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The Effect of Accreditation on the Quality of Health Care as Perceived by Nurses in Hospitals

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ABSTRACT

Background: Accreditation is a structured external evaluation process that aims to improve healthcare quality through standardized practices, continuous quality improvement, and performance evaluation. Nurses play a central role in implementing accreditation standards; however, evidence regarding their perceptions of accreditation outcomes in Jordanian governmental hospitals remains limited. ***Purpose:*** This study aimed to examine nurses' perceptions of the impact of accreditation on healthcare quality and identify factors associated with these perceptions in accredited governmental hospitals. ***Methods:*** A descriptive cross-sectional correlational design was employed. A convenient sample of 200 nurses was recruited from three accredited governmental hospitals. Data was collected using a structured self-administered questionnaire with established validity and reliability. The instrument demonstrated excellent internal consistency (Cronbach's $\alpha = 0.944$). Descriptive statistics, univariate linear regression, and multivariate linear regression analyses were performed to identify factors associated with nurses' perception scores. ***Results*:** Nurses reported generally positive perceptions of the impact of accreditation on healthcare quality, with an overall mean score of 4.18 ± 0.54 ($79.59\% \pm 13.49$). The Quality Management–Operations Focus and Quality Results domains received the highest ratings. In univariate analyses, job category was the only significant predictor of perception scores. In the multivariate model, which explained 13.8% of the variance ($R^2 = 0.138$, $p = 0.008$), job category remained the only independent predictor, with nursing supervisors reporting significantly higher perception scores than registered nurses. *Co**nclusion:*** Nurses perceived accreditation as a valuable framework associated with improvements in multiple dimensions of healthcare quality. After adjustment for sociodemographic characteristics, job category was the only independent factor associated with nurses' perceptions. ***Implications for Nursing:*** Nurse leaders and healthcare administrators should strengthen nurses' engagement in accreditation activities and provide continuous education and organizational support to sustain quality improvement and patient safety initiatives.

Keywords: Accreditation, Healthcare quality, Nursing staff, Patient safety, Quality improvement, Governmental hospitals.

What does this paper add?

1. This study provides recent evidence from Jordanian governmental hospitals demonstrating that nurses perceive accreditation as positively associated with

healthcare quality, patient safety, communication, and organizational performance.
2. The findings identify job category as the main predictor of nurses' perceptions of accreditation, with nursing supervisors reporting more positive perceptions than registered nurses, highlighting the importance of leadership involvement in accreditation processes.
3. The study contributes to the understanding of factors associated with nurses' perceptions of accreditation and supports ongoing efforts to strengthen quality improvement initiatives in governmental hospitals.

Introduction

Quality in healthcare is a multidimensional concept that includes patient-centeredness, timeliness, efficiency, and affordability. It is considered a global public health priority (Kamalasanan et al., 2024). Healthcare quality refers to care that optimizes patient outcomes and is measured through improvements in health status and service delivery. In this context, accreditation is widely recognized as a strategy for improving healthcare systems and quality outcomes (Alhawajreh et al., 2025).

Hospital accreditation is a structured external evaluation process in which healthcare institutions are assessed against predefined standards by independent organizations. The process includes staff training, implementation of quality standards, and periodic external surveys that identify areas for improvement and support continuous quality enhancement (Araujo et al., 2020).

Accreditation is based on the assumption that adherence to standardized practices can improve healthcare quality and promote continuous improvement aligned with patient needs (Nugroho & Sjaaf, 2023). It is also recognized as an important mechanism for improving patient safety and organizational performance in healthcare systems (Alzoubi et al., 2018).

Since its emergence in the 1960s, accreditation has evolved into a widely used quality improvement strategy adopted by healthcare providers, regulators, and insurers. It may be voluntary or mandatory depending on national policies and is implemented through various accrediting bodies at international and local levels (Al-Alawy et al., 2021).

Accreditation standards define expected levels of performance and are assessed through structured survey processes conducted by trained professionals. The main objective is to translate standards into continuous quality improvement within healthcare organizations (Mansour et al., 2021). The successful implementation of accreditation depends on leadership commitment, staff engagement, and organizational support (Algunmeeyn & Mrayyan, 2022).

Nurses play a central role in delivering healthcare and implementing quality improvement initiatives., because they are directly involved in implementing accreditation standards and quality improvement initiatives, their perceptions provide valuable insight into the effectiveness of accreditation **(**Kamalasanan et al., 2024). Evidence suggests that nurses working in accredited hospitals report more positive perceptions of care quality, influenced by organizational support, training, and leadership involvement.

Despite its widespread adoption, healthcare systems continue to face challenges, such as rising costs, technological advancement, and increasing demand for high-quality care. Accreditation has therefore been adopted as a tool to address these challenges and improve healthcare performance (Al-Alawy et al., 2021). However, evidence regarding its effectiveness remains inconsistent, particularly in developing countries, indicating the need for further research (Alhawajreh et al., 2025).

In many healthcare systems, especially in developing contexts, the culture of quality and structured quality assurance is still evolving. Limited awareness and inconsistent implementation of quality standards may hinder improvement efforts (Kamalasanan et al., 2024). In addition, unaccredited hospitals may lack essential safety, risk management, and regulatory compliance systems, which can affect patient safety (Abd Jalil et al., 2021).

In Jordan, healthcare institutions are increasingly adopting accreditation to improve service quality and align with international standards (Algunmeeyn et al., 2020). Although accreditation is being implemented across public hospitals, research on nurses' perceptions of its impact on healthcare quality remains limited. Available evidence suggests that accreditation contributes positively to patient safety, organizational performance, and quality improvement systems (Oweidat et al., 2024).

Despite progress in quality initiatives, the

implementation of structured quality systems in the Middle East, including Jordan, remains limited in some sectors (Algunmeeyn et al., 2020). Strengthening accreditation systems may improve information management, staff training, and nursing services across healthcare institutions.

Therefore, examining nurses' perceptions of accreditation in accredited governmental hospitals in Jordan is important to address existing knowledge gaps and to inform future quality improvement strategies and health policy.

This study aims to examine the effect of accreditation on healthcare quality as perceived by nurses in Jordanian hospitals.

Methods

Study Design

A descriptive cross-sectional correlational study was conducted to examine nurses' perceptions of the effect of accreditation on healthcare quality in Jordanian hospitals across three sectors. The study was conducted and reported in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement, an EQUATOR Network reporting guidelines for cross-sectional studies.

Settings

The study was conducted in three accredited governmental hospitals in Jordan: Jerash Hospital, Ramtha Hospital, and Zarqa Governmental Hospital. These hospitals are accredited by the Healthcare Accreditation Council and were selected, because they provide diverse clinical services and employ large nursing workforces.

Sample and Sampling Technique

A non-probability convenience sampling approach was used to recruit participants from the selected accredited governmental hospitals. Nurses who met the eligibility criteria and were available during the data collection period were invited to participate in the study. Convenience sampling was selected, because it enabled efficient recruitment of eligible nurses from multiple departments while minimizing disruption to hospital services. Although this method facilitated recruitment and achieved the required sample size, it may have introduced selection bias, because participants were not randomly selected. Consequently, the findings may not be fully representative of all nurses working in governmental hospitals in Jordan, and caution should be exercised when generalizing the results beyond the study settings.

The study population included nurses working in the selected governmental hospitals who met the inclusion criteria at the time of data collection.

The sample size was determined using G*Power software with a power of 0.80, a medium effect size of 0.30, a significance level of 0.05, and six predictor variables for regression analysis. The calculated sample size was 180. To account for potential missing data, 20% was added, resulting in a final sample of 200 nurses.

Inclusion Criteria

Nurses employed in hospital and clinic departments with at least one year of clinical experience, directly involved in patient care or administrative roles, and willing to participate.

Exclusion Criteria

Nurses with less than one year of experience, those on leave during data collection, and those who declined participation.

Data Collection Instrument

The study instrument was a structured questionnaire developed after a thorough review of relevant literature.

Section One

This section collected sociodemographic data, including age, gender, marital status, years of experience, place of work (hospital name), and participations in accreditation programs.

Section Two

The tool, *"Nursing Perception towards the Impact of Accreditation on Quality of Care,"* is a structured questionnaire used to assess healthcare workers' perceptions of how hospital accreditation affects quality of care. It includes 41 items rated on a five-point Likert scale from "Fully agree" (5) to "Fully disagree" (1) (Zabin et al., 2024).

The total score is obtained by summing responses, ranging from 41 to 205. Higher scores indicate more positive perceptions of accreditation's impact on quality of care, while lower scores reflect less favorable views.

The items cover key domains, such as patient

education and satisfaction, safety and emergency preparedness, infection control, documentation, equipment and facility management, staff awareness of policies, role clarity, interdepartmental coordination, staff motivation, and overall quality improvement.

Validity and Reliability of the Instrument

The questionnaire was adapted from the instrument developed by Zabin et al. (2024) following a review of the relevant literature. Face validity was evaluated during pilot testing by healthcare professionals who assessed the clarity, comprehensibility, and relevance of the questionnaire items. The translated Arabic–English version of the instrument was reviewed during pilot testing, and participants confirmed that the items were clear, comprehensive, and relevant to the study objectives. No modifications to the instrument were required.

Internal consistency reliability was assessed using Cronbach's alpha coefficient. The overall Cronbach's alpha for the 41-item questionnaire was 0.944, indicating excellent reliability. The reliability coefficients for the subscales were as follows: Quality Measurement and Analysis ($\alpha = 0.743$), Leadership, Commitment and Support ($\alpha = 0.713$), Use of Data (Patient Focus) ($\alpha = 0.819$), Strategic Quality Planning ($\alpha = 0.832$), Human Resources Education and Training ($\alpha=0.748$), Quality Management (Operation Focus) ($\alpha= 0.806$), Quality Results ($\alpha = 0.915$), and Accreditation ($\alpha = 0.830$). These values indicate acceptable to excellent internal consistency across all domains of the instrument.

Data Collection Procedure

Institutional approval was first obtained from the hospital directors to conduct the study. Eligible participants were then identified, and an online questionnaire, along with an information sheet and informed consent form, was distributed to nurses.

Participants were informed that submitting the completed questionnaire indicated consent. They were also asked to review the consent form included at the beginning of the survey, which contained all relevant study information.

The questionnaire was distributed to all participants and included a sociodemographic section covering age, gender, marital status, training period, years of experience, and workplace.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board (IRB) at Al al-Bayt University (Approval No. 5/2025/26) and the Jordanian Ministry of Health. Permission to use the study instrument was obtained from the original authors, and administrative approval was secured from the directors of the participating hospitals.

Participants reviewed an informed consent form, and completion of the online questionnaire indicated consent. They were informed of the study's purpose, procedures, and benefits. Participation was voluntary, and participants could withdraw at any time without consequences.

To ensure confidentiality and anonymity, no personally identifying information was collected. Responses were recorded anonymously through the online survey platform and were accessible only to the research team. All electronic data were stored on password-protected devices and used solely for research purposes. Data was reported in aggregate form to prevent identification of individual participants or institutions.

Pilot Study

A pilot study was conducted with 20 healthcare providers at Al-Zarqa Hospital to evaluate the feasibility, clarity, and suitability of the Arabic–English questionnaire administered through Google Forms. The pilot also assessed the appropriateness of the online distribution method and estimated the time required to complete the questionnaire.

Participants reported that the questionnaire was clear, comprehensive, and relevant to the study objectives, although somewhat lengthy. The average completion time was 7–8 minutes, which was considered acceptable. No missing responses or evidence of participant fatigue were observed, and no modifications or deletions were recommended. Therefore, the original instrument was retained to maintain content validity and comparability with previous studies.

Reliability analysis conducted using data from the full study sample demonstrated excellent internal consistency, with an overall Cronbach's alpha coefficient of 0.944.

Data Analysis

Data was analyzed using IBM SPSS Statistics, version 23.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were used to summarize participants' characteristics and study variables. Categorical variables were presented as frequencies and percentages, while continuous variables were expressed as means and standard deviations.

Univariate linear regression analyses were performed to examine the association between each independent variable (age, gender, marital status, educational level, years of experience, and job category) and nurses' perception scores. All independent variables were entered simultaneously using the enter method to identify independent predictors after adjustment for potential confounders. Regression coefficients (B), 95% confidence intervals (95% CI), R^2, adjusted R^2, F-statistics, and p-values were reported.

The assumptions of linear regression were assessed and met. Statistical significance was set at $p < 0.05$.

Results

Demographic Characteristics of Nurses Working in Accredited Governmental Hospitals

The study achieved a 100% response rate, with all 200 eligible nurses participating. The sample included similar proportions of male and female nurses, with most participants being married. The majority were aged between 25 and 44 years and had substantial professional experience, indicating a mature and experienced nursing workforce.

Most participants held a bachelor's degree, while a smaller proportion had postgraduate qualifications. Nurses were recruited from three governmental hospitals in Jordan, with the largest proportion employed at Zarqa Governmental Hospital, followed by Jerash and Al-Ramtha Governmental Hospitals (Table 1).

Table 1. Demographic characteristics of the study participants (N = 200)

Characteristics	n	%
Qualification		
Bachelor’s degree	154	77.0
Master’s degree	44	22.0
Doctorate (PhD)	2	1.0
Age (years)		
< 25	9	4.5
25–34	72	36.0
35–44	95	47.5
≥ 45	24	12.0
Gender		
Male	95	47.5
Female	105	52.5
Marital status		
Married	146	73.0
Unmarried	54	27.0
Years of Experience		
< 5 years	19	9.5
5–9 years	42	21.0
10–14 years	65	32.5
≥ 15 years	74	37.0
Name of the hospital where you work		
Zarqa Governmental Hospital	109	54.5
Jerash Governmental Hospital	54	27.0
Al-Ramtha Governmental Hospital	37	18.5

Participants represented a wide range of clinical departments, predominantly medical-surgical wards, intensive care units, and emergency departments. Smaller proportions worked in operating rooms, outpatient clinics, dialysis, endoscopy, and other specialized units, indicating that most participants were directly involved in patient care where accreditation standards are routinely implemented.

Most nurses reported previous participation in accreditation programs either within their current hospitals or elsewhere, suggesting a generally high level of familiarity with accreditation processes. Regarding professional roles, the majority were registered nurses, while smaller proportions held supervisory, head nurse, administrative, or quality management positions, providing perspectives from different organizational levels (Table 2).

Table 2. Professional characteristics of the study participants (N = 200)

Characteristic	n	%
Unit/Department		
Critical Care Units (ICU, CCU)	48	24.0
Dialysis Unit	1	0.5
Emergency Department (ER)	45	22.5
Endoscopy Unit	1	0.5
Medical and Surgical Wards	50	25.0
Operating Rooms (OR)	17	8.5
Outpatient Clinics	13	6.5
Others	25	12.5
Participation in an accreditation program		
Yes	171	85.5
No	29	14.5
Job Category		
Registered Nurse	146	73.0
Nursing Supervisor	12	6.0
Head Department	17	8.5
Hospital Administration (Nursing)	20	10.0
Quality Department	5	2.5

Nurses' Perceptions of the Effect of Accreditation on Quality of Care

The overall mean perception score was 171.52 ± 22.13 (range: 41–205), corresponding to a mean score of 4.18 ± 0.54 on the five-point Likert scale (79.59% ± 13.49), indicating generally positive perceptions regarding the impact of accreditation on the quality of care.

Among the study dimensions, Quality Management–Operations Focus achieved the highest mean percentage score (80.59% ± 15.39; 4.22 ± 0.62), followed closely by Quality Results (80.56% ± 16.13; 4.22 ± 0.65). The Accreditation dimension also demonstrated a high score (80.28% ± 13.86; 4.21 ± 0.55), reflecting positive perceptions of the contribution of accreditation standards to healthcare quality.

Other domains also received favorable ratings, including Use of Data (Patient Focus) (80.06%), Strategic Quality Planning (79.50%), and Human Resource Education and Training (78.41%). Slightly lower, but still positive, scores were observed for Leadership, Governance and Support (77.88%) and Quality Measurement and Analysis (77.84%).

Overall, nurses demonstrated favorable perceptions of accreditation, particularly regarding its contribution to improving operational processes and healthcare quality outcomes (Table 3).

Effect of Sociodemographic Variables on Nurses' Perceptions of Accreditation and Quality of Care

Before conducting the regression analyses, the assumptions of linear regression were evaluated. Independence of observations was ensured through individual data collection. Examination of histograms and normal probability (Q–Q) plots indicated that residuals were approximately normally distributed, while standardized residual plots demonstrated homoscedasticity.

Univariate linear regression analyses were initially performed to examine the association between each sociodemographic variable and nurses' perception scores (Tables 4A and 4B). Job category was the only

statistically significant predictor (F = 5.245, p = 0.002; R^2 = 0.074; Adjusted R^2 = 0.060), with nursing supervisors reporting significantly higher perception scores than registered nurses. Qualification showed a statistically significant overall model (F = 4.044, p = 0.019; R^2 = 0.039); however, neither bachelor's nor master's degree holders differed significantly from the reference category. Age, gender, marital status, and years of experience were not significantly associated with perception scores (all p > 0.05).

Table 3. Nursing perceptions toward the impact of accreditation and quality of care scores (N = 200)

Domain	Possible Score Range	Observed Range		Average Score (1 – 5)	Percentage Score
		Min. – Max.	Mean ± SD	Mean ± SD	Mean ± SD
Quality Management (Operation Focus)	4 – 20	9.0 – 20.0	16.90 ± 2.46	4.22 ± 0.62	80.59 ± 15.39
Quality Results	4 – 20	8.0 – 20.0	16.89 ± 2.58	4.22 ± 0.65	80.56 ± 16.13
Accreditation	13 – 65	27.0 – 65.0	54.75 ± 7.21	4.21 ± 0.55	80.28 ± 13.86
Use of Data (Patient Focus)	4 – 20	8.0 – 20.0	16.81 ± 2.54	4.20 ± 0.64	80.06 ± 15.88
Strategic Quality Planning	4 – 20	9.0 – 20.0	16.72 ± 2.48	4.18 ± 0.62	79.50 ± 15.53
Human Resource Education and Training	4 – 20	8.0 – 20.0	16.55 ± 2.79	4.14 ± 0.70	78.41 ± 17.44
(Leadership, Governance and Support)	4 – 20	8.0 – 20.0	16.46 ± 2.84	4.12 ± 0.71	77.88 ± 17.73
Quality Measurement and Analysis	4 – 20	7.0 – 20.0	16.46 ± 2.70	4.11 ± 0.68	77.84 ± 16.88
Overall	41 – 205	118.0 – 205.0	171.52 ± 22.13	4.18 ± 0.54	79.59 ± 13.49

Table 4A. Univariate linear regression analysis of personal characteristics

Variable	Category	β (95% CI)	p-value
Qualification	Bachelor's degree	-23.747 (-54.342, 6.849)	0.127
	Master's degree	-14.523 (-45.605, 16.559)	0.358
	Doctorate (PhD)®	Reference	—
Age	<25 years	5.222 (-11.866, 22.310)	0.547
	25–34 years	4.694 (-5.610, 14.999)	0.370
	35–44 years	-0.151 (-10.138, 9.837)	0.976
	≥45 years®	Reference	—
Gender	Male	3.862 (-2.310, 10.033)	0.219
	Female®	Reference	—
Marital Status	Unmarried	0.581 (-6.387, 7.549)	0.869
	Married®	Reference	—

Footnote: **B = unstandardized regression coefficient; CI = confidence interval; LL = lower limit; UL = upper limit; ® = reference category. Model statistics for qualification: R^2 = 0.039, Adjusted R^2 = 0.030, F = 4.044, p = 0.019. Model statistics for age: R^2 = 0.012, Adjusted R^2 = −0.003, F = 0.778, p = 0.507. Model statistics for gender: R^2 = 0.008, Adjusted R^2 = 0.003, F = 1.523, p = 0.219. Model statistics for marital status: R^2 = 0.000, Adjusted R^2 = −0.005, F = 0.027, p = 0.869. p ≤ 0.05.*

To identify independent predictors while controlling for potential confounding variables, all sociodemographic variables were entered simultaneously into a multivariate linear regression model (Table 5). The overall model was statistically significant (R = 0.371, R^2 = 0.138, Adjusted R^2 = 0.078, F = 2.290, p = 0.008), explaining 13.8% of the variance in nurses' perception scores.

Table 4B. Univariate linear regression analysis of professional characteristics

Variable	Category	β (95% CI)	p-value
Years of Experience	<5 years	0.645 (-10.623, 11.913)	0.910
	5–9 years	0.394 (-8.070, 8.859)	0.927
	10–14 years	4.275 (-3.173, 11.723)	0.259
	≥15 years®	Reference	—
Job Category	Registered Nurse®	Reference	—
	Nursing Supervisor	**23.569 (10.921, 36.217)**	**<0.001***
	Head of Department	7.172 (-3.603, 17.947)	0.191
	Others	12.619 (-6.586, 31.824)	0.197

Footnote: **B = unstandardized regression coefficient; CI = confidence interval; LL = lower limit; UL = upper limit; ® = reference category. Model statistics for years of experience: $R^2 = 0.008$, Adjusted $R^2 = -0.008$, $F = 0.494$, $p = 0.687$. Model statistics for job category: $R^2 = 0.074$, Adjusted $R^2 = 0.060$, $F = 5.245$, $p = 0.002$. $p \leq 0.05$.*

Table 5. Multivariate linear regression analysis for the parameters affecting score for nursing Perceptions towards impact of JCI accreditation and quality of care (n = 200)

Socio-demographical data	N	Multivariate	
		p	B (LL – UL 95%C.I)
Qualification			
Bachelor's degree	**154**	0.487	-10.939 (-41.923 – 20.045)
Master's degree	**44**	0.813	-3.783 (-35.357 – 27.791)
Doctorate (PhD)®	**2**		0.000
Age			
Less than 25 years	**9**	0.113	18.094 (-4.326 – 40.513)
25–34 years	**72**	0.145	10.211 (-3.551 – 23.973)
35–44 years	**95**	0.766	1.657 (-9.331 – 12.646)
45 years and above®	**24**		0.000
Gender			
Male	**95**	0.196	4.096 (-2.134 – 10.326)
Female®	**105**		0.000
Marital status			
Not Married	**54**	0.732	1.340 (-6.370 – 9.050)
Married®	**146**		0.000
Years of Experience			
Less than 5 years	**19**	0.192	-11.019 (-27.606 – 5.569)
5–9 years	**42**	0.271	-6.214 (-17.315 – 4.887)
10–14 years	**65**	0.905	0.526 (-8.192 – 9.244)
15 years and above®	**74**		0.000
Job Category			
Registered Nurse®	**166**		0.000
Nursing Supervisor	**12**	0.001*	23.435 (10.292 – 36.577)
Department Head	**17**	0.392	5.223 (-6.790 – 17.236)
Others	**5**	0.191	12.996 (-6.542 – 32.534)
Model statistics: $R = 0.371$; $R^2 = 0.138$; Adjusted $R^2 = 0.078$; $F = 2.290$; $p = 0.008$.			

B: Unstandardized Coefficients C.I: Confidence interval LL: Lower limit UL: Upper Limit

*: Statistically significant at $p \leq 0.05$.

After adjustment, job category remained the only independent predictor of nurses' perceptions. Nursing supervisors demonstrated significantly higher perception scores than registered nurses (B = 23.435,

95% CI: 10.292-36.577, p = 0.001). Educational qualification, age, gender, marital status, and years of professional experience were not independently associated with nurses' perception scores (all $p > 0.05$). These findings suggest that professional role, rather than demographic characteristics, was associated with nurses' perceptions of accreditation and healthcare quality.

Discussion

Nurses' Perceptions of the Effect of Accreditation on Healthcare Quality in Accredited Hospitals

The findings of this study indicate that nurses in Jordanian hospitals reported generally positive perceptions of the impact of accreditation on healthcare quality. These findings reflect strong confidence in accreditation as an effective approach for improving healthcare services and organizational performance. These findings are supported by evidence from past Jordanian studies, which have shown that nurses' perceptions of healthcare quality initiatives are positively associated with improved organizational practices, professional competency, and patient safety outcomes (Al Ali et al., 2022; Khasawneh et al., 2025).

These results are consistent with the findings from a study conducted in a university hospital in Palestine by Zabin et al. (2024), which also reported positive nursing perceptions of accreditation and its influence on care quality. Their study highlighted improvements in patient satisfaction and overall service quality, indicating measurable progress across various hospital sectors.

Among the studied domains, the quality management (Process-Focused) dimension achieved the highest score. This suggests that nurses strongly believe that accreditation is perceived to enhance operational processes and strengthen monitoring systems. This finding is consistent with that of Khair (2015), who reported that accreditation supports leadership engagement and improves the work environment, ultimately enhancing care quality and patient safety.

Similarly, the quality outcomes domain reflected perceived improvements in patient satisfaction and clinical results, suggesting that participants believed that accreditation was associated with improvements in healthcare delivery. These findings align with those of Alhawajreh et al. (2025), who reported that accreditation improves responsiveness to patient needs and strengthens service quality through enhanced organizational performance.

The accreditation domain itself also showed a high mean score, indicating strong agreement among nurses regarding the value of accreditation standards in promoting quality improvement. This finding may be attributed to nurses' active involvement in accreditation and quality improvement activities, thereby enhancing their awareness of its benefits.

These findings are consistent with those reported by Bayer and Baykal (2018), who found that nurses generally hold positive perceptions of quality initiatives in accredited hospitals, and that organizational structure and job role significantly influence these perceptions.

High scores were also observed in domains related to patient-centered data use, strategic planning, and staff training, indicating that accreditation strengthens multiple dimensions of healthcare quality, including patient-centered care and workforce development. This finding is supported by the findings of Mustafa (2021), who identified data use, staff engagement, and training as key contributors to improved quality outcomes under accreditation systems.

Lower—but still positive—scores were observed in the leadership, governance, and quality measurement domains, suggesting overall satisfaction with these areas while also indicating potential for further improvement, particularly in enhancing data-driven decision-making and managerial coordination.

Overall, nurses perceive accreditation as a comprehensive quality improvement strategy that enhances multiple aspects of healthcare delivery. The findings reflect nurses'positive perceptions of accreditation rather than objective evidence of effectiveness in Jordanian hospitals. These perceptions suggest that accreditation may contribute to improvements in healthcare quality through structured processes, workforce development, and strengthened organizational performance.

It is important to note that this study measured nurses' perceptions rather than objective quality indicators. Therefore, although participants reported favorable views regarding the influence of accreditation on healthcare quality, patient safety, and organizational performance, the findings should not be interpreted as evidence that accreditation directly resulted in improvements in these outcomes. Future studies incorporating objective clinical and organizational performance indicators are needed to examine the actual effectiveness of accreditation programs and to

determine whether perceived benefits translate into measurable improvements in healthcare outcomes.

Demographic Characteristics of Nurses Participating in Accreditation Programs

The current study examined the influence of selected sociodemographic and professional variables on nurses' perceptions of accreditation and its impact on healthcare quality in Jordanian hospitals. The multivariate regression analysis demonstrated that professional role was the only independent predictor of nurses' perception scores after controlling for age, gender, marital status, educational level, and years of experience. These findings suggest that perceptions of accreditation may be influenced more strongly by nurses' organizational responsibilities and involvement in accreditation activities than by personal demographic characteristics. This is particularly relevant in Jordan, where accreditation has become an integral component of hospital systems.

Statistical analysis showed that nursing supervisors had significantly higher perception scores than registered nurses. This association remained statistically significant in the multivariate regression model, indicating that job category was an independent predictor of nurses' perceptions after adjustment for other sociodemographic characteristics. This association may reflect their leadership roles and greater involvement in accreditation activities. This finding is consistent with previous research conducted in Iran by Reisi et al. (2019), which highlighted leadership, organizational support, and staff engagement as key determinants of successful accreditation implementation and improved quality outcomes.

Nursing supervisors reported significantly higher perception scores than staff nurses, which may reflect their greater involvement in strategic planning, policy implementation, quality monitoring, accreditation preparation activities, and communication with accreditation surveyors. Supervisors often receive more extensive training related to quality management and organizational performance indicators, providing them with a broader understanding of accreditation objectives and expected outcomes. Their managerial responsibilities may therefore contribute to a greater appreciation of accreditation-related initiatives compared with frontline nursing staff.

Regarding age, nearly a half of the participants were between 35 and 44 years old, a group typically associated with substantial clinical experience. However, age was not significantly associated with perception scores in the univariate or multivariate analysis, indicating that chronological age alone does not strongly influence nurses' views regarding accreditation.

Gender was not significantly associated with perception scores after adjustment in the multivariate model, suggesting that accreditation-related perceptions were similar among male and female nurses. This is consistent with findings from Obaidi (2024), who also reported mixed gender representation in a study on accreditation outcomes in Palestine, with no major gender-based differences in perceptions.

Educational level also showed no significant effect on perceptions. This finding remained consistent after controlling for other variables in the multivariate analysis, suggesting that exposure to institutional accreditation practices may be more influential than formal educational level. Similar findings were reported by Zabin et al. (2024), where most nurses also held bachelor's degrees and demonstrated comparable views on accreditation.

Most participants were married, reflecting the overall age distribution of the sample. However, marital status did not appear to influence perceptions of accreditation. In terms of workplace distribution, more than a half of the nurses were from Zarqa Governmental Hospital, followed by Jerash and Al-Ramtha Governmental Hospitals. All participating hospitals operate under the Healthcare Accreditation Council, ensuring standardized accreditation practices.

Finally, years of experience were not significantly associated with perception scores. The lack of association remained after multivariate adjustment, suggesting that professional tenure alone does not determine nurses' perceptions of accreditation. This finding aligns with the findings of Obaidi (2024), which also reported no meaningful differences in perceptions based on years of experience.

The absence of significant associations between perception scores and age, gender, marital status, educational level, or years of experience may indicate that exposure to accreditation processes is relatively uniform across nursing staff within accredited hospitals. Standardized accreditation requirements, organizational policies, and mandatory quality-related training may

contribute to similar perceptions regardless of demographic background.

Overall, the results indicate that professional role—particularly supervisory positions—has a stronger influence on perceptions of accreditation than demographic factors, while most sociodemographic variables have a limited impact.

Limitations

Several limitations should be considered when interpreting the findings. First, the cross-sectional design captures perceptions at a single point in time and precludes causal inferences regarding the relationship between accreditation and healthcare quality. Second, the study relied on self-reported perceptions, which may be influenced by social desirability bias and subjective interpretation. Third, convenience sampling was used, introducing the potential for selection bias and limiting the generalizability of the findings to all nurses in governmental hospitals or other healthcare sectors. Fourth, the study was conducted exclusively in accredited governmental hospitals; therefore, comparisons with non-accredited institutions could not be made. Finally, although multivariate regression analysis was performed to identify independent predictors of nurses' perceptions, the model explained a modest proportion of variance ($R^2 = 0.138$), suggesting that additional organizational and contextual factors not examined in this study may contribute to nurses' perceptions of accreditation. Future research should explore factors, such as leadership style, organizational culture, workload, and professional engagement.

Implications for Nursing

The findings have important implications for nursing practice, healthcare policy, and future research. Nurses generally perceived accreditation to be positively associated with healthcare quality, supporting the continuation of accreditation programs as a framework for quality improvement and patient safety in Jordanian hospitals.

In practice, the findings highlight the importance of integrating accreditation standards into daily nursing care, promoting evidence-based practice, and providing continuous education on quality improvement and patient safety. The higher perception scores among nursing supervisors emphasize the importance of supportive leadership and staff engagement in successful accreditation implementation.

At the policy level, healthcare authorities should strengthen accreditation systems through consistent standards, regular evaluation, and adequate resources. Future research should use longitudinal designs, include objective quality indicators, and explore organizational factors, such as leadership, workload, and professional engagement, to better explain variations in nurses' perceptions.

Conclusion

The findings indicate that nurses generally perceived accreditation as an important framework associated with improvements in healthcare quality, including patient safety, service quality, and organizational performance. Nurses reported favorable perceptions across multiple accreditation dimensions, with quality management and quality outcomes receiving the highest ratings. The multivariate analysis demonstrated that professional role was the only independent factor associated with nurses' perceptions, with nursing supervisors reporting more positive perceptions than registered nurses. However, because this study assessed perceptions rather than objective quality indicators and used a cross-sectional design, causal conclusions regarding the effectiveness of accreditation cannot be established.

Conflict of Interests

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Author Contributions

Study Design: **EMK, AA, MS, MAJ**. Data Collection: **EMK**. Data Analysis: **EMK, AA, IAO**. Study Supervision: **AA, MS, MAJ, MAB**. Manuscript Writing: **EMK, AA**. Critical Revision for Important Intellectual Content: **MS, MAJ, IAO, MAB, AA**.

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