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THE ROLE OF INSTITUTIONAL ACCREDITATION IN IMPROVING THE QUALITY OF HEALTHCARE SERVICES: A CASE STUDY OF HEALTHCARE GROUPS IN JEDDAH

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ABSTRACT

Institutional accreditation has become an important strategy for improving healthcare quality through standardized policies, patient safety practices, and continuous performance monitoring. Accreditation programs aim to improve healthcare processes, efficiency, and patient safety; however, evidence regarding their effectiveness remains mixed across healthcare settings. Despite widespread implementation of accreditation programs, limited empirical research has examined their impact within healthcare organizations, particularly in relation to service quality and resource management. This study aimed to examine the role of institutional accreditation in improving the quality of healthcare services within Healthcare Groups in Jeddah and to evaluate the influence of accreditation dimensions on healthcare service quality. A quantitative cross-sectional design was adopted. Data were collected from 282 clinical, administrative, and managerial employees using a structured questionnaire based on accreditation dimensions including standards compliance, reduction of medical errors, patient satisfaction, service efficiency, and resource management. Data were analyzed using descriptive statistics, Pearson correlation, and multiple regression analysis. Correlation analysis showed significant positive relationships between institutional accreditation and healthcare service quality ($r = 0.753$, $p < 0.01$). Regression analysis indicated that institutional accreditation significantly predicted healthcare service quality ($\beta = 0.211$, $p = 0.010$). Patient satisfaction and service efficiency were the strongest predictors, and the regression model explained 77.1% of the variance in healthcare service quality. The findings indicate that accreditation improves healthcare quality primarily through patient-centered care and service efficiency rather than standards compliance or error reduction alone. Institutional accreditation provides an effective framework for improving healthcare service quality and supports continuous quality improvement in healthcare organizations.

KEYWORDS: Institutional Accreditation; Healthcare Service Quality; Patient Satisfaction; Service Efficiency; Resource Management; Patient Safety; Quality Improvement.

1. INTRODUCTION

The healthcare systems all over the world are under the growing pressure to enhance the quality of services, enhance patient safety, and maximize the use of healthcare facilities. The high rates of technological advancement, increased healthcare cost, and the increase in patient demands have promoted the use of systematic quality improvement strategies by healthcare organizations. Institutional accreditation has become one of the most actively used methods of enhancing the quality of healthcare using standardized policies and performance monitoring systems. In their case, accreditation programs offer systematic assessment frameworks, which compare healthcare organizations with predetermined standards in areas of governance, clinical practice, and patient safety (Alhawajreh et al., 2023; Alturbag & Alyahya, 2025).

Institutional accreditation refers to the practice of an external assessment procedure that aims at ensuring that the proper quality standards are adhered to and that organizational change is encouraged. The accreditation standards usually deal with the various aspects of healthcare delivery, which include leadership practices, clinical effectiveness, safety procedures, and documentation systems. Accreditation promotes systematic quality management processes and standardized work processes in healthcare institutions through periodic checks and systematic evaluations. The said structured processes are deemed as key to the attainment of long-term changes in healthcare quality and organizational accountability (Hapsari & Sjaaf, 2023; Mosadeghrad, 2021).

According to the past studies, accreditation may lead to an increase in the quality of healthcare services through the increase in adherence to the clinical standards and the improvement of professional practices. Certified medical facilities tend to have better documentation procedures, a higher level of compliance with clinical guidelines, and a higher rate of safety process adherence. Structured staff training and continuous professional development is also encouraged through accreditation and may enhance competence of the staff and decrease differences in clinical practice. These enhancements lead to a higher level of performance and reliability of healthcare provision as well as organizational performance (Lin et al., 2019; Okumura et al., 2019).

Among the most crucial anticipated results of accreditation programs is patient safety improvement. The accreditation standards normally mandate healthcare institutions to implement incident reporting systems, infection control measures and medication safety measures. Such implementation is meant to minimize preventable medical errors and enhance patient outcomes. According to research, accreditation may reinforce patient safety culture by promoting teamwork, communication and accountability among healthcare professionals. Enhanced safety measures can also lead to improved clinical outcomes as well as to growth in the trust to healthcare services (Jarrah et al., 2019; Lee, 2016).

The accreditation can also be a factor in the enhanced patient-centered care and service efficacy. The accreditation standards focus on patient rights, quality of communication and the sensitivity to patient needs. Health facilities that adopt the principles of accreditation usually come up with systematic service delivery models that facilitate continuous and patient-centered services. The subsequent outcomes of the enhanced communication and service coordination can be the increased patient satisfaction and better healthcare experiences. Patient-centered care has consequently been a critical aspect of healthcare quality enhancement programs across the globe (Araujo et al., 2020; Wardhani et al., 2019).

Healthcare quality improvement has been made a national concern in Saudi Arabia as part of the transformation agenda of the Vision 2030. Institutional accreditation has been employed as a principle approach of enhancing the quality of healthcare delivery and standardizing service delivery in healthcare institutions. Central Board of Accreditation of Healthcare Institutions (CBAHI) defines national standards that healthcare organizations should adhere to in the quest to uphold quality and safety provisions. In spite of the prevalence of accreditation throughout the Saudi healthcare system, there is a deficiency in empirical research on its effects on the operations of the bodies operating in the private sector, especially to the efficiency and resource management (Alsakkak et al., 2017; Kabrah et al., 2024).

This research undertaking will analyze how institutional accreditation could help to enhance the quality of healthcare services in Healthcare Groups in Jeddah. The research assesses the attitudes of the employees towards accreditation and the effect of accreditation on the standards compliance, medical errors, patient-centered care, operational efficiency, and management of resources. This study offers a holistic evaluation of the role of accreditation in enhancing the quality of healthcare in one of the

private healthcare organizations by analyzing several aspects of accreditation at the same time. It is also likely that the results will give evidence capable of assisting healthcare managers and accreditation bodies enhance quality improvement measures (Alyahya et al., 2018; Msatfa et al., 2025). The study aims to answer the following research questions:

1. How will institutional accreditation affect the quality of healthcare services?
2. How will accreditation impact resource management and cost reduction?

2. LITERATURE REVIEW

Accreditation of the Institution and the quality of healthcare.

Institutional accreditation is commonly understood as a significant tool of enhancing healthcare quality by means of evaluating it on a systematic basis and as a form of continuous quality improvement. Accreditation programs are used to evaluate healthcare organization in terms of the set standards covering clinical practice, organizational management, and patient safety (Lewis & Hinchcliff, 2022). These programs are meant to ensure the continuity of healthcare provision and the need to ensure that institutions embrace a systematic approach in the improvement of quality. The systematic review evidence indicates that accreditation is associated with improvement of the healthcare structures and processes, but the effect of accreditation on the outcomes can be different in various healthcare settings (Alhawajreh et al., 2023).

Accreditation is a formalized external review framework that aids in the enhancement of health care quality by monitoring, as well as performance evaluation. Accreditation makes healthcare institutions adhere to a set of established standards thus promoting the adoption of standardized policies and practices, which enhance the delivery of healthcare. Improved management practices and professional performance is the other aspect of healthcare quality that has been linked with accreditation. These gains are usually realized by improved organizational coordination and adherence to quality standards (Avia & Hariyati, 2019).

Accreditation and Standards Compliance

The achievement of a set of standards is one of the key goals of healthcare accreditation programs. The accreditation processes demand the use of healthcare facilities adopting standardized processes, documentation system and performance monitoring mechanisms (Kanyal & Ghewade, 2025). These are the requirements which are used to facilitate the provision of consistent and safe healthcare services in the departments. Research shows that accreditation enhances adherence to patient safety standards and clinical guidelines because it stimulates the organization to have an orderly quality assurance system (Al-Sayedahmed et al., 2021).

The quality management practice is also enhanced through accreditation as it promotes daily monitoring and periodical assessment of healthcare services. Follow up assessments and accreditation surveys can ensure that healthcare institutions remain compliant with the quality standards in the long run (Sukarno, 2025). Many studies have indicated that accredited hospitals tend to perform better than their non-accredited counterparts since accreditation encourages a systematic quality improvement activity and systematic management practice (Araujo et al., 2020).

Accreditation and Patient Safety

One of the major objectives of healthcare accreditation programs is patient safety improvement. The implementation of safety measures like infection control programs, incident reporting systems, and medication management protocols among others are highlighted in the standards of accreditation (Abdurabuh et al., 2024). The safety measures assist healthcare organizations in minimizing the number of medical errors that can be avoided and enhance better patient outcomes. There is evidence which says that accreditation has a positive effect on patient safety culture and assists in building safer healthcare environments (Mohamed, 2025).

There is also an association between accreditation and safety-related performance measures as well as clinical processes. The research findings indicate that accredited healthcare organizations have a more robust culture of safety and superior process performance to non-accredited institutions. Accreditation promotes the use of standardized procedures by the healthcare professionals and involvement in quality improvement activities which can minimize the clinical risk and enhance healthcare outcomes (Hussein et al., 2021).

Accreditation and Healthcare Service Quality

Multiple dimensions such as quality of healthcare services such as efficacy, safety, and efficiency, as well as the patient-centeredness, influence healthcare service quality. The accreditation programs deal with these dimensions by necessitating the healthcare institutions to achieve performance standards in various areas of healthcare delivery. The systematic

reviews suggest that accreditation can positively influence various dimensions of quality such as efficiency, effectiveness and patient-centered care. These enhancements help in improving the performance of the organization and offering more reliable delivery of services (Araujo et al., 2020).

There is also that accreditation programs encourage better organization of services and accountability among professionals. The standard procedures and performance monitoring systems are effective in enhancing departmental coordination in the healthcare institutions and minimize service delivery variability (Hussein et al., 2021). There is evidence that the accreditation may help to enhance the quality of healthcare processes and organizational performance through enhancing the quality management practices and engaging in continuous improvement (Alkhenizan & Shaw, 2011).

Despite the extensive use of accreditation as a healthcare quality improvement strategy, there are significant gaps in the literature. The existing results of research on the efficiency of accreditation are not always consistent, and certain studies indicate the lack of evidence of quantifiable positive results in healthcare. These evaluation consequences indicate that the effects of accreditation can be context- and strategy-specific. More studies are thus required to enhance the knowledge on the effects of accreditation in various healthcare institutions (Brubakk et al., 2015). Moreover, not many studies investigated the accreditation outcomes within the sphere of the private healthcare organizations or compared the various dimensions of accreditation at the same time. The majority of available studies concentrate on particular measures of quality as opposed to overall accreditation impact models. This paper fills these gaps by investigating the standards compliance, patient safety, service quality, operational efficiency and resource management in a private healthcare organization (Organization, 2022). Following hypothesis were formulated based on the literature:

H1: Institutional accreditation has a significant positive effect on the overall quality of healthcare services.

H2: Institutional accreditation significantly enhances healthcare service quality through improved standards compliance.

H3: Institutional accreditation significantly enhances healthcare service quality through strengthened patient safety practices and error reduction.

H4: Institutional accreditation significantly enhances healthcare service quality by promoting patient-centered care and satisfaction.

H5: Institutional accreditation significantly enhances healthcare service quality by improving operational efficiency and service effectiveness.

H6: Institutional accreditation significantly enhances healthcare service quality through improved resource management and cost control.

Theoretical Framework

The three significant theoretical perspectives in which this study is anchored are the Donabedian Structure Process outcome Model, the Total Quality Management (TQM) Theory and the Institutional Theory that explain the role of institutional accreditation in improving the quality of healthcare. These theoretical tools offer a holistic perspective in the interpretation of how accreditation guidelines affect the healthcare quality in terms of organizational structures, operations, and performance results.

Donabedian Structure Process outcome Model

The major theoretical background of the given research is the Donabedian Structure-Process-Outcome (SPO) model that is usually identified as a standard model of healthcare quality evaluation. The model suggests that quality in healthcare can be measured using three components which are interrelated that include structure, process, and outcomes (Ghofrani et al., 2024). The elements are structured; they are organizational resources, facilities, staffing, and policies, process, and outcome elements are patient satisfaction, safety and health outcomes. The better of the structural conditions is likely to improve the processes in the healthcare sector and finally result in an improved patient outcome (Tossaint-Schoenmakers et al., 2021).

The Donabedian model offers a logical methodology in the analysis of the impacts of accreditation standards on the quality of healthcare. The accreditation has the major impact on the structural aspect in terms of development of standardized policies, training systems, and resource management procedures (Li et al., 2024). These structural enhancements empower clinical and administrative operations like documentation, safety protocols and service coordination, which eventually enhance healthcare delivery. Due to its holistic approach, the Donabedian model can be found in researches and policy analysis of healthcare quality improvement (Endalamaw et al., 2023).

The Total Quality Management Theory

Another theory that can be applied to comprehend the contribution of accreditation to the

improvement of the quality of healthcare is the Total Quality Management (TQM) theory. TQM lays more stress on constant improvement, employee participation and process management as core organizational performance components (Alqasmi, 2022). The healthcare organizations that apply TQM principles aim at the enhancement of the quality of the provided services by means of the organized monitoring systems, training of the staff, and the implementation of the standard procedures. The principles are highly consistent with the accreditation requirements that promote continuous quality improvement and monitoring of performance (Alzoubi et al., 2019).

Another aspect that is emphasized by the TQM theory is the significance of organizational culture and involvement of employees in achieving quality improvement. The accreditation processes also tend to make the healthcare institutions engage the staff in training programs and quality improvement activities that facilitate in building a quality oriented organizational culture. The constant observation and measurement of the performance indicators will also enable organizations to know where their weaknesses are and take corrective measures. The introduction of the concept of TQM into accreditation systems promotes long-term factors in the quality of services and efficiency (Ahmed, 2022).

Institutional Theory

The institutional theory is used to understand why healthcare organizations implement accreditation programs as their organizational strategy. Institutional theory states that organizations are interested in legitimacy and social acceptance due to adhering to accepted norms and professional ethics (Hussein et al., 2021). Accreditation offers official certifications which attest to the fact that healthcare organizations comply with the explicable quality and safety provisions, which enhances the credibility of organizational prestige and faithfulness of the stakeholders. Adoption of accreditation is consequently not only affected by the quality improvement objectives but also by the institutional pressures and regulatory demands (Swain et al., 2025).

The institutional theory also postulates that organizations should use accreditation standards because they tend to keep up with the national healthcare policy and professional expectations. Accreditation is a new necessity in most healthcare systems to prove their accountability and competitiveness. Adherence to the accreditation standards assists healthcare companies in achieving credibility with patients, regulators as well as healthcare practitioners. This viewpoint justifies the reason why accreditation programs have become very common in the healthcare systems despite the differences in the measured outcomes (Swain et al., 2025).

Figure 1 shows the conceptual framework of the study. This conceptual framework shows how institutional accreditation, as measured by core dimensions including compliance with standards, mechanisms to reduce error, patient-centeredness, efficiency, and resource management, impacts the quality of healthcare services in Healthcare Groups in Jeddah.

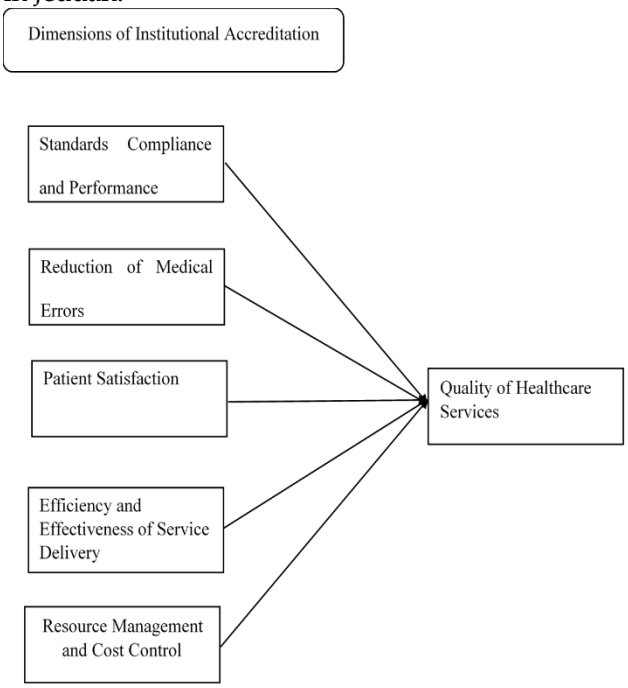

Figure 1: Conceptual Framework.

2. METHODOLOGY

Research Design

The study adopted a quantitative research design that was aimed at investigating the role of institutional accreditation in enhancing the quality of healthcare services in several Healthcare Groups in Jeddah.

Population and Sampling

The study population consisted of **clinical, administrative, and technical employees** working at Healthcare Groups in Jeddah. Employees from different departments were included in order to obtain a comprehensive understanding of accreditation practices across the organization. A structured sampling approach was used to ensure representation from medical, technical, and

administrative departments. A total of **282 participants** were included in the study, providing an adequate sample for statistical analysis and reliable estimation of relationships between accreditation dimensions and healthcare quality.

Data Collection Instrument

A structured questionnaire was used to gather the data in order to determine the perceptions of employees towards institutional accreditation and the quality of healthcare services. The questionnaire included demographic items and several groups that determined the accreditation areas such as standards adherence, medical error reduction, patient-centered care, efficiency in operations, resource use, and quality of healthcare services in general. The questionnaire was based on a five-point Likert scale, with 1 (strongly disagree) to 5 (strongly agree).

The questionnaire questions were created according to the past investigations of the different healthcare accreditation and the frameworks created to assess measurements. Quantitative research often requires the use of structured questionnaires since standardized data can be collected and a statistical analysis of the data can be performed.

Reliability and Validity

The credibility of the questionnaire was evaluated based on the use of Cronbach alpha coefficient which is used to determine the internal consistency of survey questions. One of the most generalized techniques used to assess the reliability of the questionnaire is Cronbach alpha which is used to identify the extent to which the items measure the same construct. An increase in the Cronbach alpha values means that there is an increase in internal consistency and reliability of measurement.

Each section of the questionnaire was tested to provide reliability on the measurement scales to ensure that the scale was internally consistent. Cronbach alpha is usually applied in Likert-scale surveys, and it offers a valid approach to measure the reliability of the measurements in healthcare studies.

Table 1: Reliability.

Reliability Statistics	
Cronbach's Alpha	N of Items
.992	56

Data Analysis

The data gathered were analyzed through Statistical Package of social sciences (SPSS). Descriptive statistics such as frequencies, means, standard deviations were computed to explain the characteristics and variables of the study among the participants. Correlation analysis and regression analysis were the inferential statistical methods employed to test the relationships between variables of institutional accreditation and healthcare service quality.

3. RESULTS

The results section presents the findings obtained from the statistical analysis of data collected from **282 employees** of Healthcare Groups in Jeddah. The results are organized into three parts: demographic characteristics, correlation analysis, and regression analysis. Quantitative results are presented objectively using descriptive and inferential statistics in accordance with standard research reporting practices.

Demographics

Table 1 presents the demographic characteristics of the respondents. A total of **282 participants** were included in the study. The largest proportion of respondents belonged to the **30–39 years age group** (36.5%), followed by 20–29 years (33.3%). Participants aged 40–49 years represented 16.0%, while 6.7% were aged 50 years or above. In terms of gender distribution, the sample was almost equally divided between male respondents (50.7%) and female respondents (49.3%), indicating a balanced representation. Regarding job category, the majority of respondents were clinical staff (76.6%), while 15.6% were managerial staff and 7.8% were administrative staff. This distribution reflects the clinical nature of healthcare organizations where most employees are involved in patient care activities.

With respect to years of service, the largest group of participants had 4–7 years of experience (30.1%), followed by 10 or more years (25.2%). Employees with 1–3 years of experience represented 17.7%, while 14.5% had 8–10 years of experience, and 12.4% had less than one year of service. In terms of education level, nearly half of the respondents held a bachelor's degree (48.2%), while 24.1% had postgraduate degrees. Participants with diploma qualifications represented 2.8%, while 24.8% reported other professional qualifications.

Departmental distribution showed that medical specialties represented the largest group (34.0%), followed by surgical and procedural departments (20.6%). Emergency and critical care staff accounted for 15.2%, while administrative and management departments represented 13.5%. Patient support services represented 9.9%, and diagnostic and laboratory services represented 6.7% of the sample.

Table 2: Demographics.

		Frequency	Percent
Age	20-29	94	33.3
	30-39	103	36.5
	40-49	45	16.0
	50-59	19	6.7
	60+	21	7.4
Gender	Male	143	50.7
	Female	139	49.3
Job Category	Clinical staff (Physician/nurse therapist)	216	76.6
	Administrative staff	22	7.8
	Managerial Leadership	44	15.6
Years of Service	<1 year	35	12.4
	1-3 year	50	17.7
	4-7 year	85	30.1
	8-10 years	41	14.5
	10+years	71	25.2
Highest Education Level	Diploma/Certificate	8	2.8
	Bachelor	136	48.2
	Postgraduate (Masters)	68	24.1
	Postgraduate (PhD)	70	24.8
Department/Unit	Medical specialties	96	34.0
	Surgical & procedural departments	58	20.6
	Emergency & critical care	43	15.2
	Diagnostics & laboratory services	19	6.7
	Administrative & management departments	38	13.5
	Patient support & frontline services	28	9.9
	Total	282	100.0

Correlation Analysis

Table 2 presents the Pearson correlation coefficients between institutional accreditation and the dimensions of healthcare service quality. Pearson correlation analysis was conducted to measure the strength and direction of relationships between the study variables . Institutional accreditation showed strong positive correlations with standards compliance and performance ($r = 0.920$, $p < 0.01$), reduction of medical errors ($r = 0.823$, $p < 0.01$), service efficiency and effectiveness ($r = 0.823$, $p < 0.01$), and resource management and cost control ($r = 0.858$, $p < 0.01$). Moderate-to-strong positive correlations were also observed between institutional accreditation and patient satisfaction factors ($r = 0.737$, $p < 0.01$) as well as quality of healthcare services ($r = 0.753$, $p < 0.01$). Additionally, strong correlations were observed among the independent variables, particularly between service efficiency and resource management ($r = 0.942$, $p < 0.01$) and between standards compliance and reduction of medical errors ($r = 0.877$, $p < 0.01$). All correlations were statistically significant at the 0.01 level, indicating strong positive relationships among accreditation dimensions and healthcare service quality.

Table 3: Correlation.

Correlations								
		Institutional Accreditation	Standards Compliance & Performance	Reduction of Medical Errors	Patient Satisfaction Factors	Service Efficiency & Effectiveness	Resource Management & Cost Control	Quality of Healthcare Services
Institutional Accreditation	Pearson Correlation	1	.920**	.823**	.737**	.823**	.858**	.753**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000
	N	282	282	282	282	282	282	282
Standards Compliance & Performance	Pearson Correlation	.920**	1	.877**	.717**	.797**	.863**	.708**
	Sig. (2-tailed)	.000		.000	.000	.000	.000	.000
	N	282	282	282	282	282	282	282
Reduction of Medical Errors	Pearson Correlation	.823**	.877**	1	.645**	.738**	.815**	.627**
	Sig. (2-tailed)	.000	.000		.000	.000	.000	.000
	N	282	282	282	282	282	282	282
Patient Satisfaction Factors	Pearson Correlation	.737**	.717**	.645**	1	.738**	.850**	.824**
	Sig. (2-tailed)	.000	.000	.000		.000	.000	.000
	N	282	282	282	282	282	282	282
Service Efficiency & Effectiveness	Pearson Correlation	.823**	.797**	.738**	.738**	1	.942**	.803**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.000
	N	282	282	282	282	282	282	282
Resource Management & Cost Control	Pearson Correlation	.858**	.863**	.815**	.850**	.942**	1	.841**
	Sig. (2-tailed)	.000	.000	.000	.000	.000		.000
	N	282	282	282	282	282	282	282
Quality of Healthcare Services	Pearson Correlation	.753**	.708**	.627**	.824**	.803**	.841**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	
	N	282	282	282	282	282	282	282

**. Correlation is significant at the 0.01 level (2-tailed).

Regression Analysis

Table 3 presents the model summary for the multiple regression analysis examining the relationship between accreditation dimensions and healthcare service quality. The regression model produced a correlation coefficient of R = 0.878, indicating a strong relationship between the independent variables and healthcare service quality. The coefficient of determination was R^2 = 0.771, indicating that approximately 77.1% of the variance in healthcare service quality was explained by institutional accreditation, standards compliance, reduction of medical errors, patient satisfaction, service efficiency, and resource management. The adjusted R^2 value of 0.766 indicates that the model remains stable after adjusting for the number of predictors. The standard error of the estimate was 0.409, indicating relatively small prediction errors. The R^2 value represents the proportion of variation in the dependent variable explained by the regression model.

Table 4: Model summary.

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.878[a]	.771	.766	.408687
a. Predictors: (Constant), Resource Management & Cost Control , Reduction of Medical Errors , Patient Satisfaction Factors , Institutional Accreditation, Standards Compliance & Performance , Service Efficiency & Effectiveness				

Table 4 presents the results of the ANOVA test used to evaluate the overall significance of the regression model. The results showed that the regression model was statistically significant **(F = 154.689, p < 0.001),** indicating that the independent variables collectively have a significant effect on healthcare service quality. A significant ANOVA result indicates that the regression model provides a better fit than a model without predictors and confirms the suitability of the model for explaining variations in healthcare service quality.

Table 5: ANOVA.

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	155.022	6	25.837	154.689	.000[b]
	Residual	45.932	275	.167		
	Total	200.954	281			
a. Dependent Variable: Quality of Healthcare Services						
b. Predictors: (Constant), Resource Management & Cost Control , Reduction of Medical Errors , Patient Satisfaction Factors , Institutional Accreditation, Standards Compliance & Performance , Service Efficiency & Effectiveness						

Table 5 presents the regression coefficients showing the individual contribution of each independent variable to healthcare service quality. Institutional accreditation showed a significant positive effect on healthcare service quality (β = 0.211, p = 0.010). Patient satisfaction factors demonstrated the strongest influence on healthcare service quality (β = 0.420, p < 0.001), followed by service efficiency and effectiveness (β = 0.259, p = 0.009), both of which had significant positive effects. Standards compliance and performance (β = −0.091, p = 0.313) and reduction of medical errors (β = −0.123, p = 0.054) did not show statistically significant effects. Resource management and cost control showed a positive but non-significant effect (β = 0.239, p = 0.095). Regression coefficients indicate the direction and strength of relationships between predictors and the dependent variable in multiple regression analysis.

Table 6: Coefficient Summary.

Coefficients[a]						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	.357	.172		2.073	.039
	Institutional Accreditation	.172	.066	.211	2.597	.010
	Standards Compliance & Performance	-.073	.072	-.091	-1.010	.313
	Reduction of Medical Errors	-.098	.051	-.123	-1.932	.054
	Patient Satisfaction Factors	.487	.071	.420	6.823	.000
	Service Efficiency & Effectiveness	.223	.084	.259	2.647	.009
	Resource Management & Cost Control	.209	.125	.239	1.673	.095
a. Dependent Variable: Quality of Healthcare Services						

4. DISCUSSION

The present study explored how institutional accreditation can enhance the quality of healthcare services in the case of the Healthcare Groups in Jeddah. The results prove that the institutional accreditation and the dimensions are closely connected with the quality of healthcare services. In general, the findings suggest that accreditation can be used to enhance the quality of healthcare, especially in terms of patient satisfaction and service efficiency. These results are in line with other researchers who claimed accreditation as a significant tool of enhancing healthcare service delivery and quality.

Accreditation and Quality of Healthcare

The correlation test revealed that there is a strong positive correlation between institutional accreditation and healthcare service quality (r = 0.753, p < 0.01). The given finding means that the more the accreditation implementation is done, the better the service is provided. Regression analysis also supported Hypothesis H1 by indicating that the overall impact of institutional accreditation on the quality of healthcare services is significant and positive (0.211, 0.010).

Such results are in line with systematic reviews that indicated that accreditation programs lead to enhancement in healthcare structures and processes. The concept of accreditation has been generally accepted as an organized quality assurance procedure that facilitates uniformity of practice and enhanced improvement in healthcare settings. Nevertheless, other researches have provided conflicting evidence on the effectiveness of accreditation in enhancing measurable outcomes and therefore the effects of accreditation may be influenced by the institutional circumstances and the implementation plans (Alhawajreh et al., 2023; Brubakk et al., 2015).

The results of this research hence favor the debate that accreditation has a positive influence on the quality of care especially in the situation of healthcare in private institutions where standardization of procedures and quality management systems are relevant.

Standards Compliance and Performance

Correlation analysis revealed that there is a very strong association between institutional accreditation and standards compliance (r = 0.920, p < 0.01), meaning that the accreditation is closely related with enhanced compliance with the healthcare standards. Nonetheless, the regression analysis did not find any significant predictability of standards compliance on healthcare service quality (2 = -0.091, p = 0.313), indicating that Hypothesis H2 was rejected.

This outcome is contrary to the past studies that accreditation leads to better quality as a result of an increase in adherence to clinical and administrative standards. Research has revealed that accreditation stimulates healthcare facilities to adopt the use of standardized processes and performance measurement systems which enhance the quality of services and organizational performance (Araujo et al., 2020; Avia & Hariyati, 2019).

A potential reason as to why this difference exists is that the state of adherence to standards by itself might not have a direct effect on the perceived quality of healthcare unless it results in such improvements as patient experience or service delivery. There is also a possibility that the compliance with the standards falls into overlap with other variables like service efficiency and patient satisfaction and hence it does not influence the outcome of the regression model statistically.

Reduction of Medical Errors

The findings revealed that there was a high positive correlation between institutional accreditation and reduction of medical errors (r = 0.823, p < 0.01). Regression analysis, however, showed that the decrease in medical errors did not produce statistically significant change in the quality of healthcare services (= -0.123, p = 0.054) but the correlation was almost significant. Thus, Hypothesis H3 was not accepted.

Past research has identified that accreditation programs are capable of enhancing patient safety practices and clinical risks. The accreditation standards usually involve the healthcare organizations to have systems of reporting and safety measures that will help to create a safer healthcare environment (Abdurabuh et al., 2024).

However, these results are not consistent with some studies that have indicated conflicting findings between accreditation and quantifiable patient safety outcomes. This implies that there is no guarantee that the advancement in safety procedures can necessarily be accompanied by immediate increases in perceived quality of healthcare (Hussein et al., 2021).

The results of this study imply that accreditation does not positively impact patient safety, although patient safety may not be enough to affect the overall opinion of the quality of care provided in healthcare.

Factors of patient satisfaction

In both regression and correlation, patient satisfaction variables had the highest relationship with the quality of healthcare services. The correlation coefficients between patient satisfaction and quality of healthcare services were very high (r = 0.824, p < 0.01), and regression analysis indicated that the patient satisfaction had the highest standardized coefficient (0.420, p < 0.001). These results prove Hypothesis H4 and show that the patient satisfaction factor is the most significant predictor of the quality of healthcare services.

The current findings can be compared with the previous research that singled out patient-centered care as an important aspect of healthcare quality. Patient rights, quality of communication, responsiveness to patient needs are highlighted in the accreditation standards, and they will both result in a higher patient satisfaction (Araujo et al., 2020; Daru, 2025).

It has also been found that when accreditation standards are implemented, better organization of service and increased level of patient satisfaction are related. This means that accreditation is a factor that can lead to the quality of healthcare mainly via the enhancement of patient experience (Zabin et al., 2024).

The implications of this research are as such, the patient-centered care process needs to be mentioned as a way of healthcare quality enhancement that accreditation implements.

Efficiency and Effectiveness of the Service

The quality of healthcare services was positively and strongly correlated with service efficiency and service effectiveness (r = 0.803, p < 0.01). Regression analysis revealed also a significant positive effect (= 0.259, = 0.009) which supported Hypothesis H5.

This is in line with the earlier studies that have shown that accreditation enhances the efficiency of operations and performance of processes within healthcare organizations. The accreditation standards lead to standardization of workflow and performance monitoring systems which enhance coordination of service and lessen inefficiency (Araujo et al., 2020; Hussein et al., 2021).

Systematic reviews also revealed that accreditation leads to better process-related performance measures and efficiency in the organization. Higher efficiency means that services will be provided faster and coordination will be better among departments which eventually enhances quality of healthcare (Hussein et al., 2021).

The results indicate that one of the primary channels of accreditation to enhance healthcare quality and efficiency is through service efficiency.

Cost Control and Resource Management

The resource management and cost control had a significant positive relationship with the quality of healthcare services (r = 0.841, p < 0.01). Nonetheless, according to the regression analysis, the effect was not significant (0.239 = 0.095). As such, Hypothesis H6 was not accepted.

According to the past studies, accreditation positively influences resource use and operational management due to the standardized systems of procedures and performance monitoring. Accreditation has been linked to the better performance of organizations and effective utilization of resources (Araujo et al., 2020; Zabin et al., 2024).

This lack of significance of the outcome in this study can possibly mean that the increase in resource management can also lead to an improvement in the quality of healthcare indirectly, by improving the efficiency of the service but not directly affecting the quality outcomes.

Overall, the findings indicate that institutional accreditation significantly contributes to healthcare service quality, particularly through patient satisfaction and service efficiency. The results support the theoretical assumption that accreditation improves healthcare quality by strengthening organizational processes and service delivery systems.

The findings also suggest that some accreditation dimensions influence healthcare quality indirectly rather than directly. Standards compliance, error reduction, and resource management showed strong correlations with healthcare quality but did not show independent effects in regression analysis. This indicates that healthcare quality improvement is a multidimensional process influenced by several interrelated factors.

5. CONCLUSION

The present study has analyzed how institutional accreditation can enhance the quality of healthcare services in the Healthcare Groups in Jeddah. The results proved that institutional accreditation exerts a strong positive influence on the quality of healthcare services, especially on patient satisfaction and efficiency of the service. These findings were supported by other studies that accreditation facilitates the standardization of practices, enhances patient safety, and increases organizational performance. The research establishes that accreditation is a useful quality enhancement tool

within the private healthcare organizations and it leads to improved service delivery. Altogether, the institutional accreditation offers an organized framework that facilitates continuous quality improvement and reinforces the healthcare performance.

Strengths and Limitations

The presents study had limitations that need to be taken into account when interpreting the rationale. First, the research used the data of self-reported questionnaires where there might be bias on the perception of the respondents and subjectivity. Second, the results of accreditation are intricate and immeasurable, and past studies have observed that the impact of accreditation can be different in different institutions and situations. The research should involve different healthcare facilities in the future and should be longitudinal to assess the long-term effectiveness of accreditation.

Future Recommendations

According to the findings, healthcare organizations need to enhance the use of accreditation standards, especially focusing on patient-centered care and efficiency of the provision since these aspects demonstrated the most significant impact on the quality of healthcare. Healthcare managers ought to encourage employee involvement in the accreditation processes and offer ongoing training in order to facilitate quality improvement efforts. The accreditation bodies must also be keen on enhancing sustainability and constant observation of quality standards as a way of generating long-term benefits. Future studies are supposed to analyze the outcomes of accreditation in various healthcare organizations and discuss other variables that determine the quality of healthcare services.

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