Hospital Accreditation and Quality Improvement: Evidence from Nurses in Madinah Healthcare Institutions

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HOW TO CITE:
Yasir Omar Ashour, Omar Ghazi Baker (2026). Hospital Accreditation and Quality Improvement: Evidence from Nurses in Madinah Healthcare Institutions. International Journal of Special Education, 41(5s), 620-627.

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ABSTRACT:
Accreditation of hospitals has been understood globally as a strategic tool for enhancing the quality of healthcare, patient safety and a hospital's overall performance. In Saudi Arabia, hospital accreditation standards are set by the Central Board for Accreditation of Healthcare Institutions (CBAHI). Nurses have a vital role in the use of accreditation in hospitals through their responsibilities in patient care, clinical documentation, quality control, and patient safety measures. Although more and more Saudi hospitals are implementing accreditation programs, there is still very little research about nurses' views on the effects of accreditation on the quality of healthcare, especially in Madinah. Hence, this research was conducted to explore nursing thoughts on how hospital accreditation affects the quality of care in three different hospitals at King Salman Medical City in Madinah, Saudi Arabia.

The research study used a cross-sectional comparative-descriptive design. 192 registered nurses participated in the study by providing responses to Shortell et al.'s (1995) Accreditation Tool. The study was statistically analyzed using descriptive statistics, one-way ANOVA, Pearson correlation coefficient, Cronbach's alpha reliability testing, and stepwise multiple regression analysis.

The study results revealed that nurses had a moderate-to-positive attitude towards accreditation in relation to all aspects of quality. The comparison of hospital staff shows large differences in rewards and recognition, staff involvement, and quality results. The reliability test showed that the accreditation instrument is highly reliable (α = 0.991). Based on the regression analysis, it was found that quality management, use of data, leadership, and rewards and recognition could accurately predict perceived quality results, together explaining 86.3% of the variance. The results reveal that accreditation has a good impact on nurses' perceptions of the quality of healthcare; nevertheless, more staff participation, recognition systems, and well-established quality management strategies are required for accreditation to be effectively implemented.

Keywords: Hospital accreditation, quality of care, nurses' perception, CBAHI,

Saudi Arabia, healthcare quality

1. Introduction

Healthcare quality and patient safety have been recognized worldwide as core issues that medical systems cannot do without. Healthcare facilities are being asked to be safe, efficient, patient-centered, and evidence-based while at the same time meeting regulatory requirements and being operationally effective. Therefore, hospital accreditation has been the leading mechanism for the assurance of quality at the international level. It is an assessment conducted by an authorized accreditation body that compares healthcare organizations to predetermined quality and safety standards (Mosadeghrad, 2021). Accreditation gives a hospital the right to carry out its work; hospitals are expected to demonstrate ongoing quality improvement, standardize clinical practice, and deliver better patient care.

In Saudi Arabia, healthcare accreditation is entrusted to the Central Board for Accreditation of Healthcare Institutions (CBAHI), whose role is to set nationally acceptable standards for healthcare organizations. Accreditation gained even more significance with the launch of the Saudi Vision 2030, which among other things focuses on healthcare transformation, patient safety, and quality improvement in healthcare facilities. Not only do hospitals have to establish quality systems in their operations, but they also have to be subject to regular audits to show compliance with the standards of accreditation to be assured of delivering the best possible healthcare (CBAHI, 2024).

Nurses hold the key to accreditation in healthcare settings because first, they are the single largest professional group working in hospitals, second, they are the ones always in contact with patients, and third, they are the ones who perform the main tasks directly related to accreditation such as executing clinical protocols, recording patient information, checking indicators of patient safety, and taking part in quality improvement programs. As such, nurse's attitude or opinion towards accreditation can greatly affect the success and continuity of accreditation efforts (Alanazi et al., 2021). Positive perception leads to better staff engagement, adherence to quality standards, and better patient outcomes while a negative one results in resistance, burn out, and mere going through the motions.

Internationally, research on nurses' perceptions of accreditation has yielded varied results. An improved culture of safety, teamwork, and accountability through a structured approach to enhancing organizational culture are the gains following accreditation implementation that some studies highlight (Hussein et al., 2021). On the other hand, documentation burden, staff stress, workload intensification, and duplicity of work during accreditation cycles have been the issues raised by other studies (Michl et al., 2023). Research within Saudi Arabia is still sparse and in particular, nurses working inside the general hospital, maternity hospital, and psychiatric hospital environments have not been studied much.

Madinah, due to its varying demographic characteristics and population composition that includes local residents as well as foreign pilgrims, is a major healthcare provider. The hospitals in Madinah work under a high demand for services that could potentially compromise quality management and implementation of accreditation. Yet, there have been few studies of nurses' perceptions of accreditation in Madinah hospitals. With that in mind, this study set out to survey nurses' perceptions of the effects of hospital accreditation on quality of care in three hospitals within King Salman Medical City in Madinah, Saudi Arabia.

2. LITERATURE REVIEW

2.1 Introduction

Chapter II discusses and provides a review of the literature related to hospital accreditation, specifically its impact on healthcare quality and nursing practice. This chapter first outlines the accreditation concept, the pivotal role nurses have in ensuring quality care, nurses' attitudes towards

accreditation, the role of leadership and staff engagement, and the link between accreditation and patient safety. Furthermore, the chapter discusses some of the main hurdles and facilitators related to accreditation implementation; it goes on to pinpoint the gaps in the existing literature that the current study seeks to address.

2.2 Understanding Hospital Accreditation and Quality Improvement

Hospital accreditation is a worldwide acknowledged structured system that evaluates healthcare organizations against quality and safety standards. Accreditation programs aim at enhancing hospital performance, patient safety, and service delivery through regular checks and compliance with the set healthcare standards. Studies done in countries with well-established accreditation systems, like the US and Canada, have revealed that accredited hospitals are more likely to have better patient outcomes, fewer complications, and shorter patient stays (Lewis & Hinchcliff, 2023; Lam et al., 2018).

In Saudi Arabia, the primary accreditation body is the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI), however, a number of hospitals complement this with international accreditation from the Joint Commission International (JCI). The results of the studies are in line with healthcare professionals' positive attitudes towards accreditation perceiving it as an effective tool to improve the accountability of healthcare practitioners, minimize medical errors, and enhance overall quality (Babakkor & Kattan, 2023).

2.3 Role of Nurses in Accreditation and Quality of Care

Nurses make up the majority of the healthcare workers, and they play a key role in ensuring patient safety and quality care. Apart from being the main caretakers of patients, nurses also assume functions such as giving medications, monitoring patients, documenting actions, communicating, and coordinating among different healthcare teams. In fact, their daily, close interaction with patients means that often they are the very ones who can first spot clinical risks and safety issues (Alanazi et al., 2021).

On one hand, it is recognized that accreditation introduces changes that affect nursing practice as it requires nurses to adhere to new protocols, participate in training programs, and meet documentation demands. Several studies have shown that accreditation leads to the development of nursing knowledge and to greater confidence in nurses' abilities to offer safe care. In contrast, there are other studies that reveal that accreditation can increase work and administrative stress, particularly in facilities that are understaffed or receive little support from their organizations (Trepanier et al., 2023; Al-Worafi & Alsergai, 2024).

2.4 Nurses' Perceptions Toward Accreditation

Based on the literature, the perception of nurses towards accreditation programs has been found to be quite divided. Numerous studies have shown that Middle Eastern countries witnessed some positive changes such as communication getting better, clinical procedures being more clearly defined, and patient safety becoming more of a concern. In Jordan, nurses stated that accreditation led to an improvement of interdisciplinary collaboration and standardization of protocols. According to another study, nurses in Saudi hospitals that were accredited have become better acquainted with infection control and patient safety regulations (Halabi et al., 2021).

On the other hand, several researchers point out that accreditation is seen as a source of stress and a waste of time among nurses because of the increased number of forms and administrative tasks. Two studies from Lebanon and Saudi Arabia showed that nurses experienced higher burnout levels and frustration because they had to spend less time with patients due to the accreditation tasks (Mansour et al., 2022; Alruwaili et al., 2024). A few nurses even considered that the accreditation implementation was done in haste and that hospital managers had not communicated enough. This means that nurse perceptions depend a lot on factors like the organizational culture, leadership style, and how heavy is the workload.

2.5 Leadership, Staff Engagement, and Patient Safety

Leadership and staff engagement are among the most vital factors that determine how well accreditation gets implemented. Research demonstrates that hospitals with leaders who give support and with staff who are involved actively have better chances of achieving quality and safety improvements that are lastable. According to a study in Oman, giving nurses a voice in accreditation planning and decision-making helped to not only give resistance but also to make nurses more loyal to quality programs (Kemenade & Al-Samani, 2021).

On the other hand, those organizations which introduce accreditation through a top-down method mainly end up with staff members going through the motions compliance and even resistance. Good leadership eases the way to making accreditation standards become a part of everyday practice in healthcare rather than being just the talks that come out of the visits for inspection. In addition to that, healthcare staff that has been given leadership training before the accreditation survey is known to experience less worry and perform better when it comes to preparedness (Alilyyani et al., 2024).

One of the main objectives of accreditation systems remains patient safety. The aim of accreditation standards is to eliminate medical errors as much as possible and to enhance the safety culture in hospitals. Research in Saudi Arabia has demonstrated that patient safety culture can be quantitatively measured and that accreditation implementation leads to measurable improvements. However, some of the nurses have also revealed that sometimes the pressure to meet accreditation standards during inspections has led to a sort of "window-dressing" behavior where the standards are adhered to intensively during survey periods but then not consistently maintained (Michl et al., 2023).

2.6 Barriers, Facilitators, and Research Gaps

Initially, several barriers have been identified that are capable of influencing nurses' experiences during the implementation of accreditation. A number of workload-related issues, communication problems, staff shortage, and lack of the recognition of nurses' contributions to accreditation activities are the most frequently mentioned. Furthermore, in a multicultural environment, language barriers may also represent an obstacle to effective communication and, thus, the understanding of the requirements (Kamali et al., 2022; Guney, 2024).

On the contrary, it has been suggested that supportive leadership, staff participation, peer mentorship, and the availability of an effective communication system are key to the success of accreditation processes. Staff engagement has been shown to be enhanced and knowledge sharing among healthcare teams increased through the use of accreditation champions and digital communication platforms (Fong et al., 2021).

Furthermore, even though the number of hospital accreditation studies is on the rise, there are still sizeable literature gaps. The majority of Saudi studies have, indeed, been carried out in the large cities of Riyadh and Jeddah, whereas there is a paucity in research on nurses' experiences in Madinah. In addition to that, a number of previous studies have focused mainly on organizational outcomes without an in-depth examination of nurses' personal and professional experiences during accreditation implementation. Moreover, very little is known about how hospital type as well as nurses' demographic characteristics influence perceptions of accreditation. These gaps underscore the necessity for further investigation of the subject of hospital accreditation from the perspective of nurses across various healthcare settings.

3. Methodology

A cross-sectional comparative-descriptive research design was used in this study. The study was conducted at King Salman Medical City in Madinah, Saudi Arabia, which includes the Main Hospital, the Maternity and Children's Hospital, and Al-Amal Mental Health Hospital. These hospitals participate in the national CBAHI accreditation program.

A total of 192 registered nurses participated in the study. Participants were recruited using quota sampling followed by convenience sampling to ensure representation across the three hospitals. Eligible participants included registered nurses

employed during the data collection period and willing to participate voluntarily.

Data were collected using the Accreditation Tool developed by Shortell et al. (1995). The instrument consists of 54 items distributed across several dimensions, including leadership commitment, strategic quality planning, human resource utilization, quality management, quality results, use of data, staff involvement, and benefits of accreditation. Responses were measured using a five-point Likert scale ranging from strongly disagree to strongly agree.

Data analysis was conducted using SPSS Version 26. Descriptive statistics, including means and standard deviations, were used to summarize participant characteristics and accreditation scores. One-way ANOVA was employed to compare factor scores between hospitals. Pearson's correlation coefficient examined relationships between quality factors, while stepwise multiple regression identified predictors of perceived quality results. Ethical approval was obtained from the Madinah Health Cluster Institutional Review Board, and informed consent was obtained from all participants.

4. Results

Table 1. Sociodemographic Characteristics of Participants (N = 192)

Variable	n (%)
Female	134 (69.8%)
Saudi Nationality	150 (78.1%)
BSN Degree	95 (49.5%)
Staff Nurses	146 (76.0%)
Main Hospital	84 (43.8%)

The findings demonstrated moderate-to-positive perceptions toward accreditation across all quality dimensions. Mean scores ranged from 3.26 to 3.56. The highest-rated item concerned visible leadership support for quality improvement, whereas the lowest-rated item involved rewards and recognition for nurses' quality improvement efforts.

Table 2. Main Accreditation Factor Scores

Factor	Mean ± SD
Leadership Commitment	3.45 ± 0.99
Strategic Quality Planning	3.42 ± 1.01
Quality Management	3.44 ± 1.01
Quality Results	3.40 ± 1.03
Use of Data	4.43 ± 1.00
Staff Involvement	3.46 ± 1.01
Benefits of Accreditation	3.45 ± 1.01

Use of Data achieved the highest mean score, indicating that nurses perceived patient data utilization and quality monitoring systems positively.

One-way ANOVA identified significant inter-hospital differences in rewards and recognition ($p = 0.007$), quality results ($p = 0.039$), and staff involvement ($p = 0.017$). Nurses working in the Main Hospital consistently reported higher scores than nurses in maternity and psychiatric hospitals.

Table 3. Significant Inter-Hospital Differences

Variable	F	p-value
Rewards & Recognition	5.063	0.007*
Quality Results	3.313	0.039*
Staff Involvement	4.134	0.017*

The accreditation tool demonstrated excellent reliability with Cronbach's alpha = 0.991.

Pearson correlation analysis revealed strong positive relationships between quality results and all accreditation dimensions. The strongest correlations were found with Use of Data ($r = 0.892$) and Quality Management ($r = 0.890$).

Table 4. Regression Predictors of Quality Results

Predictor	β	p-value
Use of Data	0.474	<0.0001
Quality Management	0.410	<0.0001
Rewards & Recognition	0.292	<0.0001
Leadership	-0.222	0.002

The regression model explained 86.3% of the variance in perceived quality results ($R^2 = 0.863$).

The majority of participants were female nurses (69.8%), while most participants held BSN qualifications and worked as staff nurses. Overall findings demonstrated moderate-to-positive

perceptions toward accreditation across all dimensions. Mean scores ranged from 3.26 to 3.56, indicating that nurses generally perceived accreditation as beneficial for healthcare quality improvement.

Significant differences were identified between hospitals in rewards and recognition, quality results, and staff involvement. Nurses working in the Main Hospital consistently reported higher perceptions than nurses in maternity and psychiatric settings. These findings suggest that organizational resources, leadership support, and staff engagement differ across hospital types and directly influence accreditation experiences.

The strongest predictor of perceived quality results was Use of Data, followed by Quality Management and Rewards and Recognition. These findings indicate that nurses value effective data systems, quality monitoring processes, and organizational recognition for quality improvement efforts. Similar findings have been reported in previous Saudi and international studies emphasizing the importance of evidence-based quality management systems in accreditation success (Babakkor & Kattan, 2023).

However, nurses also expressed concerns regarding workload burden and accreditation-related documentation requirements. This finding aligns with previous literature indicating that accreditation may increase administrative pressure on nursing staff, particularly in healthcare systems experiencing workforce shortages (Mansour et al., 2022). Consequently, accreditation should not focus solely on regulatory compliance but should also promote supportive leadership, staff involvement, and professional recognition.

5. Conclusion

Hospital accreditation positively influences nurses' perceptions of healthcare quality within King Salman Medical City in Madinah. Accreditation contributes to improved quality management, patient safety culture, and organizational performance. Nevertheless, effective accreditation requires strong staff involvement, operational quality systems, and meaningful recognition strategies. Future research should examine accreditation outcomes longitudinally and investigate the relationship between accreditation and objective patient safety indicators.

Conclusion

The findings of this research reveal that most of the nursing staff at King Salman Medical City have an overall positive attitude toward accreditation of the hospital as a quality enhancing factor. In fact, accreditation facilitates the enhancement of a quality management system, patient safety culture, and overall organizational performance. On the other hand, for the accreditation to be fully effective there is a need for more engaged nurses, efficient use of recognition systems, and operational leadership that is more result oriented.

Among the Quality Management, Use of Data, Leadership, and Rewards and Recognition were significant predictors of quality outcomes. This highlights that for accreditation to be successful it is not only sufficient to be compliant with standards but also the cultural element of the organization, staff motivation and the quality improvement infrastructure are important. Further studies should investigate the effectiveness of accreditation over time as well as the association between accreditation and objective patient safety.

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