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Cost-Benefit Analysis of an Accredited Faculty from the Perspectives of Faculty Staff and Stakeholders

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Abstract

Background: Cost-benefits analysis of an accredited faculty from the perspectives faculty staff and external stakeholders is very important for maintain this status.

Aim of the Study: The aim of the current study is to assess cost-benefit outcome of an accredited faculty from the perspectives of faculty staff and stakeholders.

Subjects and Methods: A descriptive design was utilized to achieve the stated aim of current study. The study was conducted at Faculty of Nursing-Cairo University that accredited in 2012 and Cairo University Hospitals in areas of nursing intern's clinical practice. A convenient sample was used for faculty staff (n=108) and Stakeholders (n=40). The required data was collected by using questionnaire to assess cost-benefit of an accredited faculty.

Results: The current study revealed that the faculty staff and stakeholders views the highest benefit of accredited faculty was "improve status, prestige, and reputation", while the highest cost was indirect cost in the form of excessive paper work which is very boring for the faculty staff that were participated in accreditation activities.

Conclusion: The current study concluded that the faculty staff was perceived the benefits of accredited faculty as slightly high benefit and stakeholders were perceived that as high benefit in form of improve status, prestige, and reputation of the faculty and nursing program.

Recommendations: Accredited nursing faculty is accountable for all internal and external stakeholders in term of quality, so Faculty of Nursing should be maintained the accreditation status.

Key Words: *Costs-benefits analysis – Accreditation – Faculty staff – Stakeholder.*

Introduction

INSTITUTIONAL accreditation is a process generally based on the application of predefined standards which examines educational institutions for program quality and student learning outcomes [1]. These standards are used by review committees as the basis for judgment and to make recommendations and decisions [2]. It's granted for a specific period of time and renewed (every 5 years) depending on the rules of the accrediting agency [3].

According to [4], accreditation has two fundamental purposes the first one is to certify the quality of the institution or program and the second to assist in the improvement of the institution or program by a review of activities, development of recommendations regarding program quality, and preparation of guidelines for assessing educational effectiveness. For this reasons, maintenance of accredited status is very important to university administrators and faculty members, as it serves as an external assessment to the quality of a program and is essential in recruiting new students and faculty members [5].

In Egypt, the National Authority for Quality Assurance and Accreditation of Education (NAQAAE) was established in 2007 to serve as an external or independent accrediting body that develops accreditation and quality assurance standards for all levels and types of education (pre-university, higher education, Al-Azhar education, an technical and vocational education and training), [6]. Besides, it was established to complete the institution or specific study programs or courses and to develop, review and modify the national academic reference standards when required [7]. Consequently, the main purpose for (NAQAAE) is to foster quality assurance measures, ensure academic and institutional effectiveness, prepare institutions them for accreditation, and granting them accreditation [8]. According to [9], who stated the NAQAAE agency granted accreditation through three basic types namely: Institutional accreditation, programmatic or specialized accreditation, and university accreditation.

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Costs of institutional accreditation is the commitment in terms of budgetary spending that comprised of both direct fiscal costs including: Accreditor fees, operating expenses specifically pertaining to the accreditation process, direct payments to individuals involved, self-study costs, travel costs, and site visit costs, and indirect personnel costs including: Time and effort [10]. Conversely, the important, but less easily quantifiable, nonfinancial and cultural effects is the indirect cost that is hidden and cannot be readily assigned to a specific activity such as fatigue as a result of the time consumed in preparation, strategic planning, developing the required assurance of learning program, and dealing with potential internal resistance [11]. Also its increase the workload and stress for staff as a result of the commitment and substantial effort required to achieve accreditation activities [12].

Benefits of institutional accreditation is considering as an externally validated hallmark of excellence in management and provides key stakeholders with a decision criterion for selecting institutions with which to be associated [12]. According to [13], the benefits of accreditation for the member institution are communicating the vision, mission and objectives of the institution to teachers, staff and other stakeholders. Improve communication among them, commitment to best practice, supporting planned change, encourage teamwork, staff management with development and empowering employees for successful transition with broad-based action [14].

In addition, development of human and non-human resources (technical infrastructure, reputations, economic funding, adjustment of staffing policies, and the process of teaching and learning), rewards could occur at all levels (increase salaries) and improve employee morale and motivation among them [15]. Besides, professional development training and seminars for the faculty staff [16].

Cost-benefit analysis (benefits minus costs): Is a structured methodology of forecasting and comparing the anticipated costs and benefits of alternative courses of action in order to identify the most effective manner of achieving a stated goal or objective [17]. The purpose of this analysis was to maintain cost saving, effective utilization of resources and provide positive net benefits [18]. This process includes 5 steps: The scope and objectives, identify costs and benefits, quantify costs and benefits, sensitivity analysis and adopt recommended choice.

1- The scope and objectives; identify the aim and establishment of the study parameters to identify the benefits of accreditation and determine the stakeholders involved in accreditation process [19].

2- Identify costs and benefits; determine the costs (direct and indirect), time, and resources adequately to estimate the work needed for accreditation process and the benefits (return on investment) for all stakeholders (internal and external) as a result of accreditation status [20].

3- Quantify costs and benefits; once the costs and the benefits have been identified a technique of cost-benefit analysis can be used in this phase for the potential cost savings and stated preference methods, where possible to facilitate the implementation steps [20].

4- Sensitivity analysis is an essential tool to describe the impact of changes in assumptions and variables after review these assumptions.

5- Adopt recommended choice; after weighting all costs with all benefits, measure the result and give insight for decision makers about the future decisions among alternatives [19]. Finally, regular, valid and reliable feedback from internal and external stakeholders (academics themselves, alumni, employers) will improve its higher education operations [21].

Significance of the study:

Accredited faculty needs to be proactive through maintain on-going self-analysis of performance in relation to standards and this requires continuous effort in all activities to keep this status, but the involvement in these activities required motivated and committed staff to fulfill this goal as well as to demonstrate quality to the consumers of their services, that are faculty staff and external stakeholders. This cannot proceed without support of all faculty groups through their opinion and evidence that will reflect the reality of accreditation.

This study conducted to assess the cost-benefit outcomes from faculty staff and external stakeholders perspectives as a reevaluation and a risk reduction activity that reduces the likelihood of negative outcomes and incrementally improves an accredited faculty's performance through periodical monitoring and evaluation of teaching, research programs and management performance across all disciplines in the faculty, therefore further development and reforms will occur in education, research, practice and society. Moreover, permanence of accreditation status for the faculty will enhance community confidence, supports staff recruitment and education, and provides a structure for organizing business in the faculty.

Research question:

The present study will be carried out to answer this question:

What is the cost-benefit outcome of an accredited faculty from the perspectives of faculty staff and stakeholders?

Subjects and Methods

Aim of the study:

The aim of the current study is to assess cost-benefit outcome of an accredited faculty from the perspectives of faculty staff and stakeholders.

Research design:

A descriptive design was utilized for current study to achieve the stated aim of the present study.

Setting:

This study will be conducted at:

1- Faculty of Nursing-Cairo University accredited in 2012. The faculty consist of 7 scientific departments that are (Nursing Administration, Medical-surgical Nursing, Obstetric and Gynecological Nursing, Community Health Nursing, Pediatric Nursing, Psychiatric Department and Critical Care and Emergency Department).

2- Cairo University Hospitals in areas of nursing intern's clinical practice that are (Gynecology & Obstetrics Hospital, New Kasr El-Einy Teaching Hospital (El-Fransawy Hospital), Abu El-Rish Hospital, Japanese Hospital, New Emergency Hospital, El-Manial Specialized Hospital & Kasr El-Einy Teaching Hospital).

Subjects:

The samples included in the study were faculty staff (n=108) who were (faculty members & assistance body) and stakeholders (n=40) who were (medical/nursing directors and nursing supervisors).

Tools of data collection:

The study was collected by using valid, reliable an accreditation cost-benefit analysis tool that was developed by **[22]**. For faculty staff version and the researcher develop an accreditation cost-benefit analysis tool for the stakeholders based on previous tool. The tool consists of two parts as follows:

1st part: Socio-demographic data sheet that include (code number, academic level, department, job title, years of experience and participation in accreditation activities).

2nd part: Questionnaire to assess accreditation costs-benefits analysis; 80 questions grounded in eight domains (five for accreditation benefits, two for accreditation costs, and one for overall accreditation cost-benefit analysis).

Target group:

1- Faculty members' instruments concerning questions are 61 questions, valid and reliable and grounded in 8 domains that are:

A- *The accreditation benefits:*

1- Increase orientation/awareness, and improves relationships (12 questions).

2- Improves status, prestige, and reputation (6 questions).

3- Improve system and resources (7 questions).

4- Assures competent practitioners (10 questions).

5- Improve human and non-human resources (4 questions).

B- *The accreditation costs domains:*

1- Direct costs of accreditation (10 questions).

2- Indirect costs of accreditation (9 questions).

C- *Overall accreditation cost-benefits analysis domain:*

1- Comparing all costs with all benefits (3 questions).

2- Stakeholders instrument' concerning questions are 27 questions which are valid, reliable and grounded in 5 domains as follow:

The accreditation benefits:

1- Increase orientation/awareness, and improves relationships (8 questions).

2- Improves status, prestige, and reputation (5 questions).

3- Improve system and resources (5 questions).

4- Assures competent practitioners (6 questions).

5- Improve human and non-human resources (3 quotations).

The scoring system: The responses were on five points Likert scale as following:

Five refers to (strongly agree).

Four refers to (agree).

Three refers to (not sure).

Two refers to (disagree).

One refers to (strongly disagree).

Pilot study:

A pilot study was conducted on 10% of faculty staff, alumni and stakeholders to ensure the clarity,

feasibility and objectivity of the content of the tool and to assess the time needed to fill the questionnaire. Based on the pilot study analysis minor modifications were done for alumni and stakeholders' version such as translation of the English tool into Arabic, change in some words in the tool related to alumni and stakeholders, the time spent in filling questionnaire was estimated between 15-30 minutes, and then the final format was developed based on previous tool. The pilot study sample was not included in the total of the study sample.

Ethical consideration:

An official permission to conduct the proposed study was obtained from the Vice Dean for post graduate studies and research. Approval of the Ethic Committee was obtained to carry out the study. The purpose and nature of the study was clearly identified before verbal informed consent was obtained from all participants who would be assured that participation in this study is voluntary, able to refuse or with drawl at any time. Also the researcher assured the confidentiality of the information and used to study only.

Procedure:

The study was conducted based on the following steps:

Step 1: Before conducting the study an official permission was obtained from Dean of the Faculty and Head of Administration Affaires at the Faculty of Nursing-Cairo University after explaining the aim and the nature of the study. Then the researcher obtained the total numbers and qualifications of faculty staff from head of administration affaires after explaining the aim and the nature of the study.

Step 2: The researcher meet with each Head of Nursing Department after explain the aim of the study to identify information about their faculty staff (actual numbers of professor, assistant professor, lecturer, assistant lecturer & clinical instructor and available time according to them) to distribute the study questionnaire on the faculty staff conveniently. Teaching staff was done according to department census or actual total population. Therefore, the approval obtained from all participants to fill the study questionnaire with gave them adequate time (15-30 minutes) to fill it for conduct the proposed study with ensuring individual anonymity.

Step 3: The researcher developed the cost-benefit analysis tool for stakeholders based on previous tool that was developed by **[22]** . After that, the researcher obtained the permission from the heads of the faculty departments after explaining the aim and the nature of the study to obtain information about stakeholders (determine the places which each department of the faculty deals with). Then meeting with the head of Cairo University Hospitals with the head of the nurses was done and explain the aim, nature and usefulness of the study.

Step 4: The researcher obtained their agreement and permission to distribute and fill the study questionnaire from a convenient medical/nursing director and nursing supervisors. After that the researcher meet with a convenient medical/nursing director and nursing supervisors and explained the aim of the study to them, then obtained their approval for fill the study questionnaire and gave them adequate time (15-30 minutes) to fill it with ensuring anonymity for each participant.

Data analysis:

Upon completion of data collection, the data were coding, categorized, scored, tabulated and analyzed by computer using Statistical Package for Social Science (SPSS) Version 23. Negative items scores were reversed during the statistical analysis. Descriptive statistics will be used such as frequency; mean and standard deviation were utilized in analyzing data presented in this study. Relative statistical tests of significance such as (Friedman's ANOVA, and independent t-test) and correlation test were used to identify the relations among the study variables, the p-value >0.05 indicates non-significant result while, the p-value < or =0.05 is significant.

Results

Table (1): Shows the highest percent (19.3%) of faculty staff was Administration Department while the lowest percent (9.2%) of faculty staff was Critical Department. The highest percent (34.9%) of faculty staff was clinical instructor while the lowest percent (6.4%) was assistant professor. Also, the highest percent (3 6.7%) of faculty staff had years of experience 5<10 years while the lowest percent (10.1%) of faculty staff had years of experience 15<20 years. Finally, the highest percent (85.3%) of faculty staff were participating in the accreditation activities.

Table (2): Shows that the highest percent (40%) of stakeholders was Abu elrish hospital while the lowest percent (2.5%) of stakeholder was Kasr El-Einy Teaching Hospital. While, the highest percent (82.5%) of stakeholders were nursing supervisors while the lowest percent (5%) of stakeholder was medical director. Also, the highest percent (32.5%)

of stakeholders had years of experience 15<20 years while the lowest percent (0%) of stakeholders had years of experience less than 5 years. Finally, the highest percent (97.5%) of stakeholders were not participating.

Table (3): Shows that highest mean percent of faculty staff about (69.8%) for an accreditation benefits tool dimension was for that said "Improve status, prestige, and reputation", while the lowest mean percent about (63.4%) for an accreditation benefits tool dimension was for that said "improve human and non-human resources". And the mean of total perceptions about (67.2%) for an accreditation benefits tool dimensions that means slightly high benefit. While the highest mean percent of an accreditation costs tool dimensions about (84.4%) for the item that said "indirect costs of accreditation" and the mean of total perceptions about (80.5%) which means high cost. The highest mean percent about (65.4%) for the item includes "comparing all costs with all benefits" and the mean of total perceptions (cost & benefit) about (68.5%) which means slightly high.

Table (4): Show that highest mean percent about (78.6%) for dimension that said "improve status, prestige, and reputation", while the lowest mean percent about (71.2%) for the dimension that said "improve human and non-human resources". And the mean of total perceptions about (76.7%) that means high benefit.

Table (5): Shows that there is significant statistical difference <0.05 (t=–.09, p=.75) of faculty staff' perceptions according to participation in accreditation activities.

Table (6): Shows that there is significant statistical difference <0.05 (f=.86, p=.53) of faculty staff' perceptions according to department. While there is no insignificant statistical difference <0.05 (f=4.7, p=.002) of faculty staff' perceptions according to job title. Also, there is no insignificant statistical difference <0.05 (f=1.52, p=.20) of faculty staff' perceptions according to years of experience.

Table (7): Shows that there is significant statistical difference <0.05 (f=.87, p=.52) of stakeholder' perceptions according to department. While there is no insignificant statistical difference <0.05 (f=.75, p=.48) of stakeholder' perceptions according to Job title. Also, there is no insignificant statistical difference <0.05 (f=.30, p=.83) of stakeholder' perceptions according to years of experience.

Table (1): Percentage distribution of faculty staff' sample at Faculty of Nursing-Cairo University according to demographic data (N=108).

Item	No.	%
Department:		
Psychiatric Dep.	13	11.9
Administration.	21	19.3
Obstetric.	20	18.3
Pediatric.	13	11.9
Critical.	10	9.2
Medical Surgical.	18	16.5
Community.	14	12.8
Job title:		
Clinical instructor.	38	34.9
Assistant lecturer.	31	28.4
Lecturer.	22	20.2
Assistant professor.	7	6.4
Professor.	11	10.1
Years of experience:		
Less than 5 years.	14	12.8
5<10 years.	40	36.7
10<15 years.	19	17.4
15<20 years.	11	10.1
20 year and more.	25	22.9
	14.68±6.90	
Participation in accreditation activities:		
Yes	93	85.3
No	16	14.7

Table (2): Percentage distribution of stakeholders sample according to qualification/educational level and Participation in accreditation activities (N=40).

Item	No.	%
Department:		
Gynecology & Obstetric Hospital.	8	20
El-Fransawy Hospital.	6	15
Abu El-Rish Hospital.	16	40
Japanese Hospital.	2	5
New Emergency Hospital.	3	7.5
El-Manial Specialized Hospital.	4	10
Kasr El-Einy Teaching Hospital.	1	2.5
Job title:		
Medical director.	2	5
Nursing director.	5	12.5
Nursing supervisor.	33	82.5
Years of experience:		
Less than 5 years.	0	0
5<10 years.	4	10
10<15 years.	11	27.5
15<20 years.	13	32.5
20 year and more.	12	30
	19.15±4.90	
Participation in accreditation activities:		
Yes	1	2.5
No	39	97.5

Table (3): Total mean scores of faculty staff' perception about cost-benefit of faculty accreditation dimensions (N=108).

Cost-benefit of faculty accreditation dimensions	Minimum	Maximun	Mean	S.D	Mean%
Increases orientation/awareness:					
and improves relationships.	12	60	39.4	9.76	65.8
Improve status, prestige, and reputation.	6	30	20.95	5.27	69.8
Improve system, policies and procedures.	7	35	24.03	6.0	68.7
Assures competent practitioners.	10	50	33.87	7.86	67.7
Improve human and non-human resources.	4	50	12.67	3.6	63.4
Total benefit.	39	192	130.99	29.20	67.2
Direct costs of accreditation	10	50	38.55	6.39	77.7
Indirect costs of accreditation	13	45	37.97	5.97	84.4
Total cost	25	95	76.52	10.17	80.5
Total perception (cost & benefit)	79	272	207.51	33.77	68.5
Comparing all costs with all benefits	6	13	8.5	1.44	65.4

Table (4): Total mean scores of stakeholder perception about cost-benefit dimensions of faculty accreditation (N=40).

Cost-benefit of faculty accreditation dimensions	Minimum	Maximun	Mean	S.D	Mean%
Increases orientation/awareness, and improves relationships.	23	38	31.38	3.35	78.5
Improve status, prestige, and reputation.	12	25	19.65	2.26	78.6
Improve system, policies and procedures.	9	24	18.35	3.36	73.4
Assures competent practitioners.	16	30	23.53	2.88	78.4
Improve human and non-human resources.	6	15	10.68	1.94	71.2
Total	78	128	103.58	10.51	76.7

Table (5): Difference between faulty staff' perceptions about cost-benefit of faculty accreditation according to participation in accreditation activities (N=108).

Cost-benefit of faculty accreditation dimensions	Participate		Not participate		*t*-test	
	Mean	S.D	Mean	S.D	*t*	*p*
1- Increases orientation/awareness, and improves relationships.	39.12	9.9	41.56	8.91	–.93	.27
2- Improve status, prestige, and reputation.	20.94	5.26	21	5.5	–.05	.95
3- Improve system, policies and procedures.	24.1	6.02	23.63	6.09	.29	.94
4- Assures competent practitioners.	33.96	7.61	33.38	9.42	.27	.15
5- Improve human and non-human resources.	12.68	3.62	12.63	3.61	.05	.80
6- Direct costs of accreditation.	38.59	6.32	38.31	7.03	.16	.25
7- Indirect costs of accreditation.	38.02	5.82	37.69	7.04	.21	.66
8- Comparing all costs with all benefits.	8.51	1.36	8.44	1.87	.17	.05
9- Total perception (cost & benefit).	207.4	33.49	208.19	37.01	–.09	.75

Table (6): Difference between faulty staff' perceptions about cost-benefit of faculty accreditation according to socio-demographic data (N=109).

Variables	Categories	Mean ± SD	F	*p*
• Department	Psychiatric dep.	213.53±25.32	.86	.53
	Administration.	206.48±43.31		
	Obstetric.	196.2±28.16		
	Pediatric.	211.92±43.14		
	Critical.	220.6± 19.46		
	Medical surgical.	202.28±35.04		
	Community.	212.93±28.25		
• Tob title	Clinical instructor.	215.95±23.25	4.7	.002
	Assistant lecturer.	217. 19±27.09		
	Lecturer.	188.14±36.90		
	Assistant professor.	212.57±37.3		
	Professor.	186.64±50.37		
• Years of experience	<5 year.	212.21±22.57	1.52	.20
	5<10 year.	216.45±25.72		
	10<15 year.	199.47±43.98		
	15<20 year.	201.73±28.38		
	20and more	199.24±41.37		

Table (7): Difference between stakeholder' perceptions about cost-benefit of an accredited faculty according to demographic data (N=40).

Variables -Categories	Mean ± SD	F	*p*
Department:			
Obstetric Dep.	99±6.70	.87	.52
El-Faransawy	100.67±7.53		
Abu El-Rish	107.31 ± 13.85		
Japanese Hospital	96.5± 12.02		
New emergency	107.33±.58		
El-Manial Specialized	103.5±5.74		
Kasr El-Einy Teaching Hospital	101±0		
Job title:			
Medical director	99± 11.31	.75	.48
Nursing director	99.2±7.19		
Supervisor	104.52± 10.91		
Years of experience:			
5<10 year	107.75± 16.27	.30	.83
10<15 year	103.82± 13.58		
15<20 year	103.62±7.89		
20 and more	101.92±8.63		

Discussion

Concerning percentage distributions of socio-demographic data of study samples:

The result of the current study clarified that the highest percent (34.9%) of faculty staff was clinical instructor while, the lowest percent (6.4%) was assistant professor and the highest percent (82.5%) of stakeholder was nursing supervisor because they were always present in clinical area while, the lowest percent (5%) of stakeholder was medical director because they are almost not present in their office may be in the medical round or very busy.

Regarding department, it was noticed that the highest percent (19.3%) of faculty staff was administration department which is more concerned with quality assurance, while the lowest percent (9.2%) of faculty staff was Critical Department which is newly established. And the highest percent (40%) of stakeholders were Abu El-Rish Hospital. Regarding years of experience, it was noticed that the highest percent (36.7%) of faculty staff had years of experience 5<10 years and this is related to experience of clinical instructors, and the highest percent (32.5%) of stakeholders had years of experience 15<20 years.

Regarding to participation in accreditation activities, it was noticed that the highest percent (85.3%) of faculty staff were participating in the accreditation activities. While, the highest percent (97.5%) of stakeholders were not participates. The participants who were participating in accreditation activities are more oriented with the cost and benefits of accreditation than others not participated.

The total means scores of faculty staff (N=108) and external stakeholders` perception (N=40) about cost-benefit of an accredited faculty.

Regarding, the highest mean percent of an accreditation benefits tool dimensions for faculty staff was about (69.8%) and for stakeholders about (78.6%) for the dimension that said “improve status, prestige, and reputation”. In this respect, the most important benefits of institutional accreditation were status; prestige, reputation and the result of the current study confirm that. Consequently, the studies conducted by **[3]** and **[23]** were consistent with this result, who revealed that the highest benefits as a result of accreditation are the recognition, prestige and the increased career opportunities for graduates. In addition, in the recent study conducted by **[24]** for “reputation is a benefit and a burden” and conclude that prestige and reputation was the most important benefits for accreditation.

As revealed in the current study, the lowest mean percent of an accreditation benefits tool dimensions for faculty staff about (63.4%) and for stakeholders about (71.2%) for the dimension that said “improve human and non-human resources”. This result is inconsistent with the study conducted by **[25,26]** who revealed that accreditation helps to maintain and raise the quality of education, guarantee the improvement of its standards, enables the institution to get the necessary input (such as the overall infrastructure especially the physical space, financial, staffing, programs resources, curriculum design and contents), with refine the educational processes (teaching staff, students, programs, teaching methods, labs computers, etc.) and raise the standards of its output to meet the defined goals (such as the employability, graduate abilities, and stakeholders' satisfaction).

The mean of total perceptions of an accreditation benefits tool dimensions for faculty staff about (67.2%) that means slightly high benefit, while the mean of total perceptions for stakeholders about (76.7%) which means high benefits. As mentioned before accreditation cited many benefits for all internal (faculty staff) and external stakeholders and they perceived these benefits in between slightly high benefit and high benefit. These benefits were that increases orientation/awareness, and improve relationships; improves status, prestige, and reputation; improves system, policies and procedures; assures competent practitioners and improves human and non-human resources **[22]**.

The highest mean percent of an accreditation costs tool dimensions for faculty staff about (84.4%) for that said “indirect costs of accreditation”. While, the mean of total perceptions of an accreditation costs tool dimensions for faculty staff about (80.5%) that means high costs. This result is supported by **[10,27]** that concluded too much time spent on accreditation-related activities by anyone from the institution, too many bureaucratic procedures, and too many demands on faculty time. Regarding to, **[28]** who argue that working in accreditation process leading to an increased bureaucratization and heavier administrative workload.

The highest mean percent of comparing all costs with all benefits for faculty staff about (65.4%) for the item includes “comparing all costs with all benefits”. While, the mean of total perceptions for (cost & benefit) for faculty staff was about

(68.5%) which means slightly high cost. In this respect, I found that the highest mean percent for faculty staff regarding to comparing all costs with all benefits was slightly high cost and this demonstrate and interpreted what they paid from direct and indirect cost for achieving this status.

The statistical differences between faculty staff and external stakeholders according to socio-demographic data and participation in accreditation activities:

Regarding to participation in accreditation activities, the findings of the current study revealed that there was insignificant statistical difference for faculty staff (t=–.09, p=.75). In this respect, there was insignificant statistical differences among faculty staff and their participation in accreditation activities regarding their perception about the costs and benefits of an accredited faculty, but in fact, from the researcher point of view the perception of the study participants who were participate in accreditation activities must be different from other who were not participate.

Regarding to departments, there was insignificant statistical difference for faculty staff (f=.86, p=.53) and for stakeholders (f=.87, p=.52). As revealed in the current study, there were insignificant statistical differences among faculty staff, stakeholders and their departments regarding their perception about the costs and benefits of an accredited faculty and this result clarify that all those participants in their departments have shared vision and clear picture about the costs and benefits of an accredited faculty.

Regarding to job title, there was highly significant statistical difference for faculty staff (f=4.7, p=.002) while, there was insignificant statistical difference for stakeholders (f=.75, p=.48). In this respect, the result of current study revealed that there was highly significant statistical difference between faculty staff and their job title regarding to perception of cost and benefit of an accredited faculty such as clinical instructors, assistant lecturer, lecturer, assistant professor and professor, all of them have different points of views about costs and benefits of an accreditation for the faculty related to their experiences and responsibilities.

While, there was insignificant statistical difference between stakeholders and their job title (nursing supervisors, nursing and medical directors) regarding to perception of cost and benefit of an accredited faculty because they have general shared vision coming when nursing supervisors sent reports about the all related to competent students (undergraduate and graduate students) of the accredited faculty for nursing directors and therefore medical directors.

Regarding to years of experience, there was insignificant statistical difference for faculty staff (f=1.52, p=.20) and for stakeholders (f=.30, p=.83). The result of the present study revealed that there was insignificant statistical difference among faculty staff, stakeholders and their years of experiences regarding to their perceptions about cost and benefit of an accredited faculty, and this demonstrates that all faculty members (faculty members and employees) with different years of experiences who were participating in accreditation activities and more involved in it have the same cleared vision about the current status of accredited faculty. While, there was insignificant statistical difference among stakeholders who were not participating directly in these activities and their years of experiences regarding to their perceptions about cost and benefit of an accredited faculty because they have general overview about the quality of accredited faculty in form of competent nursing students.

Conclusion:

The findings of the current study concluded that the faculty staff was perceived the benefits of accredited faculty as slightly high benefit and stakeholders were perceived that as high benefit in form of improve status, prestige, and reputation of the faculty and nursing program. In addition, the faculty staff was perceived the costs of accredited faculty as high costs in form of indirect costs of accreditation such as excessive paper work is very boring for the faculty members and employees. As revealed in the present study, there was insignificant statistical difference for faculty staff regarding to their participation in accreditation activities.

Besides, there was insignificant statistical difference for faculty staff and stakeholders regarding to their department. Regarding to, there was highly significant statistical difference for faculty staff and their job title, while, there was in significant statistical difference between stakeholders and their job title. Besides, there was insignificant statistical difference for faculty staff, employees and stakeholders' perceptions regarding to their years of experience.

Recommendations:

The most important recommendation is to maintain strengths of the accredited nursing faculty and this can be done based on self-assessment through a structured, systematic feedback from internal

and external stakeholders to create a baseline point of reference, identify the strength and weakness of the faculty and measuring or monitoring any reforms or changes in accreditation processes by providing a more robust and explicit understanding of the costs and benefits involved. In additions, the faculty can formulate a specific plans for implement the orientation programs to raise the awareness of the faculty staff and external stakeholders about the importance of the accreditation and how to be maintained for maintain a team of highly motivated and competent teachers and improves the overall quality of the institutional provisions with efficiency in functioning.

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تحليل التكلفة والمنفعة لكلية معتمدة من وجهات نظر مختلفة: الطلاب، الخريجين، هيئة التدريس، العاملين والمستفيدين من الخدمة

إن الحصول على الإعتماد المؤسسى ضرورة هامة جدا لدى مؤسسات التعليم العالى. وعندما يتحقق هذا الوضع يجب على المؤسسة الحفاظ عليه وذلك من خلال تقييم وجهات النظر المختلفة من داخل وخارج الكلية حول وضعها الحالى فى شكل تحليل التكاليف والفوائد للكلية بعد الحصول على الإعتماد. وتتكون هذه التكاليف من جزئين رئيسيين وهما: تكاليف مباشرة وتشمل كل الجوانب المادية المطلوبة لتحقيق الإعتماد، أما الجانب الآخر فهى التكاليف الغير مباشرة وهى لا تقل أهمية عن السابقة وتشمل الوقت والمجهود والإلتزام من جانب المشاركين فى هذه العملية. أما الفوائد فهى كل ما يعود على المستفدين من هذه الخدمة فى الداخل والخارج. لذلك كان من الضرورى إجراء هذه الدراسة.

كان هدف الدراسة الحالية هو تقييم النتائج من حيث التكلفة والفوائد لكلية التمريض المعتمدة–جامعة القاهرة من وجهات نظر كلا من أعضاء هيئة التدريس وأصحاب المصلحة من خارج الكلية.

إستخلصت نتائج الدراسة الحالية إلى أنه يوجد هنالك إجماع كشترك لآراء كلا من أعضاء هيئة التدريس الطلاب والمستفيدين من الخدمة من خارج الكلية على إنه من أهم الفوائد التى تعود على هؤلاء المشاركين هو تحسين الوضع والمكانة والسمعة. وقد أوضحت النتائج أيضا إلى أن آراء الغالبية العظمى من أعضاء هيئة التدريس عن تكلفة الإعتماد تتمثل فى التكلفة الغير مباشرة.