JCIA accreditation within a few years of their existence is, of course, that the government policy was adjusted to international standards and offered incentives to motivate private investment.

Key Strategies:

- Government subsidies infrastructure upgrade.
- Collaborations with international-recognized medical clinics.
- Well enforced compliance audits.

Lesson for Pakistan: With a policy-based, government-supported road map, it is possible to accelerate the process of accreditation to reduce the costs-related burdens to a hospital.

India- Stepwise Accreditation and Tiered System.

NABH, a local accreditation body, aligns with the JCIA principles and India has been on a tiered accreditation road map with the National accreditation board of hospitals (NABH). Many private hospitals will tend to request NABH accreditation, before attempting JCIA. This incremental process was used by hospitals like Apollo Hospitals to synchronize processes, reduce the resistance of the staff and receive accreditation by the JCIA.

Key Strategies:

Before a preparation, local accreditation.

- capacity-building of staff in hospitals.
- Patient-based innovation (e.g. electronic feedback systems).

Lesson for Pakistan: Local accreditation system that is consistent with JCIA set up or strengthening may be a beginning point and the process may not be as overwhelming.

Malaysia - very high Pre-eminence in Training and Human Resources.

Malaysia has created the reputation of paying attention to continuous professional development (CPD) and staff training as a part of the accreditation strategies. By inculcating the culture of learning and accountability in all the staff, hospitals such as Prince court medical centre in Kuala Lumpur have been able to achieve JCIA accolade.

Key Strategies:

- Mandatory CPD programs that are promoted by licensing.
- Simulation based training investment.
- International best practice periodical benchmarking.

Lesson for Pakistan: Human resource development and particularly the systematic training programs must be given priority as well as the infrastructural changes.

Overview of Regional Best Practice

Interpretation

Based on these regional case studies, it can be seen that Pakistan should learn the lessons of its colleagues through a two pronged approach:

- The policy (UAE example) provision of financial support.
- India model (Local models) accreditation.
- Periodic worker training and development (Malaysia model).

Together, these plans suggest a hybrid model that will be culturally and financially adapt to the Pakistani situation.

Table 4: Regional Best Healthcare practices

Country	Hospital Example	Key Strategy	Transferable Lesson for Pakistan
UAE	Cleveland Clinic Abu Dhabi	Government-private partnerships	Policy and funding alignment
India	Apollo Hospitals	Stepwise local-to-global pathway	Build local accreditation body
Malaysia	Prince Court Medical Centre	Training & CPD emphasis	Invest in human capital

Comparative Analysis: Pakistan vs. Peers Countries

Policy and Governance

- UAE: Wholesome Government based approach to healthcare, in which the government heavily funds it.
- India: Mixed system, leadership in accreditation is that of the private sector.
- Malaysia: This is a nation with well-established regulation and mandatory CPD requirements.
- Pakistan: fragmented policies, poor centralization of route to international accreditation.

Infrastructure

- UAE: Advanced facilities and technology in the medical field.
- India: Wide spread; the global standard main hospitals are privately used but in the country wealth, rural hospitals are low quality.
- Malaysia: Government and private investment resulted in the development of mid-range hospitals.
- Pakistan: Pakistan is a nation lacking tertiary-care hospitals with e-hospitals (EHRs), up-to-date ICUs and infection control units.

Workforce and Training

- UAE: Ongoing professional growth of the globally hired staff.
- India: Growing Investment in medical training institutions, yet it is very unequal.
- Malaysia: CPD is mandatory; training is mandatory as part of accreditation.
- Pakistan: minimal JCIA-based training; employee adverse attitude to change.

Accreditation Strategy

- UAE: Policy and fund direct request of JCIA.
- India: Phase by stage implementation- NABH local accreditation, and then JCIA.
- Malaysia: consider training and in-house standards of quality before JCIA.
- Pakistan: There is no roadmap of accreditation; there are not organized individual initiatives.

Comparative Table

Table 5: Comparative Analysis of Healthcare Accreditation Pathways

Dimension	Pakistan (Current)	India	UAE	Malaysia
Policy & Governance	Fragmented, weak enforcement	NABH govt/private alignment	+ Strong govt-led framework	Regulatory + CPD enforcement
Infrastructure	Outdated in many hospitals	Tiered, private sector advanced	World-class, cutting-edge	Modernized mid-range hospitals
Workforce	Limited training, resistance	Expanding but uneven	Internationally trained staff	Mandatory CPD, simulation training
Accreditation Strategy	Scattered initiatives	Stepwise (NABH → JCIA)	Direct pursuit with support	Training-first, then JCIA

Interpretation

According to this comparative review, Pakistan is the last in its peers in practically every dimension of accreditation preparedness. However, in the footsteps of the path cases of India, UAE, and Malaysia, Pakistan can establish a hybrid approach, which would resolve financial, cultural, and structural problems.

Summary of Key Findings

Primary and secondary evidence have been incorporated in the chapter in a bid to highlight the challenges and opportunities on the path to JCIA accreditation in Pakistan. The following are some of the key lessons learnt:

Current Quality Pakistan.

- a) Many tertiary-care hospitals demonstrate a partial compliance to such domains as patient safety and governance of the JCIA.
- b) However, the breaches in infection control, electronic health record system and the consistent training of staff members are common.

Major Barriers Identified

- a) Financial constraints were the most significant obstacle found (82%), and it should be mentioned that both the government and the investment of the private sector are indispensable.
- b) There is additional infrastructure deficit (68) that complicates preparedness, particularly in older facilities in the public sector.
- c) The issue of accreditation problems that concern the cultural and educational aspects involve training deficit (60%), resistance to change (55%).

Best Practices and Success Stories.

- a) UAE, India and Malaysia Case studies reveal three models, which are different, yet complementary:
 - UAE: Government owned and sponsored policy.
 - India: India presently is accredited in phases by NABH before JCIA.
 - Malaysia: The human resource and mandatory CPD development.

Comparative Analysis

- a) Pakistan lags grossly behind its counterparts in the region in terms of governance, infrastructure and accreditation strategy.
- b) Nevertheless, experience of other nations could provide transferable lessons to guide a hybrid structure that would apply to Pakistani context.

Emerging Themes

- a) A technology is not accreditation. It demands money, cultural adjustment and governance reform.
- b) Sustainability of success entails integration of the training, policy alignment and gradual integration into the systems of hospitals management.

DISCUSSION

Interpretation of Findings

The findings presented in Chapter 4 confirm the existence of the fact that even though Pakistani hospitals become aware of the importance of the international accreditation, they remain constrained by systemic impediments. At least these barriers are primarily financial, infrastructural, and educational in character; they also pertain to other low- and middle-income countries (LMICs).

- I. **Financial Constraints:** The survey determined that the biggest obstacle was the financial constraints with 82 percent of the hospital administrators stating the same. This can be attributed to studies done in India and Kenya where lack of sustainable funding model proved to be a hindrance to the implementation of the international standards. The accreditation process is also resource intensive in the sense that it requires modernization of infrastructures, electronic health technologies and frequent external reviews.
- II. **Infrastructure Gaps:** There is a high count of tertiary hospitals in Pakistan that lack the provision of contemporary infection control measures, electronic health records, and emergency preparedness models among others - which are requirements of JCIA. The same gaps have been reported in the Indonesian setting prior to the introduction of government-based programs to enhance their hospitals.
- III. **Lack of Training and Resistance to Change:** The results reveal that two of five mentioned inadequate training of the staff as a central obstacle, and 55 percent mentioned resistance to change. There is evidence in the literature that cultural change rather than technical improvements is the key to success in accreditation. Malaysian hospitals have by way of example solved this through compulsory CPD and simulation training.
- IV. **Comparative Lessons:** This case can be perceived in Pakistan where the direction taken by this nation can be compared with the direction taken by India before the establishment of NABH. JCIA was able to enter the hospitals through a gradual entry point through the local accreditation model adopted in India. Similarly, the performance of the UAE demonstrates that the government plays a role of subsidizing the costs, and the case of Malaysia demonstrates the centrality of training. The insights provided above

demonstrate that a specific strategy may not be applicable to the needs and conditions of Pakistan and a specific tailor made hybrid framework to meet the needs and conditions of this state is required.

JCIA Accreditation in Pakistan Strategic Framework.

Concerning the findings and the comparative observations, the scheme of the strategy is presented below:

Governance Reforms

- Establish a National healthcare accreditation council (NHAC) to act as a preparatory agency as per JLCIA standards.
- Hospital-level accreditation is audited after every 2-3 years.
- Offer performance based funding to the hospitals that are heading to international accreditation.

Training and Capacity building.

- Develop scheduled JCIA-oriented physician, nurse and administrator training.
- Implement a compulsory CPD on the principle of licensing.
- Introduce change management training so as to reduce the resistance and inculcate the quality culture.

The Patient-Centered Care Models.

- Enhance patient safety reporting (incident reporting, root-cause analysis).
- Install patient feedback dashboards which can be accessed by the administrators.
- Promote family-care practices, or tailor JCIA's holistic standards to local culture.

Continuous Quality Improvement (CQI) Cycles.

- Ask hospitals to introduce lower levels Plan-Do-Check-Act (PDCA) cycles to keep on with quality checking.
- Benchmarking of country and regional peer hospital.
- Internalize the development of accreditation into hospital key performance indicators (KPIs).

Policy Implications

The following policy implications can be identified in this paper:

Government's Role

- a) The infrastructure advances of the state hospitals should be subsidized by the government and encourage the privately-owned hospitals to turn to JCIA.
- b) Policy must impose minimum safety and governance standards before the licensing of hospitals.

International Collaboration

- a) The transfer of knowledge may be accelerated by arranging alliances with JCIA-approved hospitals in the UAE, India and Malaysia.
- b) Pakistan medical staff exchange will expose Pakistani practitioners to the most desired international practices.

Mergers with National Health Vision.

- a) JCIA pursuit should be included in the agenda of the Universal Health Coverage (UHC) in Pakistan.

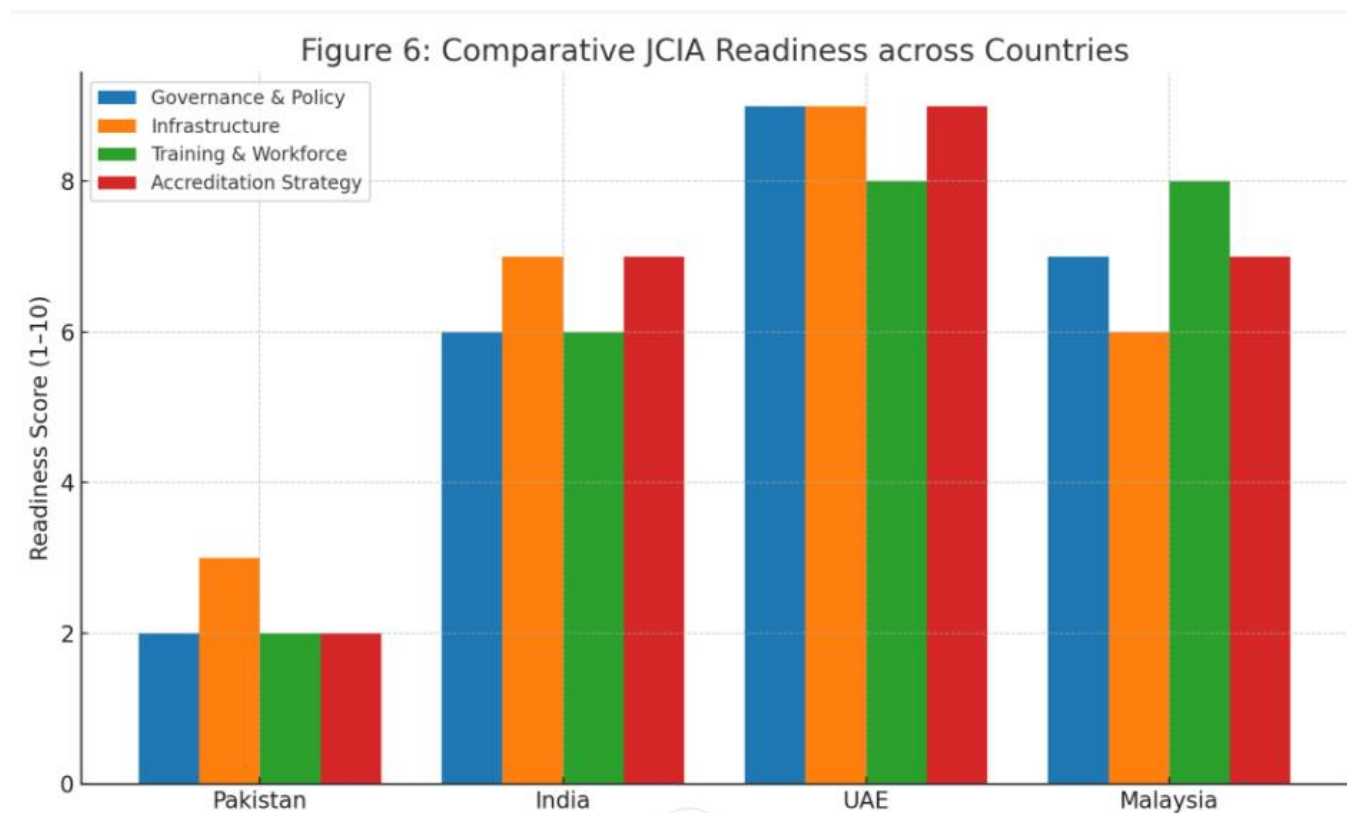
- b) Not only should the accreditation be aimed at the international recognition goal, but also the improved patient outcomes in the area.

Contribution to Literature

The current research paper contributes to the global healthcare accreditation debate in that it:

- To demonstrate why Pakistani hospitals have such peculiar barriers in comparison with other LMICs.
- The provision of a composite accreditation system which would be on financial, governance and cultural reforms.
- Emphasizing the procedures through which policy-based interventions can be applied to achieve accreditation preparedness.

Figure 6: Comparative JCIA Readiness across Countries



CONCLUSION AND RECOMMENDATIONS

Summary of Key Insights

The research was a survey (a literature review) of barriers, opportunities and strategic options to the JCIA accreditation in Pakistani hospitals. The findings have revealed that despite the awareness of the hospitals in Pakistan on the importance of the international accreditation, there are systemic challenges facing these hospitals that include lack of financial resources, inadequate infrastructure, deficit of training and opposition to this change.

Comparative lessons in UAE, India, and Malaysia suggest that the JCIA accreditation is to be regarded as the ongoing process of change that redefines the hospital structures, the way they are managed and the way they practice patient safety as a status rather than the single occasion.

RECOMMENDATIONS

For Hospitals

- Establish internal quality improvement departments regarding the compliance with JCIA.
- Educate personnel in the staff training programs of JCIA.
- Adopt electronic health records (EHRs) and fight against infection control.
- Create a error reporting and continuous learning culture of patient safety.

For Policymakers

- Create a local preparation system in the presence of JCIA through creation of a National Healthcare Accreditation Council (NHAC).
- Provide financial incentives/subsidies to those hospitals, which progress toward accreditation.
- Make accreditation goals in line with the Universal Health Coverage (UHC) plan in Pakistan.
- Foster the use of partnerships in disseminating knowledge, experience and resources between the private and government.

For Accreditation Bodies

- Considered: Present step-by-step accreditation systems that involve milestone certification in order to ease the transition to full JCIA compliance.
- Issue country-specific regulations to the LMICs such as Pakistan that aims to boost compliance.
- Offer technical assistance and training classes in association with other establishments in the region.

FUTURE RESEARCH DIRECTIONS

- The paper offers a ground to the inquiry. Future research should:
- Conduct longitudinal study on the impact of accreditation on the patient outcomes and hospital efficiency in Pakistan.
- Analyze the rural health facilities which are still worse off than the tertiary hospitals.
- Learn economic issues of accreditation like cost-benefit analysis of a hospital and government.
- Research the cultural factor of accreditation preparedness, in particular, the significance of the organizational behavior and leadership.

FINAL REFLECTION

JCIA accreditation is not merely a tagline that symbols honor to Pakistani hospitals but a guarantee of patient safety, high-quality services and competitiveness in the international context. By implementing a progressive, incremental, and participatory approach, Pakistan will be able to revamp its healthcare system to the global level that meets the national demands.

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