







Research Article

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Impact of Accreditation on the Quality of Healthcare as Perceived by Nurses in Jordanian Hospitals

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Abstract

Background: Healthcare service accreditation serves as a vital tool that helps hospitals achieve better quality standards and safety measures. The effects of accreditation on healthcare quality remain unclear, especially for developing countries such as Jordan. **Objective:** To investigate Jordanian nurses about the effects of accreditation on the quality of healthcare services and the impact on management systems, leadership practices, and patient satisfaction levels. **Methods:** A quantitative cross-sectional approach was adopted. A self-administered survey was distributed to 312 registered nurses working at four accredited private hospitals in Amman, Jordan. The survey included demographic data and the participants' perceptions of accreditation effects on the quality of healthcare services. **Results:** Customer satisfaction and strategic quality planning received the highest ratings, but human resources utilization obtained the lowest ratings. The participants evaluated accreditation benefits more than staff involvement (3.76 and 3.71, respectively), which showed that staff participation from staff members directly affects their understanding of accreditation benefits. Data analysis revealed that the Accreditation Staff Involvement (Beta=0.48, $p=0.001$) and the Benefits of Accreditation (Beta=0.392, $p=0.001$) significantly predicted the overall quality of health care. R^2 value of 0.65, indicating that 65% of the variance in nurses' perceptions of quality improvement activities is attributed to the accreditation process. **Conclusions:** The accreditation process depends on nursing staff who determine healthcare quality perceptions based on understanding their benefits. A combination of active staff involvement with proper accreditation education could lead to improving the quality of healthcare services and may establish enhanced environmental quality in hospitals.

Keywords: Healthcare accreditation; Healthcare quality; Jordan; Quality improvement; Nurses' perceptions.

تأثير الاعتماد على جودة الرعاية الصحية كما يراها الممرضون في المستشفيات الأردنية

الخلاصة

الخلفية: يعد اعتماد خدمات الرعاية الصحية أداة حيوية تساعد المستشفيات على تحقيق معايير جودة أفضل وتدابير سلامة أفضل. لا تزال آثار الاعتماد على جودة الرعاية الصحية غير واضحة، خاصة في الدول النامية مثل الأردن. **الهدف:** للتحقيق في تأثير الاعتماد على جودة خدمات الرعاية الصحية وتأثيره على أنظمة الإدارة وممارسات القيادة ومستويات رضا المرضى لدى الممرضين الأردنيين. **الطرائق:** تم اعتماد نهج مقطوع كمي عرضي. تم توزيع مسح ذاتي الإدارة على 312 ممرضا مسجلا يعملون في أربعة مستشفيات خاصة معتمدة في عمان، الأردن. تضمن الاستطلاع بيانات ديموغرافية وتصورات المشاركين حول تأثيرات الاعتماد على جودة خدمات الرعاية الصحية. **النتائج:** حصل رضا العملاء وتخطيط الجودة الاستراتيجي على أعلى التقييمات، لكن استخدام الموارد البشرية حصل على أدنى التقييمات. قيم المشاركون فوائد الاعتماد أكثر من مشاركة الموظفين (3.76 و 3.71 على التوالي)، مما أظهر أن مشاركة الموظفين تؤثر بشكل مباشر على فهمهم لمزايا الاعتماد. كشفت تحليلات البيانات أن مشاركة موظفي الاعتماد (بيتا=0.48، $p=0.001$) وفوائد الاعتماد (بيتا=0.392، $p=0.001$) تنبأت بشكل كبير بالجودة العامة للرعاية الصحية. قيمة R^2 تبلغ 0.65، مما يشير إلى أن 65% من التفاوت في تصورات الممرضين لأنشطة تحسين الجودة يعزى إلى عملية الاعتماد. **الاستنتاجات:** تعتمد عملية الاعتماد على موظفي التمريض الذين يحددون تصورات جودة الرعاية الصحية بناء على فهم فوائدهم. يمكن أن يؤدي الجمع بين مشاركة الموظفين النشطة مع التعليم المناسب للاعتماد إلى تحسين جودة خدمات الرعاية الصحية وقد يؤدي إلى تحسين جودة البيئة في المستشفيات.

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INTRODUCTION

Healthcare service accreditation has become a vital quality improvement tool that helps hospitals worldwide deliver better patient care and maintain safety standards. There is substantial evidence suggesting that adherence to accreditation standards can yield various benefits that enhance hospital performance [1]. Several studies have shown the benefits of accreditation. Enhanced quality metrics in

Saudi Arabian hospitals have been reported, with significant improvements in patient stay duration, hand hygiene compliance, and patient identification accuracy [2]. Similarly, Danish hospitals demonstrated significant performance enhancements through accreditation programs [3]. In Jordan, accreditation processes have been linked to improved leadership and strategic planning capabilities within hospitals [4]. This suggests that accreditation not only enhances operational performance but also strengthens

management practices. On the other hand, several studies identified implementation barriers, such as staff opposition, inadequate training, and increased workload due to documentation requirements. In India, documentation issues and training issues were the primary reasons for failing to meet accreditation standards during surveys [5]. Iranian research echoed these findings, highlighting staff opposition and insufficient training as primary obstacles to implementing accreditation standards [6]. Similarly, Al Shawan in Saudi Arabia highlighted the challenges of increased workload and documentation requirements [2]. Financial constraints in low- and middle-income countries have also been identified as potential barriers, highlighting the need for ongoing support to maintain the benefits of accreditation efforts [7,8]. Furthermore, negative attitudes towards accreditation and quality improvement initiatives have been identified as significant barriers to successful implementation of healthcare accreditation, with physicians generally exhibiting more negative attitudes compared to nurses and administrative staff [9]. Such negative perceptions can impede the effective adoption of accreditation standards, thereby hindering quality improvement efforts in healthcare settings. Recent systematic reviews demonstrated mixed outcomes regarding how accreditation affects healthcare quality standards. A systematic review conducted by Alhawajreh *et al.* [10], using Normalization Process Theory (NPT) to study health care quality changes from accreditation, revealed varying results regarding the effect of accreditation on enhancing healthcare quality and outcomes and found limited evidence supporting its overall effectiveness. Another scoping review by Khan *et al.* [11] examined Middle Eastern accreditation programs and reported ambiguous results. While accreditation demonstrated a clear organizational impact across countries, improvement in patient safety was variable [11]. Other studies reported insufficient evidence linking accreditation to improved clinical outcomes or patient satisfaction [5,12]. These inconsistencies demonstrate the need for specific evaluations based on context to understand how accreditation affects healthcare quality. The nurses play a dual role in healthcare organizations because they execute accreditation standards while connecting management to clinical operations. Research indicates that nurse participation in accreditation activities leads to more favorable perceptions about the process [13,14]. In fact, hospital accreditation made nurses understand certification as a tool to enhance hospital communication and work relationships [13], and nurses played a vital role in hospital accreditation success through their work in management and administration as well as education and scientific activities [14]. Nonetheless, while accreditation can enhance teamwork and communication within healthcare settings, it may also lead to increased administrative tasks that detract from direct patient care [15]. This dual impact highlights the importance of addressing workload concerns to optimize the benefits of accreditation. Research on healthcare accreditation remains scarce for developing countries like Jordan, which have limited resources, small

healthcare facilities, and a predominantly local workforce. The Jordanian healthcare system conducts voluntary accreditation, but most private and public hospitals treat it as essential for delivering high-quality and safe healthcare services [16], and most facilities have initiated accreditation work. Examining healthcare accreditation from the perspective of nursing staff can reveal essential knowledge about whether accreditation enhances service quality or represents additional administrative tasks that increase workload without delivering tangible healthcare benefits. Specifically, this study investigates how Jordanian nurses view the impact of accreditation on healthcare services through their professional insights. It investigates how accreditation affects six healthcare dimensions, including management and leadership, strategic quality planning, human resources utilization, quality management, quality outcomes, and customer satisfaction, to provide local insights into worldwide healthcare certification patterns.

METHODS

Study design and setting

The research employed a quantitative method with a cross-sectional design to study nurses' perceptions of the accreditation effects on Jordanian hospital healthcare quality. The selected research design allows researchers to identify factors that produce specific outcomes [17]. The researcher followed quantitative research principles by implementing standardized procedures for administering questionnaires and acquiring data [18]. The researcher employed a self-administered survey to gather data from participants through systematic response collection. The research design enabled the evaluation of essential variables related to demographic information, quality enhancement activities, and perceptions of accreditation impact through consistent and reliable data collection. The study was conducted at four private hospitals in Amman, Jordan, that had received multiple accreditation certifications. The researchers selected these hospitals because they share similar characteristics, including location, size, and healthcare services, which enabled them to serve as comparison sites for the research. The hospitals had between 120 and 300 beds and treated at least 12,000 patients annually. The research focused on accredited hospitals because they represented real-world settings where quality improvement initiatives and accreditation processes operated. The study focused on private hospitals in Amman to minimize organizational variations and resource differences, thereby enhancing the consistency of the study's findings.

Sample selection

The study focused on full-time registered nurses working at the participating hospitals because they deliver and assess the quality of patient care. The study included nurses who met three criteria: they needed to hold at least a bachelor's degree in nursing, demonstrate English reading and writing abilities, and

work in supervisory or direct care roles. Nurses who had worked for less than six months in their current positions were excluded from the study. Convenience sampling was used to recruit participants due to limited resource availability; this method allowed for efficient data collection from readily accessible participants. The sample size was determined using G*Power software (version 3.1.9.7) to achieve 80% statistical power, a medium effect size (0.25), and a 95% confidence level. The survey was distributed to 430 nurses from the participating hospitals, and 312 responded (response rate: 72.6%). The research included nurses from various age groups, educational backgrounds, and levels of work experience, providing diverse perspectives on accreditation and care quality within the selected hospitals. The research design allowed researchers to study how different demographic characteristics affect healthcare quality perceptions.

Outcome measurements

The researchers distributed self-administered questionnaires to nurses working at four private hospitals in Amman, Jordan, which maintained participant anonymity to encourage honest responses. The data collection took place from December 2023 to March 2024, before the accreditation cycle. The survey instrument used for data collection originated from Shortell *et al.* [19] and El-Jardali *et al.* [20] to evaluate nurses' views on healthcare quality and accreditation standards. The survey contained three distinct sections: 1) demographic data collection, which included questions about participant age, gender, educational background, work experience, and nursing position (supervisor, head nurse, or direct care nurse) to analyze how these factors influence quality assessment results; 2) The survey included 14 items divided into two sections, which measured staff involvement and the perceived advantages of accreditation through nine items focusing on patient safety and professional growth [20]; 3) The 40-item scale evaluated healthcare quality through six domains: Management, Strategic Planning, Human Resources, Quality Management and Results, and Customer Satisfaction. The survey used a five-point Likert scale, where participants selected their level of agreement from 1 (Strongly Disagree) to 5 (Strongly Agree) [20]. The questionnaire demonstrated high content validity through expert review. A panel of three experts in quality were asked to read each item to determine whether it was related to each domain and whether it was clear and accurate. Reviewers were provided with information regarding the study's purpose, research questions, methodology, and sampling procedure. They were asked to rate each item in the questionnaire on a scale from 0 (not at all related to the domain) to 10 (perfectly related to the domain) and to make recommendations for improvement if their rating was below 8. All the items were rated above 8, and therefore, did not require any modifications. A pilot study involving a group of 15 nurses was also conducted, and the results showed that the questionnaire was clear and could be self-administered. In the current study, the instrument's

reliability was calculated, and the Cronbach's alpha was 0.85. The questionnaires were distributed through nursing directors, who served as facilitators. The study participants completed the survey forms voluntarily, maintaining their anonymity through sealed envelopes returns. The study received support from hospital administrators, who promoted its significance and sent additional reminders for participation.

Ethical considerations

The study protocol was evaluated in accordance with the ethical guidelines before data collection to protect participant rights and well-being. Approval from both the Scientific and Ethics Research Committees at the university and the Ethical Committees of participating hospitals was secured. The approval process confirmed that the research met all institutional and national ethical standards. The researcher explained the research objectives to all potential participants verbally. Participants were informed of their complete freedom to join or leave the study without facing any adverse effects. The participants received assurance that their responses would remain anonymous. The research data were protected from unauthorized access through secure measures that prevented any unauthorized personnel from accessing them. No potential risks or dangers affecting participants who joined the study were anticipated. The questionnaire was designed for a non-invasive assessment of healthcare professionals' views about accreditation and quality of care delivery. The research study provided no direct benefits to participants; however, it aimed to gather essential knowledge about how accreditation affects healthcare quality. The research results could assist hospitals in detecting their weaknesses, enabling them to enhance their patient care services.

Statistical analysis

The research questions of this study were addressed using both descriptive and inferential statistical methods. The Statistical Package for the Social Sciences (version 20.0) [21] processed the study variables: quality of health care, management and leadership, strategic quality planning, human resources utilization, quality management, quality results, customer satisfaction, and accreditation. The analysis of categorical data involved calculating frequencies and percentages, while continuous data were described using mean values and standard deviations. The associations between the research variables were evaluated using Pearson correlation analysis. The research variables were assessed for demographic-based differences using t-tests and one-way ANOVA. The study employed multiple linear regression analysis to determine how different care domains affect nurses' perceptions of overall quality.

RESULTS

The number of nurses who completed the questionnaire was 312. The mean age of the participants was 28.7 years. Approximately 58.3% (n=182) of the nurses

were female, and nearly 60% (n= 182) were 28 years old or younger. More than half (57.9%, n=182) had two years to six months of experience in their current hospital, and the great majority (96.5%, n=301) held a bachelor's degree (Table 1).

Table 1: Sample Characteristics (n=312)

Demographic Characteristics		n(%)
Age (year) (28.7±5.9)		
Age group (year)	≤28	182(58.3)
	29-34	95(30.4)
	≥35	34(10.9)
Gender	Male	129(41.3)
	Female	182(58.3)
Work duration (year)	≤2	180(57.9)
	3-5	84(27)
	≥5	47(15.1)
Occupational category	Staff Nurse	234(74)
	Charge Nurse	58(18.6)
	Supervisor	20(6.4)
Educational Level	Bachelors	301(96.5)
	Master	8(2.6)

Values are presented as frequency, percentage, and mean±SD

The quality of healthcare was assessed across six domains: Management and Leadership, Strategic Quality Planning, Quality Management, Quality Results, Human Resources Utilization and Customer Satisfaction. Table 2 presents the results of the total healthcare quality scale and its six subscales. The total healthcare quality as perceived by nurses was 3.72 ± 0.68 . The two highest-rated domains perceived by the nurses were Customer Satisfaction (3.76 ± 0.80) and Strategic Quality Planning (3.70 ± 0.83), while the lowest-rated domain was Human Resources Utilization (3.64 ± 0.8), as shown in Table 2.

Table 2: Quality healthcare subscales (n=312)

Variables	Result
Management and Leadership	3.68±0.89
Strategic Quality Planning	3.70±0.83
Human Resources Utilization	3.64±0.80
Quality Management	3.69±0.74
Quality Results	3.69±0.81
Customer Satisfaction	3.76±0.80
Total Quality of Care	3.72±0.68

Values are presented as mean±SD.

The two domains, 'Staff Involvement Level' and 'Benefits of Accreditation,' constituted the total accreditation impact. The mean score of the total impact of accreditation was 3.78 ± 0.70 . The mean scores for the two domains of the impact of accreditation scale were Benefits of Accreditation (3.76 ± 0.75) and Staff Involvement (3.71 ± 0.70). When nurses were asked to rate their involvement in the accreditation process on a scale from 1 to 10, the mean score was 6.9 ± 1.9 . An independent sample *t*-test was conducted to evaluate gender differences in healthcare quality functions among nurses. The results indicated no significant differences between male and female nurses in any of the six subscales: Management and Leadership ($p= 0.36$), Strategic Quality Planning ($p= 0.11$), Human Resources Utilization ($p= 0.14$), Quality Management ($p= 0.31$), Quality Results ($p= 0.09$), and Customer Satisfaction ($p= 0.53$), as well as in the total healthcare quality related to gender ($p= 0.44$). Exploring the differences in the quality of

healthcare functions among nurses based on level of education revealed that nurses with master's degrees had higher mean scores on two of the healthcare quality subscales: Management and Leadership ($p= 0.58$) and Customer Satisfaction ($p= 0.66$). In contrast, nurses with bachelor's degrees had higher mean scores on Strategic Quality Planning ($p= 0.66$), Human Resources Utilization ($p= 0.51$), Quality Management ($p= 0.95$), and Quality Results ($p= 0.91$). However, none of the differences in the six subscales or the total healthcare quality scale were statistically significant. Differences in healthcare quality related to age, work duration, and occupation category were analyzed using ANOVA. The analysis showed no significant difference in healthcare quality related to age categories ($p= 0.09$). Significant differences in the quality of healthcare were found related to work duration categories ($p < 0.05$). Additionally, significant differences in healthcare quality ($p < 0.05$) were found related to occupation categories ($p < 0.05$) (Table 3).

Table 3: Differences in quality of health care related to age, work duration, and occupation category using one-way ANOVA test (n=312)

Variables	Quality of healthcare	
	Mean±SD	<i>p</i> -value
Age groups (year)	≤28	3.79±0.56
	29-34	3.59±0.77
	≥35	3.69±0.94
Work duration (year)	≤2	3.76±0.6
	3-5	3.76±0.6
	≥5	3.45±1.0
Occupation category	Staff nurse	3.74±0.68
	Charge nurse	3.82±0.68
	Supervisor	3.36±0.83

Post hoc comparisons revealed that the mean score of healthcare quality among nurses who were working more than 6 months to ≤2 years (3.76 ± 0.6) was significantly higher than that of nurses with ≥5 years of experience (3.45 ± 1.0). Furthermore, the analysis showed a mean score of healthcare quality among registered nurses (3.74 ± 0.68) and charge nurses (3.82 ± 0.49) that was significantly higher than the mean score of supervisors (3.36 ± 0.83) (Table 4). Multiple linear regression was used to predict the total healthcare quality based on nurses' ratings of their involvement in the accreditation process on a scale of 1 to 10, as well as Accreditation Staff Involvement and Benefits of Accreditation. The data were evaluated for normality and multicollinearity. To assess normality, the residuals were evaluated using histograms and Q-Q plots. The Shapiro-Wilk test was performed, yielding a *p*-value of 0.23, which indicates normality. Multicollinearity among independent variables was assessed by evaluating the Variance Inflation Factor (VIF) values in the regression output. All VIF values were below 10, indicating that multicollinearity was not a concern. A significant regression equation revealed $F_{(3,265)} = 164.75, p < 0.001$, with an R^2 of 0.654. Total healthcare quality was significantly predicted by Accreditation Staff Involvement (Beta= 0.48, $p < 0.001$) and the Benefits of Accreditation (Beta= 0.392, $p < 0.001$) (Table 5).

Table 4: Post hoc analysis -Scheffé test for age and occupation categories differences

Work Duration (year)		Difference	95% CI	p-value
≤2	3-5	0.00	-0.23 – 0.23	1.00
	≥5	0.31	0.02 – 0.59	0.0
3-5	≤2	0.00	-0.23 – 0.23	1.00
	≥5	0.31	-0.01 – 0.62	0.062
≥5	≤2	-0.31	-0.59 – -0.02	0.03
	3-5	-0.31	-0.62 – -0.01	0.06
<i>Occupation category</i>				
Staff nurse	Charge nurse	-0.08	-0.36 – -0.21	0.80
	Supervisor	0.38	0.01 – 0.74	0.04
Charge nurse	Staff nurse	0.08	-0.21 – -0.36	0.80
	Supervisor	0.45	0.02 – 0.89	0.04
Supervisor	Staff nurse	-0.38	-0.74 – -0.01	0.04
	Charge nurse	-0.45	-0.89 – -0.02	0.04

Table 5: Regression model

Model 1	Beta	p-value	Correlation coefficient
How do you judge your involvement in the accreditation process on a scale of 1 to 10	-0.016	0.657	-0.02
Accreditation Staff Involvement	0.48	<0.0001	0.33
Benefits of Accreditation	0.392	<0.0001	0.27

DISCUSSION

The findings of this study provide a detailed account of the nurses' perceptions regarding the impact of hospital accreditation on the quality of healthcare services in Jordanian hospitals. These results are consistent with previous studies while also introducing new insights into the modifying variables that affect the effectiveness of accreditation programs. The analysis revealed a relationship between the demographic variables and nurses' perception of quality improvement activities. For example, younger and less experienced nurses were more critical of the accreditation process and its effects on quality, possibly due to lack of awareness regarding its benefits and the associated changes. This finding is congruent with previous studies, which indicate that experience is a key determinant of professional attitudes towards organizational changes such as accreditation [3]. For instance, senior employees are more likely to be familiar with the procedures being implemented and, therefore, more likely to appreciate the long-term benefits of standardization. However, the gender and the level of education were not found to be related to the perceived enhancement of healthcare quality, a finding that was not consistent with literature [15]. This may be due to cultural factors inherent in the Jordanian healthcare system or institutional features specific to the context where hierarchy and traditional roles may overshadow other characteristics. When examining how the different domains—Management and Leadership, Strategic Quality Planning, Human Resources Utilization, Quality Management, Quality Results, and Customer Satisfaction—affected overall perception of healthcare quality, the highest scores were observed in Strategic Quality Planning and Customer Satisfaction. These areas are more related to governance and operational efficiency, which aligns with findings from Halasa *et al.* [4] and Alhawajreh *et al.* [10]. These authors argue that accreditation typically enhances leadership focus and strategic planning within organizations, thereby strengthening the structural aspects of quality of care [4,10]. Regarding customers satisfaction, our findings were

supported by a study by Al-Sayedahmed *et al.* [22], which noted that hospitals maintaining their accreditation achieve higher levels of patient safety and satisfaction. This supports the idea that accreditation leads to operational excellence and enhanced governance. Possible explanations for the high ratings by Jordanian nurses for customer satisfaction and strategic quality planning may include various interrelated factors, such as a healthcare culture focused on hospitality and patient-centered care, the adoption of feedback mechanisms—such as patient surveys—that encourage hospitals to actively seek feedback, and strong leadership commitment to enhancing customer satisfaction. The delivery of high-quality healthcare services and achieving positive patient outcomes depend on strong hospital leadership and governance systems [23]. However, low scores in human resources utilization require further explanation. This may be attributed to the healthcare system in Jordan facing resource constraints, including staff shortages and limited access to necessary tools and technologies. These limitations can restrict nurses' ability to fully engage with and utilize available human resources. Another possible explanation may be that nurses could be facing increased bureaucratic challenges with the accreditation process that detract from their ability to manage human resources effectively. Administrative burdens can consume time and focus, preventing nurses from engaging in more productive uses of available personnel. In fact, participants in the study highlighted that there were more bureaucratic procedures and that staff were not adequately trained to fully implement accreditation standards. This finding aligns with those of Abualrub *et al.* [24], who reported that barriers such as lack of feedback, fear of disciplinary actions, and the perception that reporting near misses is unnecessary hinder the effectiveness of accreditation processes and organizational improvement. Participants expressed moderate confidence in their ability to translate reported fair-to-good assessment results into actual patient care improvements. The study results are consistent with those of Alhawajreh *et al.* [10] and Flodgren *et al.* [25], who conducted systematic reviews

revealing that accreditation produces conflicting evidence regarding its ability to boost patient safety and health system performance. Participants expressed dual perspectives on accreditation, noting that while it improved both standardization and accountability, it also created additional stress due to documentation requirements and time constraints. The study results align with findings from Yildiz and Kaya [13] and Zarifraftar [6], who identified both positive and negative aspects of the accreditation process.

Practice implications

The outcomes of this study hold significant implications for healthcare executives, policymakers, and clinicians aiming to enhance the effectiveness of accreditation efforts. First, the study highlights a critical lack of knowledge about accreditation among frontline staff, indicating a pressing need for tailored training programs. Education campaigns, revision of documentation practices, and more frequent inductions, as recommended by Nair *et al.* [5], could effectively address common non-compliance issues. Additionally, implementing interactive workshops for nurses on applying accreditation standards in practice would further bridge the knowledge gap. Second, leadership engagement is important; strong support from administrators is a crucial determinant of successful accreditation implementation. Creating a culture of participation among all staff in quality improvement initiatives can be achieved through open communication and participatory decision-making processes [26]. The third priority involves addressing administrative challenges that need resolution. Healthcare facilities can reduce documentation burdens by implementing digital systems and electronic health records, allowing staff to focus more on patient care. Healthcare professionals should prioritize patient interactions while developing empathy skills to deliver care that meets community standards and enhances patient satisfaction. The structured patient engagement framework presented by Khattabi *et al.* [27] in Qatar's primary healthcare system shows how patient involvement leads to improved healthcare delivery through quality improvement and governance activities. This approach enables healthcare organizations to deliver services that meet community requirements while achieving better outcomes. Healthcare organizations should implement digital systems for medical documentation and electronic health records to reduce administrative work while enhancing patient care. Healthcare professionals who demonstrate empathy and actively engage patients in their care will likely achieve higher satisfaction while meeting community expectations for care delivery. The structured patient engagement framework developed by Khattabi *et al.* [27] for Qatar's primary healthcare system proves that patient involvement in healthcare delivery leads to better quality improvement and governance activities. By adopting this approach, the healthcare system becomes more responsive to community needs, ultimately leading to enhanced overall results.

Study limitations and future research

The research has achieved substantial results; however, several specific areas require improvement. The research method, which relies on self-report data, may be susceptible to response bias, as participants might distort their experiences due to social desirability effects. The study design limits researchers' ability to establish cause-and-effect relationships between accreditation and healthcare quality, as it uses a cross-sectional approach. Future studies that utilize longitudinal design, incorporate qualitative follow-ups, and include other members of the healthcare team beyond nursing staff could reveal more informative findings. Integrating quantitative surveys with qualitative research methods, such as interviews and focus groups, will assist researchers in understanding how healthcare professionals perceive their accreditation work. The study of different healthcare environments, between urban and rural areas and public and private institutions, should be conducted to discover essential patterns that require specific intervention approaches for each setting. Future research should prioritize economic evaluations to assess the financial performance of accreditation programs and their ability to generate returns on investment (ROI). Such research will enable better resource management through informed policy decisions. Research should include international benchmarking studies to evaluate how accreditation outcomes compare across different nations and enable the identification of top-performing accreditation practices.

Conclusion

This study reveals the multi-dimensional nature of the factors that influence nurses' perceptions of hospital accreditation and its impact on healthcare quality in Jordan and is one of the few studies exploring nurses' perspectives on accreditation in Jordanian private hospitals. Staff involvement plays a critical role in the accreditation process, and the perceived benefits of accreditation play a significant role in shaping successful outcomes. Institutions aiming for effective accreditation processes should focus on enhancing staff engagement and promoting the benefits of accreditation to all involved stakeholders. Ongoing dialogue among researchers, practitioners, and policymakers is essential for developing accreditation systems and maximizing their impact on achieving universal health coverage and equitable access to quality health services.

Conflict of interests

The authors declared no conflict of interest.

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Data sharing statement

Supplementary data can be shared with the corresponding author upon reasonable request.

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