Almost half of the Danish general practitioners have negative a priori attitudes towards a mandatory accreditation programme

Frans Boch Waldorff[1, 2], Dagný Rós Nicolaisdóttir[2], Marius Brostrøm Kousgaard[2], Susanne Reventlow[2], Jens Søndergaard[1], Thorkil Thorsen[2], Merethe Kirstine Andersen[1], Line Bjørnskov Pedersen[1, 4], Louise Bisgaard[3], Cecilie Lybeck Hutters[1] & Flemming Bro[3]

ABSTRACT

INTRODUCTION: The objective of this study was to analyse Danish general practitioners' (GPs) a priori attitudes and expectations towards a nationwide mandatory accreditation programme.

METHODS: This study is based on a nationwide electronic survey comprising all Danish GPs (n = 3,403).

RESULTS: A total of 1,906 (56%) GPs completed the questionnaire. In all, 861 (45%) had a negative attitude towards accreditation, whereas 429 (21%) were very positive or positive. The negative attitudes towards accreditation were associated with being older, male and with working in a singlehanded practice. A regional difference was observed as well. GPs with negative expectations were more likely to agree that accreditation was a tool meant for external control (odds ratio (OR) = 1.87 (95% confidence interval (CI): 1.18-2.95)), less likely to agree that accreditation was a tool for quality improvement (OR = 0.018 (95% CI: 0.013-0.025)), more likely to agree that it would affect job satisfaction negatively (OR = 21.88 (95% CI: 16.10-29.72)), and they were generally less satisfied with their present job situation (OR = 2.51 (95% CI: 1.85-3.41)).

CONCLUSION: Almost half of the GPs had negative attitudes towards accreditation.

FUNDING: The three Research Units for General Practice in Odense, Aarhus and Copenhagen initiated and funded this study.

TRIAL REGISTRATION: The survey was recommended by the Danish Multipractice Committee (MPU 02-2015) and evaluated by the Danish Data Agency (2015-41-3684).

As a part of the agreement between the Organisation of General Practitioners in Denmark and the Danish Regions [1], all general practices are completing an accreditation programme beginning in 2016. The programme is in accordance with the Danish Healthcare Quality Programme (DHQP), which is a national programme of accreditation managed by the Danish Institute for Quality and Accreditation in Healthcare [2].

Accreditation is a widely used tool for quality management in healthcare systems worldwide, and many resources have been used to develop and implement accreditation schemes [3]. In order to be accredited, the healthcare organisation needs to meet predetermined criteria and standards established by a professional accreditation agency [4, 5]. Accreditation in primary care was first established in Australia more than two decades ago [6]. Since then, a number of countries have developed accreditation standards for primary care [4]. In general, research on the nature and uptake of accreditation in primary care is sparse. Moreover, there is only little knowledge about how accreditation affects outcomes of care, healthcare utilisation and costs [6].

In addition to being seen as a tool for quality improvement, clinicians may also perceive accreditation as an external, bureaucratic control instrument [4, 7]. Some health professionals have expressed concerns about the utilisation of resources for accreditation purposes [3, 4]. Health professionals' attitudes towards accreditation is assumed to be is a key factor in achieving an effective implementation as their understanding of accreditation affects their engagement in the accreditation process [8]. However, we have not identified studies that have explored GPs' a priori attitudes and expectations towards accreditation [4, 7, 9, 10].

Hence, the aim of this study was to analyse Danish GPs' a priori attitudes and expectations towards a national accreditation scheme.

METHODS

Setting

General practice in Denmark is publicly funded and all patients are listed with a GP to whom they have free and unlimited access. The GPs act as gatekeepers to the rest of the healthcare system. GPs are self-employed and work under a mixed capitation and fee-for-service system [11].

The accreditation scheme

The accreditation standards were developed by the Danish Institute for Quality and Accreditation in Healthcare in collaboration with representatives from the Organisation of General Practitioners in Denmark, the Danish College of General Practitioners, Danish Regions, Danish Pa-

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1) Research Unit of General Practice, Institute of Public Health, University of Southern Denmark
2) Research Unit for General Practice and Section of General Practice, Department of Public Health, University of Copenhagen
3) Research Unit for General Practice, Section for General Medical Practice, Department of Public Health, Aarhus University
4) COHERE – Centre of Health Economic Research, Department of Business and Economics, University of Southern Denmark

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TABLE 1

Characterisation of Danish general practitioners (GPs), stratified by responses. The values are n (%)

	Response	No response	Total	p-value, χ^2-test
All GPs in Denmark	1,906 (56)	1,497 (44)	3,403	–
Age, yrs				0.13
< 40	118 (51)	111 (49)	229	
40-49	570 (55)	471 (45)	1,041	
50-59	645 (59)	455 (41)	1,100	
≥ 60	573 (55)	460 (45)	1,033	
Gender				0.59
Male	993 (56)	766 (44)	1,759	
Female	913 (56)	731 (44)	1,644	
Practice type				0.53
Single-handed	597 (55)	484 (45)	1,081	
Partnership	1,309 (56)	1,013 (44)	2,322	
Region				0.26
Capital of Denmark	572 (56)	452 (45)	1,024	
Central Denmark	473 (59)	326 (41)	799	
North Denmark	171 (54)	144 (46)	315	
Zealand	265 (56)	210 (44)	475	
South Denmark	425 (54)	365 (46)	790	
Accreditation year				0.04
2016	654 (59)	452 (41)	1,106	
2017	612 (55)	506 (45)	1,118	
2018	599 (54)	506 (46)	1,105	

TABLE 2

Danish general practitioners' (GPs) attitude towards the accreditation programme. The values are n (%).

	Positive	Neutral/ do not know	Negative	Total	p-value, χ^2-test
All GPs	429 (23)	616 (32)	861 (45)	1,906	–
Age, yrs					< 0.0001
< 40	35 (30)	31 (26)	52 (44)	118	
40-49	146 (26)	216 (38)	208 (36)	570	
50-59	147 (23)	182 (28)	316 (49)	645	
≥ 60	101 (18)	187 (32)	285 (50)	573	
Gender					< 0.0001
Male	193 (19)	297 (30)	503 (51)	993	
Female	236 (26)	319 (35)	358 (39)	913	
Practice type					< 0.0001
Single-handed	99 (17)	166 (28)	332 (55)	597	
Partnership	330 (25)	450 (34)	529 (41)	1,309	
Region					0.0042
Capital of Denmark	155 (27)	169 (30)	248 (43)	572	
Central Denmark	87 (18)	178 (38)	208 (44)	473	
North Denmark	32 (19)	46 (27)	93 (54)	171	
Zealand	56 (21)	93 (35)	116 (44)	265	
South Denmark	99 (23)	130 (31)	196 (46)	425	
Accreditation year					0.4971
2016	142 (22)	209 (32)	303 (46)	654	
2017	150 (24)	188 (31)	274 (45)	612	
2018	124 (21)	204 (34)	271 (45)	599	

tients and the Danish Association of Practicing Medical Specialists. A preliminary version of the set of standards was pilot-tested in 26 practices in 2012 [12]. Subsequently, the set of standards was further adjusted and the current version was approved by the Danish Regions and the Organisation of General Practitioners in 2014.

The Danish Healthcare Quality Programme (DHQP) comprises 16 standards for general practice. The standards represent four themes: Quality and patient safety, Critical patient management, Good continuity of care, and Management and organisation of the clinic [1]. Participation in the accreditation scheme is mandatory for all practices. However, practices that are expected to close within five years may ask to be exempted. Practices are notified one year before the scheduled accreditation of their practice. All general practices have been randomly allocated to accreditation within the time period from January 2016 to December 2018. By the end of 2018, all practices are expected to have undergone accreditation.

Data collection

All 3,403 Danish general practitioners (GPs) working under the national public reimbursement system in December 2014 were invited by e-mail to participate in an electronically administered survey. The Danish Medical Association provided e-mail addresses together with data on age, gender, region and practice type for all GPs. Questionnaires were e-mailed to the GPs on 22 January 2015. Two reminders were sent two and four weeks later, respectively. Data collection was terminated on 23 March 2015.

Questionnaire development

The questionnaire was developed by healthcare researchers within the Research Units of General Practice in Odense, Aarhus and Copenhagen. The development was stepwise. First, the themes to be covered were agreed upon by drawing on existing literature [3-7, 13, 14] and the researchers' experience. Second, the specific items were developed, and each item was discussed within the research group until consensus was reached. A total of 13 items were included and divided into the following themes: a) attitudes towards various aspects of accreditation, b) present organisation of specific tasks in the practice, c) job satisfaction, and d) general practice organisation. A text field (with unlimited space) for comments was inserted after all items.

Third, a pilot test focusing on content validity, relevance, acceptability and feasibility was conducted among nine GPs from four of the five regions in Denmark. In general, the questionnaire was perceived as comprehensive, relevant, acceptable and easy to complete. A few participants noted that they found it difficult to assess the expected time consumption of the accreditation process. However, no changes were made to the pilot test questionnaire.

Statistical analysis

Using univariate analyses, we compared the potential confounders – gender, age, region and practice type – between respondents and non-respondents by means of the chi-squared test. Response rates stratified by allocated year of accreditation were also compared by means of the chi-squared test.

In the explanatory analyses, we defined GPs attitudes towards various issues and accreditation elements as:

Positive if the GPs had stated they were very positive or positive, *neutral* if the GPs had stated they were *neutral* or did not know and negative if the GPs had stated they were very *negative* or negative.

The association between a negative attitude and selected outcomes was analysed in a multiple logistic regression analysis adjusting for gender, age, region and practice type. An example of the construction of the variables in this analysis is presented below:

"Accreditation is a tool for quality improvement in general practice?" The response agree includes the *responses agree a lot* and *agree*, neutral includes the responses *neutral* and *do not know* and disagree includes the responses *disagree a lot* and *disagree*. The full list of definitions is available in an online appendix [15].

A p-value < 0.05 was considered statistically significant. All statistical analyses were performed with SAS version 9.4 (SAS Institute, Cary, NC, USA).

Trial registration: The survey was recommended by the Danish Multipractice Committee (MPU 02-2015) and evaluated by the Danish Data Agency (2015-41-3684).

RESULTS

Out of 3,403 survey invitations sent, a total of 1,906 respondents (56%) completed the questionnaire. The respondents did not differ from non-respondents regarding age, gender, region and practice type (**Table 1**). Respondents with planned accreditation in 2016 had a higher response rate than practices that will be accredited in 2017 and 2018 (59% versus 55% and 54%, p = 0.04).

A total of 861 GPs (45%) were negative towards future mandatory nationwide accreditation, whereas 23% were positive. Older GPs, male GPs and GPs working in singlehanded practices were more likely to be negative towards accreditation (**Table 2**). As for regional differences, 54% of the respondents in the Region of Northern Denmark had negative attitudes compared with 43-46% in the other Regions (Table 2). Importantly, no difference in attitudes towards accreditation was detected related to year of accreditation.

A large majority (83%) regarded accreditation as a tool for external control. 27% (517) stated that accreditation was only an external control tool and not a tool for quality improvement, while 32% (611) perceived that accreditation was a tool for both external control and quality improvement. Only 3% (50) stated that they regarded accreditation as a tool for quality improvement but not as a tool for external control (**Table 3**).

In the logistic regression analysis, a negative attitude towards accreditation was associated with a lower probability of perceiving accreditation as a tool for quality improvement (odds ratio (OR) = 0.018 (95% confidence interval (CI): 0.013-0.025)), a higher probability of perceiving accreditation as a tool for external control (OR = 1.87 (95% CI: 1.18-2.95)), a higher probability for stating that time consumption of the accreditation process is not acceptable (OR = 24.40 (95% CI: 13.55-

TABLE 3

General practitioners' (GPs) response regarding aspects of accreditation.

	n (%)
Accreditation is a tool for quality improvement of general practice?	1,868 (100)
Agree	785 (42)
Do not agree	565 (30)
Neutral/do not know	518 (28)
Accreditation is a tool for external control of general practice?	1,868 (100)
Agree	1,558 (83)
Do not agree	76 (4)
Neutral/do not know	234 (13)
The expected time consumption of the accreditation process?	1,854 (100)
Too high	911 (49)
Acceptable	236 (13)
Do not know	707 (38)
Accreditation will affect the professional quality of the practice?	1,851 (100)
Yes	493 (27)
No	912 (49)
Do not know	446 (24)
How will accreditation affect the professional quality of the practice?	492 (100)
It will increase the quality	384 (78)
It will decrease the quality	85 (17)
Do not know	23 (5)
How will the accreditation process affect the job enthusiasm as GP?	1,843 (100)
Positively	116 (6)
Negatively	1,095 (60)
Neutral/do not know	632 (34)
Is there sufficient time to perform tasks as GP?	1,837 (100)
Always	102 (6)
Often/sometimes	1,008 (55)
Rarely/never	727 (39)
Present job satisfaction as GP?	1,836 (100)
Satisfied	1,558 (85)
Not satisfied	231 (13)
Do not know	47 (2)

TABLE 4

Association between general practitioners' negative attitudes towards accreditation and their statements, adjusted for gender, age, region and practice type.

	N (%)	Negative attitude, N (%)	OR (95% CI)
Statements regarding accreditation			
"Accreditation is a tool for quality improvement in general practice":			
Agree	785 (42)	104 (6)	0.018 (0.013-0.025)
Neutral[a]	518 (28)	230 (12)	0.086 (0.061-0.12)
Disagree	565 (30)	511 (27)	1.00
Total	1,868 (100)	845 (45)	–
"Accreditation is a tool for external control in general practice":			
Agree	1,558 (83)	771 (41)	1.87 (1.18-2.95)
Neutral[a]	234 (13)	49 (3)	0.55 (0.32-0.94)
Disagree	76 (4)	25 (1)	1.00
Total	1,868 (100)	845 (45)	–
"The time consumption of the accreditation process is acceptable":			
Yes	236 (13)	10 (1)	1.00
Don't know	707 (38)	318 (27)	14.90 (8.29-26.78)
No	911 (49)	510 (17)	24.40 (13.55-43.94)
Total	1,854 (100)	838 (45)	–
Statements regarding present job situation			
"The accreditation process will affect the job enthusiasm as a GP":			
Positively	116 (6)	0 (0)	–[b]
Neutral[a]	632 (34)	60 (3)	1.00
Negatively	1,095 (60)	774 (42)	21.88 (16.10-29.72)
Total	1,843 (100)	834 (45)	–
"There is sufficient time to perform tasks as a GP":			
Always	580 (32)	238 (13)	1.00
Sometimes	530 (29)	242 (13)	1.40 (1.10-1.79)
Rarely	727 (39)	353 (19)	1.58 (1.251.99)
Total	1,837 (100)	833 (45)	–
"Job satisfaction":			
Very satisfied	563 (31)	219 (12)	1.00
Satisfied	995 (54)	438 (24)	1.31 (1.06-1.62)
Not satisfied	278 (15)	176 (9)	2.51 (1.85-3.41)
Total	1,836 (100)	833 (45)	–

CI = confidence interval; GP = general practitioner; OR = odds ratio.
a) Includes both "do not know" and neutral responses.
b) No negative response recorded.

43.94)), a higher probability of expecting accreditation to affect job enthusiasm negatively (OR = 21.88 (95% CI: 16.10-29.72)), a higher probability of stating that there rarely is sufficient time to perform tasks as a GP (OR = 1.58 (95% CI: 1.25-1.99)), and a higher probability of being less satisfied with present job situation (OR = 2.51 (95% CI: 1.85-3.41)) (**Table 4**).

DISCUSSION

This is the first study to examine GPs' a priori attitudes and expectations towards a future mandatory accreditation programme. Almost half of the Danish GPs had negative a priori attitudes towards the nationwide mandatory accreditation programme. The negative attitudes were more prominent among older GPs, among male GPs, and among GPs working in single-handed practices. Furthermore, a negative attitude was associated with perceiving accreditation as a tool for external control, believing that the accreditation process would affect job satisfaction negatively and being less satisfied with present job situation in general.

Many Danish general practitioners have negative a priori attitudes towards accreditation.

Weaknesses and strengths of the study

A total of 56% of all GPs in Denmark responded. Apart from some differences between respondents and non-respondents in relation to the allocated year of accreditation, we did not find any differences between respondents and non-respondents. The knowledge that a nationwide mandatory accreditation scheme would be implemented in Denmark from 2016-2018 may have led the most opposing GPs to complete our questionnaire. Hence, our study may possibly overestimate the negative attitudes and expectations towards accreditation. On the other hand, the most critical GPs might have refrained from participating in a survey regarding the impending accreditation process, which in turn would result in an underestimation of the negative attitudes and expectations.

The questionnaire was developed among health-

care researchers based on the literature and subsequently pilot tested. The GPs participating in the pilot test generally found that the questionnaire was relevant and easy to fill out. Therefore, we believe that the results of this survey represent the a priori attitudes and expectations towards the accreditation scheme among GPs in Denmark.

Interpretation of the results

Professionals' understandings of accreditation can be expected to affect how they engage in implementation [8]. In this study, many GPs had negative attitudes towards accreditation and perceived accreditation to be a control tool. Adding the fact that the DHQP programme is mandatory, such perceptions may decrease the intrinsic motivation of GPs to engage with the DHQP programme for purposes of quality improvement, and lead to various forms of resistance among GPs. Here, our results underscore the need to acknowledge a tension between accreditation perceived as an external control mechanism and accreditation perceived as a mechanism for continuous quality improvement [4]. This perception of accreditation as a control tool may have been augmented in the Danish context where the Organisation of General Practitioners recently had a significant political conflict with the Danish Regions related to issues of public control and GP's autonomy.

Moreover, primary care providers have previously reported a lack of resources, i.e. time and support, when undergoing accreditation [6]. This is also seen to be a concern among GPs in the present survey and is highly correlated with negative attitudes towards accreditation (OR = 24.40). Concerns that the resources occupied by accreditation could be more effectively applied may explain why some of the respondents expected the DHQP programme to actually decrease the quality of care in general practice. However, to understand the specific reasoning of GPs on such issues, other research methods should be applied [14, 16].

It is interesting that 60% of the respondents expected that working with accreditation would affect their job enthusiasm negatively. Furthermore, older GPs, male GPs, and GPs in singlehanded practices were generally more negative towards working with the DHQP programme. If this affects GPs' decision on when to withdraw/retire from general practice, this may represent a problem due to the shortage of GPs as well as the high proportion of GPs above the age of 60 years in Denmark. However, in the agreement between the Organisation of General Practitioners and the Danish Regions, an exemption from the DHQP accreditation programme is offered to older GPs who expect to close their practices within five years.

Our study showed regional differences in attitudes towards accreditation with GPs from the Northern Region of Denmark being more skeptical towards the DHQP programme than the rest of Denmark (OR = 1.46 (95% CI: 1.02-2.09)). This may reflect the effects of an expected increased workload on GPs working in areas with a significant lack of GPs.

Our cross sectional national survey among all GPs in Denmark was conducted approximately one year before the DHQP accreditation started. The study provides knowledge on the current attitudes and expectations among GPs, but longitudinal follow-up is needed and planned in order to survey how these attitudes affect the implementation and outcomes of the accreditation scheme.

CONCLUSION

A substantial proportion of Danish GPs had negative a priori attitudes towards a nationwide mandatory accreditation scheme. Future research should investigate how these attitudes affect the implementation and outcomes of accreditation.

CORRESPONDENCE: *Frans Boch Waldorff.*
E-mail: fwaldorff@health.sdu.dk

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LITERATURE

1. Den Danske Kvalitetsmodel. Akkrediteringsstandarder for almen praksis. 1. version, 1. udg. Aarhus: Institut for Kvalitet og Akkreditering i Sundhedsvæsenet, 2014.
2. Introduction to DDKM. www.ikas.dk/ddkm/ddkm-in-english/introduction-to-ddkm/ (3 Jun 2016).
3. Hinchcliff R, Greenfield D, Moldovan M et al. Narrative synthesis of health service accreditation literature. BMJ Qual Saf 2012;21:979-91.
4. Buetow SA, Wellingham J. Accreditation of general practices: challenges and lessons. Qual Saf Healthcare 2003;12:129-35.
5. Rhydderch M, Edwards A, Elwyn G et al. Organisational assessment in general practice: a systematic review and implications for quality improvement. J Eval Clin Pract 2005;11:366-78.
6. O'Beirne M, Zwicker K, Sterling PD et al. The status of accreditation in primary care. Qual Prim Care 2013;21:23-31.
7. Paccioni A, Sicotte C, Champagne F. Accreditation: a cultural control strategy. Int J Healthcare Qual Assur 2008;21:146-58.
8. Hinchcliff R, Greenfield D, Westbrook JI et al. Stakeholder perspectives on implementing accreditation programs: a qualitative study of enabling factors. BMC Health Services Res 2013;13:437.
9. Nicklin W. Enabling quality improvement within primary healthcare through the CCHSA accreditation program. Healthcare Papers 2008; 8:48-53,discussion 64-47.
10. Balogh R, Cook M. Achieving Magnet accreditation in the UK: a case study at Rochdale NHS Trust. J Nurs Man 2006;14:366-76.
11. Pedersen KM, Andersen JS, Sondergaard J. General practice and primary health care in Denmark. J Am Board Fam Med 2012;25(suppl 1):S34-S38.
12. Evaluering af DDKM i almen praksis. Copenhagen: Rambøll, 2012.
13. Pomey MP, Francois P, Contandriopoulos AP et al. Paradoxes of French accreditation. Qual Saf Healthcare 2005;14:51-5.
14. Braithwaite J, Westbrook M, Nugus P et al. Continuing differences between health professions' attitudes: the saga of accomplishing systems-wide interprofessionalism. Int J Qual Healthcare. 2013;25:8-15.
15. Appendix. Definition of the response categories used in the analysis in the paper. www.akiap.dk/?page_id=200 (3 Jun 2016).
16. Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Imp Sci 2011;6:42.