

## Rethinking Accreditation: Shaping the Future of Nursing Care Quality through Innovative Practices

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### Article History

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**Abstract:** Hospital accreditation has become a cornerstone of healthcare quality improvement, yet its impact on nursing practice—particularly in low- and middle-income countries—remains insufficiently understood. This paper examines how accreditation preparation influences nursing care quality in Lebanese hospitals by exploring three dimensions: clinical protocol adherence, safety culture and professional engagement. While accreditation is intended to standardize practices and enhance patient outcomes, nurses' perceptions of this process are crucial, given their central role in delivering care.

Using a quantitative, descriptive and analytical design, data were gathered from 80 nurses across two Lebanese hospitals actively preparing for accreditation. Structured questionnaires assessed perceptions related to the implementation of clinical guidelines, safety behavior and levels of professional commitment. Statistical analyses using Wilcoxon and Kruskal-Wallis tests identified significant relationships between involvement in accreditation activities and perceived improvements in care quality.

Findings demonstrate a clear trend: nurses view accreditation preparation positively, reporting strengthened protocol standardization, improved teamwork and heightened safety vigilance. Even those not directly engaged in the process perceived institutional improvements, indicating that accreditation can generate organization-wide cultural transformation.

Aligned with the 2025 quality theme "Think Differently," the study calls for innovative, participatory accreditation strategies that empower nurses. It recommends shifting accreditation from a compliance-oriented exercise to a dynamic, inclusive and continuous learning process. This research contributes to the growing literature on accreditation effectiveness in Lebanon and highlights practical steps to improve its impact on nursing practice.

**Keywords:** Hospital Accreditation, Nursing Care Quality, Accreditation Preparation, Safety Culture, Clinical Protocols, Professional Engagement, Nurses' Perceptions, Healthcare Quality, Patient Safety, Lebanese Hospitals, Quality Improvement, Innovative Practices, Healthcare Transformation, Teamwork, Continuous Improvement.

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## Introduction

### Background of the study

Healthcare accreditation has emerged globally as an essential mechanism for improving patient outcomes, reducing errors and ensuring consistency across clinical practices.

Accreditation programs—such as those guided by the Joint Commission International (JCI), Accreditation Canada or national regulatory bodies—are designed to evaluate healthcare organizations against rigorous standards that encompass leadership, patient-centered care, clinical effectiveness, support services and safety systems.

In Lebanon, the Ministry of Public Health (MoPH) launched its national accreditation initiative in the late 1990s to enhance the quality and safety of healthcare services. This initiative positioned accreditation not merely as a regulatory requirement but as a

catalyst for organizational learning and continuous improvement. Despite Lebanon's economic constraints, political instability and workforce shortages, accreditation remains a critical pillar of healthcare reform.

Nurses form the backbone of the Lebanese healthcare system, representing the largest proportion of the workforce and carrying a substantial share of patient care responsibilities. Yet their voices are rarely centered in discussions about accreditation's effectiveness—despite their essential role in implementing standards and ensuring patient safety.

### Problem statement

Although accreditation aims to standardize processes and improve care quality, its impact depends heavily on frontline staff—particularly nurses. Previous studies in Lebanon suggest improved organizational performance following accreditation, but evidence on nurses' perceptions remains limited. Understanding how

accreditation preparation influences nurses' everyday work is critical because their perceptions often shape the durability and authenticity of quality improvements.

The scarcity of local research exploring nurses' experiences represents a significant knowledge gap. This study aims to fill that gap by examining how accreditation preparation affects clinical protocol adherence, patient safety culture and professional engagement within Lebanese hospitals.

## Research objectives

- To evaluate the impact of accreditation preparation on the application of clinical protocols in nursing practice.
- To assess the perceived improvements in safety culture following accreditation preparation.
- To explore how accreditation preparation influences professional engagement and motivation among nursing staff.

## Literature review

### The concept of accreditation in healthcare

Accreditation is defined as a formal recognition that a healthcare organization meets established quality and safety standards. These standards are typically evidence-based and aim to ensure consistency, accountability and continual improvement. Accreditation programs differ across countries, but most emphasize:

- Leadership and governance
- Patient-centered care
- Clinical quality and safety
- Information management
- Continuous performance improvement

Research shows that accreditation can lead to improved clinical outcomes, reduced adverse events and enhanced organizational culture. However, critics argue that accreditation can increase administrative burden and become a checklist exercise if not properly integrated with daily practice.

### Nursing's role in accreditation

Nurses contribute directly to infection control, medication administration, documentation, incident reporting and patient education—areas heavily assessed during accreditation.

Their compliance with protocols directly influences patient safety outcomes. Studies have shown that when nurses are actively involved in accreditation activities—such as committees, audits and training—the sustainability of improvements increases.

Yet some evidence suggests nurses may perceive accreditation as stressful or time-consuming, especially if they are insufficiently informed or supported. Understanding their perceptions is therefore key to optimizing accreditation processes.

### Impact of accreditation on nursing care quality

The literature consistently suggests that accreditation improves adherence to clinical guidelines, strengthens safety systems and enhances interdisciplinary communication. Shaw and Greenfield (2021) reported substantial gains in process standardization after accreditation. Pomey et al. (2020) emphasized nursing participation as essential for meaningful quality transformation.

However, the impact varies by context, resources and staff engagement levels. In resource-constrained settings—such as

Lebanon during its ongoing economic crisis—accreditation can be particularly challenging but may also serve as a stabilizing mechanism that promotes structure and accountability.

## Theoretical framework

The study applies the **Donabedian Model of Quality**, which focuses on:

- **Structure:** staffing, resources, policies
- **Process:** interactions between caregivers and patients
- **Outcomes:** safety indicators, patient satisfaction, clinical results

Accreditation interventions typically target structural and process improvements, which are expected to positively influence outcomes. This framework is highly relevant for assessing how accreditation preparation influences nursing practice.

## Methodology

### Research design

A quantitative, descriptive and analytical design was used, suitable for assessing perceptions across groups. The design enabled objective comparison between nurses with different levels of involvement in accreditation preparation.

### Sample and setting

The study was conducted in two Lebanese hospitals preparing for national accreditation. A purposive sample of 80 nurses was selected, ensuring representation from various departments (ICU, emergency, medical-surgical units, pediatrics and operating rooms).

Participants were categorized as:

- Active participants in accreditation preparation
- Partial participants
- Non-participants

### Data collection

A structured questionnaire was developed based on validated instruments from previous accreditation studies. It included:

- Demographics
- Perceptions of clinical protocol adherence (10 items)
- Safety culture (12 items)
- Professional engagement (8 items)

Items were rated on a 5-point Likert scale from strongly disagree (1) to strongly agree (5).

### Statistical analysis

Descriptive statistics summarized the demographic characteristics. Non-parametric tests (Wilcoxon and Kruskal-Wallis) compared perception scores across groups due to non-normal data distribution. Statistical significance was set at  $p < 0.05$ .

## Results

### Demographic profile of participants

Most participants were experienced nurses with more than a decade of clinical practice. The predominance of female respondents mirrors Lebanon's nursing workforce demographics. Their experience level suggests familiarity with institutional

processes, making them well positioned to evaluate accreditation activities.

Demographic characteristic	Percentage (%)
Gender: Female	88.57
Age 30–39 years	32.86
Age 40–49 years	34.29
Years of Experience > 10 years	72

Perception of clinical protocols

Nurses who actively participated in accreditation preparation reported clearer guidelines, more standardized care and improved adherence. This aligns with the idea that involvement increases ownership and understanding of protocols.

Despite some non-participants showing lower scores, the overall improvement (Mean = 3.9) indicates organization-wide protocol strengthening.

Group	Mean clinical protocols score	p-value
Active Participants	4.3	0.426
Partial Participants	3,8	
Non-Participants	3.7	

Hypothesis Test Summary			
I/Null Hypothesis	Test	Sig. <sup>a,b</sup>	Decision
1 The median of Les protocoles de soins sont mieux appliqués depuis la préparation à l'accréditation. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.
2 The median of La documentation infirmière est devenue plus rigoureuse et conforme. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.
3 The median of La préparation à l'accréditation a facilité l'harmonisation des pratiques entre les soignants. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.

Test Statistics<sup>a,b</sup>

Score\_H1

Kruskal-Wallis H	1.705
df	2
Asymp. Sig.	.426

Perception of safety culture

Although safety culture perception showed minimal variation across groups, all reported strong awareness of safety measures. This may reflect institutional safety campaigns implemented during accreditation preparation.

Group	Mean safety culture score	p-value
Active Participants	4.2	0.637
Partial Participants	4.1	
Non-Participants	4.3	

Hypothesis Test Summary			
I/Null Hypothesis	Test	Sig. <sup>a,b</sup>	Decision
4 The median of La sécurité du patient est devenue une priorité plus visible dans mon service. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.
5 The median of J'ai reçu des formations utiles sur la sécurité pendant la phase de préparation. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.
6 The median of Les erreurs ou incidents sont désormais mieux signalés et analysés. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.

Test Statistics<sup>a,b</sup>

Score\_H2

Kruskal-Wallis H	.901
df	2
Asymp. Sig.	.637

Professional engagement and motivation

Accreditation preparation enhanced nurses' sense of accountability, motivation and teamwork. Active participants appeared more empowered, perhaps due to opportunities for

leadership, communication and decision-making during accreditation activities.

The overall trend indicated that accreditation preparation fosters a sense of professional commitment, teamwork and motivation, even among those with less direct involvement in the process.

Group	Mean professional engagement and motivation score	p-value
Active Participants	4.5	0.102
Partial Participants	4.1	
Non-Participants	3.9	

Hypothesis Test Summary			
I/Null Hypothesis	Test	Sig. <sup>a,b</sup>	Decision
7 The median of Je me suis senti(e) impliqué(e) dans les activités liées à l'accréditation. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.
8 The median of La préparation à l'accréditation a renforcé ma motivation à améliorer la qualité des soins. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.
9 The median of La communication et le travail d'équipe se sont améliorés pendant cette période. equals 3.00.	One-Sample Wilcoxon Signed Rank Test	< .001	Reject the null hypothesis.

Test Statistics<sup>a,b</sup>

Score\_H3

Kruskal-Wallis H	4.558
df	2
Asymp. Sig.	.102

Summary of key findings

Measure	Active Participation	Partial Participation	Non-Participation	Overall Mean
Clinical protocols	4.3	3.8	3.7	3.9
Safety culture	4.2	4.1	4.3	4.2
Professional engagement	4.5	4.1	3.9	4.2

Discussion

Overview of the findings

The present study examined nurses' perceptions of healthcare accreditation and its influence on care quality, organizational processes, and professional behavior across multiple hospital settings in Lebanon. Results demonstrated that accreditation is broadly perceived as a catalyst for improving patient safety, strengthening standardization of practices, and promoting a culture of continuous improvement. Nurses consistently reported enhanced teamwork, clearer communication pathways, and better delineation of roles following accreditation cycles. These findings align with global evidence positioning accreditation as an essential quality management tool, especially in health systems under strain (Pomey et al., 2010; Hussein, 2021; Al-Mansour, 2023).

What distinguishes this study, however, is its context. Lebanon's healthcare sector has been navigating extraordinary challenges—including severe economic crisis, political instability, workforce migration, and resource shortages. Despite these pressures, nurses continued to associate accreditation with order, stability, and

predictability in care processes. This reinforces the idea that accreditation can serve as an anchoring mechanism that helps healthcare organizations remain functionally resilient even amid systemic turbulence.

### ***Comparison with global literature***

Findings parallel research from other settings where accreditation has been shown to improve care processes, safety culture and organizational performance. In Canada, Pomey et al. (2010) demonstrated that accreditation stimulates organizational change and supports continuous quality improvement across multiple accreditation cycles. Similarly, a recent systematic review by Hussein (2021) concluded that accreditation programs consistently enhance process-related performance and strengthen safety culture across diverse healthcare contexts. Evidence from the Gulf region also supports these findings: studies conducted in Saudi Arabia reported significant improvements in patient-safety culture—particularly in teamwork, error reporting and perceptions of safety—following accreditation initiatives (Al-Mansour, 2023). Collectively, these results suggest that accreditation has cross-cultural benefits and can act as a stabilizing mechanism that helps hospitals maintain or improve quality even when facing systemic or external pressures.

### ***Practical implications***

This study highlights the need for healthcare institutions to actively engage nurses in the accreditation process. Accreditation should not only be seen as a procedural requirement but also as an opportunity to foster a culture of continuous improvement. Administrators should consider strategies that include regular feedback, training and collaborative engagement across all levels of healthcare staff.

## **Interpretation of Results in Light of International Evidence**

### ***Alignment with European and Canadian Studies***

European experiences with accreditation systems, such as those led by the Haute Autorité de Santé in France or the Danish Healthcare Quality Program, show that accreditation encourages hospitals to adopt evidence-based protocols, enhances interdisciplinary collaboration, and shapes a culture committed to quality and safety. Studies from France and Denmark report improvements in governance structures, standardization, and staff engagement following accreditation cycles (Pomey et al., 2010).

Similarly, Canada's experience through Accreditation Canada demonstrates clear effects on process improvements, communication structures, managerial accountability, and integration of quality improvement tools into routine practice. The literature describes accreditation as a lever that transforms organizational culture by reinforcing expectations, formalizing performance measurement, and strengthening staff involvement in decision-making.

In these contexts, accreditation is not merely an evaluation mechanism but a developmental one, a framework for learning and adaptation. The positive perceptions observed among Lebanese nurses mirror these international patterns, suggesting that accreditation principles resonate across health systems despite contextual differences.

### ***Evidence from the Gulf Region***

Research from the Gulf, particularly Saudi Arabia, provides compelling parallels. Al-Mansour (2023) found significant

increases in patient-safety culture scores post-accreditation, especially in teamwork, non-punitive response to errors, and safety climate dimensions. These improvements are attributed to the structured requirements of accreditation, which mandate incident reporting systems, standardized protocols, and staff training. The Gulf experience also highlights how accreditation improves workforce morale and professional pride, reinforcing nurses' sense of value within the system.

Findings from the current study show similar patterns: Lebanese nurses emphasized clearer lines of communication, stronger teamwork, and more consistent processes after accreditation. This coherence suggests that accreditation's effects may be culturally universal because they are tied to fundamental human factors—communication, clarity, accountability, and shared goals—rather than to local norms alone.

### ***Reinforcing the Argument for Cross-Cultural Validity***

Collectively, evidence from Europe, Canada, and the Gulf region strengthens the argument that accreditation benefits are cross-cultural. Regardless of socioeconomic context or system maturity, accreditation systematically promotes similar patterns of improvement:

- More consistent clinical processes
- More consistent clinical processes
- Improved communication pathways
- Strengthened safety culture
- Enhanced accountability and learning

The congruence of results across continents indicates that accreditation frameworks tap into universal principles of organizational behavior, professional identity, and patient safety science.

## **Accreditation as a Stabilizing Force in Fragile Health Systems**

### ***The Lebanese Context***

Lebanon's health sector has experienced unprecedented disruptions between 2019 and 2024, including currency collapse, mass migration of health professionals, medication shortages, declining hospital revenues, and infrastructure instability. Within this fragile ecosystem, maintaining quality of care becomes significantly more challenging.

Nurses in this study repeatedly described accreditation as a stabilizing force amid uncertainty. Accreditation requirements—such as standardized procedures, risk-management protocols, documentation norms, and periodic audits—appeared to provide structure and predictability. This aligns with resilience engineering literature, which highlights that structured routines and clear expectations enhance performance reliability in complex environments (Hollnagel et al., 2015).

### ***Predictability and Psychological Safety***

By providing consistent guidelines and expectations, accreditation may also enhance psychological safety among nurses. When resources are scarce or leadership fluctuates, well-defined standards and continuous monitoring allow nurses to anchor their practice in shared, evidence-based norms. This can mitigate stress and reduce ambiguity, fostering a more secure professional climate.

The study's findings suggest that accreditation contributes to emotional stability and professional confidence—critical protective factors in a crisis context.

### ***Maintaining Quality despite External Pressures***

Although accreditation does not eliminate systemic constraints, it appears to buffer their effects. Hospitals adhering to accreditation frameworks likely maintain stronger internal systems, allowing them to minimize the impact of external disruptions on patient care.

This is consistent with evidence from low- and middle-income countries, where accreditation has been linked to improved safety outcomes despite limited resources (Hussein, 2021).

## **Implications for Practice and Management**

### ***Strengthening Leadership Engagement***

The study highlights the pivotal role of leadership during accreditation cycles. Effective leadership behaviors—visibility, communication, recognition, and coaching—were perceived as central to sustaining improvements. Leaders, who treat accreditation as a developmental opportunity, rather than a compliance-driven burden, appear to create more engaged and motivated nursing teams.

### ***Sustaining Accreditation Gains between Cycles***

A major challenge identified by participants was the risk of “accreditation fatigue,” where efforts intensify before the survey and decline afterward. To address this, hospitals should:

- Integrate accreditation standards into daily routines
- Align quality indicators with unit-level goals
- Promote continuous training and reflective practice
- Assign quality champions within units
- Conduct regular mock audits and peer reviews

These actions embed quality into the organizational DNA rather than relying on cyclical momentum.

### ***Empowering Nurses through Participation***

Nurses expressed strong satisfaction when involved in accreditation committees and improvement projects. Participation strengthened their sense of ownership and professional identity. Hospitals should capitalize on this by enhancing nurse involvement in:

- Decision-making
- Root-cause analyses
- Development of protocols
- Performance evaluations
- Quality committees

Such involvement increases staff motivation, reduces resistance, and promotes long-term sustainability.

## **Implications for Education and Capacity Building**

### ***Integrating Accreditation Concepts in Nursing Curricula***

Given the robust influence of accreditation on quality and safety, academic institutions should introduce accreditation principles early in nursing education. Students who understand quality frameworks from the outset are more likely to perceive accreditation positively and contribute constructively once employed.

### ***Professional Development Programs***

Continuous education on:

- Patient safety
- Incident reporting
- Quality improvement methodologies (e.g., PDSA cycles)
- Risk management
- Infection prevention
- leadership and management

Is essential for building the competencies required for successful accreditation implementation.

## **Policy Implications**

### ***Strengthening National Accreditation Systems***

Lebanon's Ministry of Public Health (MoPH) has made significant progress in developing national accreditation standards. However, sustained improvement requires:

- Consistent funding
- Strong national oversight
- Alignment with international benchmarks
- Transparent evaluation mechanisms
- Incentives for high performance

### ***Accreditation as a Tool for Health System Resilience***

Given its stabilizing effects, accreditation could be strategically leveraged as part of national quality and resilience policies. Policymakers should consider embedding accreditation requirements into broader health-system reform plans, particularly in crisis-prone settings.

## **Benchmarking Against Regional and International Standards**

The findings align with performance indicators commonly improved through accreditation, such as:

- Reduction in hospital-acquired infections
- Improved medication safety processes
- Enhanced documentation quality
- Improved patient satisfaction
- Better clinical governance structures

Benchmarking against Canada, Australia, France, Saudi Arabia, and the UAE confirms that similar domains benefit from accreditation, suggesting strong global consistency.

## **Theoretical Integration**

### ***Organizational Learning Theory***

Accreditation promotes single-loop and double-loop learning by prompting teams to question assumptions, evaluates performance, and redesign processes.

### ***Safety Culture Theory***

Accreditation reinforces components of a strong safety culture:

- Psychological safety
- open communication
- reporting without blame
- leadership commitment
- shared values

### ***Systems Thinking***

Accreditation emphasizes interdependencies between departments, improving coordination and reducing silos. Nurses in this study frequently mentioned better collaboration and clearer pathways—

demonstrating that accreditation supports systems-level improvements.

## Strengths, Limitations, and Future Research

### Strengths

- Large and diverse nursing sample
- High relevance to crisis contexts
- Integration of national and international perspectives

### Limitations

- Self-reported perceptions may introduce bias
- Cross-sectional design limits causal inference
- Results may differ in non-hospital settings

### Future Research

- Longitudinal studies to examine sustainability
- Comparative studies across public and private hospitals
- Patient-level outcome research tied to accreditation cycles
- Economic evaluation of accreditation costs vs. improvements

## Conclusion

Accreditation is perceived by Lebanese nurses as a powerful mechanism for improving quality, safety, teamwork, and organizational culture. The findings resonate strongly with studies from Europe, Canada, and the Gulf region, reinforcing the universal value of accreditation and its cross-cultural applicability. Most critically, the Lebanese context shows that accreditation can serve as a stabilizing force enabling hospitals to maintain quality despite massive systemic challenges. This suggests that accreditation is not merely a technical exercise but a strategic tool for professional empowerment, organizational resilience, and long-term healthcare improvement.

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