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Integrating the Egyptian Government Excellence Award (EGEA) With The GAHAR Standards for Hospitals for Sustainable Excellence in Egyptian Healthcare Facilities

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ABSTRACT:

The need to implement control standards and quality management in healthcare services has shown significant growth in recent decades to improve the manage-ment of these services and the satisfaction of their users. This will be achieved through creating a framework for implementing the Egyptian government excellence award in hospitals for sustainable services. The study conducted to compare the per-formance of hospitals accredited by GAHAR and non-accredited hospitals on the re-quirements of the Egypt Award for Government Excellence identifies the link and the gap between GAHAR accreditation and the model of the Egypt Government Excel-lence Award.

***Methodology:** A quantitative phase using a questionnaire distributed to 206 healthcare providers from a sample of accredited and non-accredited hospitals to assess the extent to which the Egyptian government excellence award (EGEA) criteria are applied through the implementation of GAHAR (General Authority for Healthcare Accreditation & Regulation) Accreditation standards in Egyptian hospitals. This was followed by a qualitative phase in the form of focus group discussions with experts from EGEA to identify the gap between GAHAR accreditation criteria and the Egyptian Government Excellence Award model.*

***Results:** There was a significant difference between GAHAR-accredited and non-accredited hospitals regarding the Egyptian Government Excellence Award criteria, with a p-value < 0.05. Focus group discussion analysis revealed that the strongest integration opportunity lies in quality and patient safety, as both frameworks prioritize this. Innovation and alignment with Egypt Vision 2030 were also recurring opportunities. Dual implementation increases complexity. Resource limitations and resistance to change are major challenges.*

***Conclusion:** There is convergence between the accreditation model and the Egyptian excellence model, suggesting that accreditation helps the healthcare sector to implement the best management practices that are present in the Egyptian Excellence Model.*

KEYWORDS:

Accreditation, Egyptian Excellence Award; GAHAR Standards for hospitals, Healthcare Quality Management.

1. Introduction

The need to implement control standards and quality management in healthcare services has shown significant growth in recent decades to improve the management of these services and the satisfaction of their users. [1]

There are many quality models possible to be employed in healthcare organizations, such as structured process improvement methods (PDCA, 8D, 5S), accreditation (ONA, JCI, CCHSA, NIAHO), models of organizational excellence (Malcolm Baldrige National Quality Award, European Foundation for Quality Management (EFQM), Healthcare Excellent Quality Management

(HEQMM)); International Standards Organization for Standardization - ISO (ISO 9001:2008; ISO 14000, ISO 26000), among others. [2-5]

In recent years, accreditation has been widely used across Egyptian hospitals to improve quality and safety. [6] Although the Egyptian government excellence award includes several categories, including institutional excellence, it has not specifically discussed hospitals as an independent category. In 2013, the adaptation of Joint Commission International (JCI) accreditation standards for hospitals to the health care excellence model was proposed. Studies in several countries regarding the comparison of the excellence and evaluation models showed the comprehensiveness of the organizational excellence model in comparison with other evaluation and accreditation models. [7]

The Egyptian accreditation system for healthcare organizations will later be a basic requirement for healthcare facilities to obtain in Egypt. Accreditation criteria function as regulations and metrics that establishments are required to fulfill in order to exhibit their dedication to excellence and ongoing enhancement. [8]

Creating a culture of excellence at a practical level, excellence works by identifying problems in the healthcare system and processes so healthcare leaders can build and sustain continuous improvement. [9]

The aim of this study is to compare the performance of GAHAR-accredited and non-accredited hospitals on the requirements of the Egyptian Government Excellence Award, and to analyze the relationship and discrepancies between GAHAR accreditation criteria and the EGEA model.

2. Methodology

Phase 1: Quantitative phase

A cross-sectional survey was conducted, including healthcare providers in GAHAR-accredited and non-accredited hospitals. Two Egyptian governorates were selected (purposive sample), namely Aswan and Luxor, as they were among the first phase governorates implementing the Universal Health Insurance System (UHIS), and they share similar demographic characteristics. A list of hospitals in each governorate was obtained from the health affairs directorate in each governorate. Six hospitals from each governorate were selected randomly (3 accredited hospitals and 3 non-accredited hospitals). In the selected hospitals, the medical, paramedical, and non-medical workers were invited to participate in the study. The questionnaire was distributed to a sample of 300; out of those, 200 submitted a complete response.

Data were collected using a self-administered questionnaire (paper form) developed by the main investigator. The questionnaire was based on best practices for the Egyptian Government Excellence Award for Institutions, approved by the Ministry and published on the official award platform and the Egyptian Government Excellence Award for Institutions Guide. [10,11]

The questionnaire was presented in the form of a number of statements under ten EGEA criteria: Egypt Vision 2030 (three questions, Main Tasks (eight questions), Seven-Star Services (eight questions), Smart Government (two questions), Foreseing the Future (three questions), Innovation Management (five questions), Human Capital (five questions), Assets and Resources (five questions), Governance (four questions), Risk Management and Business Continuity (three questions).

The questionnaire was presented to a committee of three experts working as assessors of the Egyptian Government Excellence Award in coordination with the Productivity and Quality Institute of the Arab Academy for Science &Technology and Maritime Transport to assess its clarity and relevance (content validity). A pilot study was then conducted on a sample of service providers selected randomly from one accredited and one non-accredited hospital. Modifications of a few items to be clearer were made (e.g., adding a category regarding the type of hospital accreditation for registration).

Phase 2: Qualitative study

Based on findings of Phase I, a qualitative approach using focus groups with a sample of assessors in the "Egypt Government Excellence Award" and quality experts (n=13), aiming at identifying the perceived influence of GAHAR accreditation on hospital performance towards the excellence award, and developing a set of recommendations for accredited hospitals to achieve excellence. Two focus group discussions

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were conducted, including a number of participants (n=13). The discussion guide was prepared based on the results of phase 1 and a thorough literature review. It consists of six main points, namely (General understanding, Perceptions of EGEA Supporting Sustainable Hospital Services, Opportunities for Integration between EGEA and GAHAR, Challenges in dual Implementation, Assessment of barriers & enablers of integration between EGEA & GAHAR accreditation, Suggestions for Alignment. The discussion was recorded, and analysis was conducted later.

Informed consent was obtained from each participant before filling the questionnaire, and ethical approval for conducting the research and confidentiality of data were ensured.

Statistical Analysis:

Data was analyzed using Statistical Program for Social Science (SPSS) version 24. Qualitative data were expressed as frequency and percentage. Quantitative data were expressed as mean ±SD, as it was normally distributed.

Scoring of the questionnaire, each statement was answered on a scale of three points, ranging from fully fulfilled, partially fulfilled, or not fulfilled. Each statement was scored as 2 for fully fulfilled,1 for partially fulfilled, and 0 for not fulfilled, and a total score for each domain was calculated.

The following tests were done:

- An independent sample test to compare quantitative data between two groups.
- Chi-square test was used when comparing data between groups regarding qualitative data.
- P-value ≤ 0.05 was considered significant.

Qualitative phase: The collected data were analyzed using thematic content analysis.

3. Results

a. Quantitative phase.

Characteristics of the study participants

Table 1 presents the distribution of the studied participants according to the accreditation status of their hospitals. The sample included participants from both accredited hospitals (n = 111) and non-accredited or registered for accreditation (n = 95),

Participants' current job positions were presented in Table 2.

Table 1: Description of the studied participants according to the hospital's accreditation status.

no		Studied participants (N=206)	
		%	
Accreditation status	Accredited	111	53.9
	Non-accredited	48	23.3
	Registered	47	22.8

Table 2: Description of the studied participants according to their current job

no		Studied participants (N=206)	
		%	
Current job title	Medical staff	75	36.4
	No- medical	46	22,3
	Paramedical	85	41.3

Comparison of Excellence Award criteria by hospital accreditation status

Table 3 demonstrates a clear and consistent pattern of higher mean scores across all Egypt Government Excellence Award (EGEA) criteria among accredited hospitals compared to non-accredited or partially accredited hospitals. The differences between the two groups were statistically significant for all ten main criteria ($p < 0.001$).

Accredited hospitals achieved significantly higher scores in Egypt Vision 2030 alignment, Main Tasks, and Seven-Star Services, indicating stronger strategic orientation, service delivery, and alignment with national development priorities. Similarly, significant differences were observed in Smart Government and Foreseeing the Future, suggesting that accredited hospitals are more advanced in digital transformation, strategic foresight, and preparedness.

Regarding organizational capacity, accredited hospitals scored substantially higher in Innovation Management, Human Capital, and Assets and Resources. Furthermore, governance-related dimensions, including Governance and Risk Management and Business Continuity, also showed significantly higher mean scores among accredited hospitals.

Table (3): Comparison between accredited and non-accredited hospitals regarding Excellence Award criteria

EGEA criteria GAHAR Accredited (N = 111)		Hospital accreditation GAHAR Non-accredited - partially accredited (N = 95)		t-test (P-value)
Main criterion: Egypt Vision 2030	Mean ±SD	7.88 ± 1.34	5.2 ± 1.8	t = 11.7 < 0.001
	Range	3 - 9	3 – 9	
Main criterion 2: Main Tasks	Mean ±SD	22.4 ± 3.3	14.3 ± 4.6	t = 14.4 < 0.001
	Range	8 - 24	8 – 24	
Main criterion 3: Seven-Star Services	Mean ±SD	22.3 ± 3.4	14.9 ± 3.8	t = 14.5 < 0.001
	Range	8 - 24	8 – 24	
Main criterion 4: Smart Government	Mean ±SD	5.57 ± 0.96	4.2 ± 1.08	t = 8.9 < 0.001
	Range	2 - 6	2 – 6	
Main criterion 5: Foreseeing the Future	Mean ±SD	6.8 ± 1.71	5.3 ± 1.8	t = 6.3 < 0.001
	Range	3 - 9	3 – 9	
Main criterion 6: Innovation Management	Mean ±SD	10.6 ± 3.6	8.1 ± 3.1	t = 5.1 < 0.001
	Range	5 - 15	4 – 15	
Main criterion 7: Human Capital	Mean ±SD	13.9 ± 2.2	9.7 ± 2.3	t = 13.1 < 0.001
	Range	5 - 15	5 – 15	
Main criterion 8: Assets and Resources	Mean ±SD	14.06 ± 2.1	9.2 ± 3.06	t = 13.3 < 0.001
	Range	5 - 15	5 – 15	
Main criterion 9: Governance	Mean ±SD	11.2 ± 1.68	8.7 ± 1.9	t = 9.5 < 0.001
	Range	4 - 12	4 – 12	
Main criterion 10: Risk Management and Business Continuity	Mean ±SD	8.4 ± 1.4	5.5 ± 1.9	t = 12.3 < 0.001
	Range	3 - 9	3 – 9	

b. Qualitative findings from focus group discussions

The focus group discussions further contextualized the quantitative results. Most participants perceived EGEA as a supportive framework for achieving sustainable hospital services, particularly when integrated with GAHAR accreditation standards. However, lack of awareness and limited resources were frequently cited as barriers to effective implementation.

Participants identified quality and patient safety as the strongest areas of potential integration between EGEA and GAHAR, followed by innovation and alignment with Egypt Vision 2030. While consultants emphasized strategic alignment, frontline staff highlighted gaps in community engagement. Concerns were also raised regarding the increased complexity associated with dual implementation, compounded by resource constraints and resistance to change.

Despite these challenges, participants acknowledged important enablers, including national policy support and motivated healthcare staff. The most frequently proposed recommendation was the provision of specialized training, alongside the development of a clear implementation roadmap to align both frameworks, supported by incentives and leadership commitment.

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Table 4: Results of focus group discussions (Thematic analysis)

Discussion points	Responses
Perceptions of EGEA Supporting Sustainable Hospital Services	Most participants believed EGEA supports sustainability, especially when combined with GAHAR standards. However, lack of awareness and inadequate resources were identified as barriers.
Opportunities for Integration Between EGEA and GAHAR	The strongest integration opportunity lies in quality and patient safety, as both frameworks prioritize this. Innovation and alignment with Egypt Vision 2030 were also recurring opportunities. Consultants emphasized strategy, while frontline staff highlighted community engagement gaps.
Challenges in Dual Implementation	Participants expressed concern that dual implementation increases complexity. Resource limitations and resistance to change were also strong themes.
Assessment of Barriers and Enablers	Participants emphasized systemic Barriers (strategy gaps, weak participation, lack of funding). Yet, they acknowledged enablers such as national vision support and motivated staff. This indicates potential if resources and training are provided.
Suggestions for Alignment	The most repeated suggestion was specialized training. A roadmap aligning both frameworks was also strongly requested.

3. Discussion

As illustrated in our results, most fields and criteria of the GAHAR accreditation standards are aligned with sub-criteria, guidelines, and supplement points of the EGEA model. These findings are similar to research conducted in Iran, proving that JCI (Joint Commission International) accreditation standards requirements overlap with the healthcare excellence model. (12)

Heaton has compared the Organizational Excellence Model of the European Foundation for Quality Management (EFQM), International Standards of quality management, JCI accreditation standards, and Visitatie Model and stated that JCI standards and the excellence model can be used for self-assessment or external evaluation to investigate and improve healthcare organizations. The results of this research are consistent with our research findings that refer to GAHAR and the Egyptian Excellence Model as independent yet overlapping models and their applicability for continual healthcare improvement. (13)

In partial alignment with our results that the excellence model is comprehensive and suitable for internal evaluation, Shaw et al evaluated organizational excellence and accreditation models. They concluded that standards of evaluation are only valuable as an audit and certification issuance and do not address organizational development. (14)

Patients continue to expect excellence in their healthcare facilities. Although excellence is synonymous with quality, the differences between facilities' approaches to quality and others' approaches to excellence are far-reaching. (12) According to the American Society for Quality, "Excellence is a measure of consistently superior performance that surpasses requirements and expectations without demonstrating significant flaws or waste"[15]. However, organizational excellence is defined as the ongoing effort to establish an internal framework of standards and processes intended to engage and motivate employees to deliver products and services that fulfill customer requirements within business expectations. To ensure excellence, healthcare institutions should continually assess their quality and take necessary actions to enhance quality in their road to excellence [16].

According to Furnival et al, quality improvements can be initiated by collecting data and applying appropriate analytical techniques. Evidence of a performance gap encourages decision makers to improve the current situation. An assessment provides a detailed review of strengths and weaknesses, activates quality initiatives, empowers employees, and compares current performance with that of competitors [17]. Developing a quality assessment tool using the European Foundation for Quality Management (EFQM) model opens the door to indispensable performance discussions. A self-assessment identifies areas for improvement and highlights defective systems and processes. A facility's compliance with accreditation standards, such as United States Joint Commission standards, may also be assessed and measured to determine how well it adheres to each system or chapter, whether organizational or patient-centered. For example, the performance metric is included in the Joint Commission standard as part of the chapter's standards, which includes a section about the Baldrige excellence model. In addition, the EFQM excellence [18]. Both the Egyptian Excellence Award and GAHAR Accreditation are prestigious recognitions in the field of healthcare quality in hospitals. While various models of managerial tools and techniques

are used in organizations, and it seems that some of these models, including JCI standards, are more appropriate than others for health care organizations, the EFQM model provides a comprehensive look at the organization until it is determined how these tools and methods align together and complement each other. Therefore, the organizational excellence model can be used alongside these tools as a comprehensive framework in the development of sustainable excellence [12].

Finally, the results of a questionnaire conducted in Iran of 150 managers, officials, and specialists from different departments of the Ministry of Health and Medical Education and Iran's hospitals. In this questionnaire, a separate section was predicted to assess alignment and integration of the health care excellence model with other hospital models and standards, and one of the questions in this section was related to the JCI accreditation standards. In 95 completed questionnaires, respondents rated 74% in relation to the coverage of the requirements of the JCI accreditation standards via the health care excellence model [12].

I can see that reference 8 is used very frequently in the discussion. Worries of plagiarism may exist.

4. Conclusion

There is convergence between the accreditation model and the Egyptian Excellence Model, suggesting that accreditation can help the healthcare sector to implement the best management practices that are present in the Egyptian Excellence Model. In other words, GAHAR accreditation could be seen as a critical step towards excellence in Egyptian healthcare organizations.

Disclosure:
Nothing to disclose

Conflict of interest:
None

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