Research Article

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ASSESSING THE IMPACT OF HOSPITAL ACCREDITATION ON HEALTHCARE QUALITY MANAGEMENT AND PROVISION OF MEDICAL SERVICES

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Background. The healthcare system plays a pivotal role in implementing socio-economic, medical, and public health measures to safeguard fundamental human rights, specifically health protection, disease prevention, timely treatment, and the extension of life expectancy. This study examines the requirements for medical institutions to obtain certification from international organisations, analyses hospital accreditation in Georgia, examines the current state of healthcare quality, and outlines future perspectives.

Purpose. The study aims to assess the effectiveness of accreditation as a mechanism for improving hospital medical services through accreditation and was conducted using a structured questionnaire administered to medical personnel.

Findings. The objective of the data analysis was to determine the quality of healthcare services provided by clinics to the population and assess staff awareness of the responsibility of hospital quality management units in ensuring service quality utilising the SPSS software. Additionally, healthcare employees consider implementing international accreditation in medical institutions. General and advanced statistical analyses were employed to explore these issues. A total of 336 valid responses from healthcare personnel employed in private clinics across Georgia were included in the analysis. Spearman's correlation analysis identified a statistically significant positive relationship between perceived improvements in healthcare quality and staff engagement in accreditation-related activities. Furthermore, the chi-square test demonstrated a significant association between clinic location and awareness of international accreditation organisations. The findings also revealed that most respondents perceived accreditation as an important mechanism for improving patient safety, organisational management, and the overall quality of healthcare services.

Implications. Hospital executives must establish dedicated institutional support units to structurally reduce the administrative burden on medical personnel during accreditation transitions. Furthermore, healthcare policymakers can use these empirical insights to design targeted financial and mental health incentive frameworks for staff. Ultimately, integrating these findings into national strategies will optimise the execution of mandatory compliance policies, turning regulatory pressure into a sustainable mechanism for hospital service quality and competitiveness.

Keywords: Certification, Healthcare, International Accreditation, Medical Personnel, Quality Management.

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1. Introduction

1.1. Health System Context and Structural Development.

The health of the population and the healthcare systemɜs compliance with international standards are important for Georgia's economic stability. The Health Care and Social Issues Committee of the Parliament of Georgia, with support from the European Union and UNDP, developed a long-term healthcare development strategy and action plan (Parliament of Georgia, 2017). The process was inclusive and collaborative, with broad stakeholder engagement, which was essential for ensuring high legitimacy. Within the project, a key priority is to sustain these improved medical services, which can be achieved by implementing international accreditation standards.

The United Kingdom Accreditation Service (2025) clearly distinguishes between accreditation and certification. Accreditation is the formal recognition of organisations or individuals' competence (certification, testing, or inspection). Certification is a third-party confirmation of compliance with specified requirements. Over the past 30 years, improving the quality of medical services from a service delivery perspective has become a priority for healthcare organisations. The Institute of Medicine (IOM) defines healthcare quality as the extent to which services improve health outcomes in line with professional knowledge. (Alhawajreh et al., 2023). Hospital accreditation is not a simple process; numerous challenges arise when introducing innovations into operational processes and applying them.

Accreditation in healthcare is regarded as one of the oldest and most widely used instruments for strategic external quality assessment. Accreditation is an external evaluation of healthcare organisations against predefined standards to improve quality. (Hussein et al., 2021).

Accreditation is a form of engagement that facilitates the integration of standards into daily practice. This process is continuous and continually renewed. According to the World Bank's 2017 classification, Georgia is a lower-middle-income country (World Bank, 2017).

Among the causes of mortality, non-communicable diseases are the leading cause. In 2016, diseases of the circulatory system and malignant neoplasms accounted for 35% and 13% of all deaths, respectively. In addition, a substantial share of the national disease burden is attributable to respiratory diseases, accounting for approximately 38-40% of the total incidence (National Center for Disease Control and Public Health, 2017).

1.2. Accreditation Systems, Policy Evolution, and Healthcare System Challenges.

Traditionally, accreditation is a voluntary process; however, in many countries, it has become mandatory and a prerequisite for receiving funding from both the state and insurance companies (Nicklin at al., 2020). Accreditation may also serve as an external inspection for the independent assessment of compliance with regulatory requirements.

Given that the accreditation process requires substantial staff involvement and significant financial investment, its purpose remains a subject of debate among stakeholders (Petrović, 2018). Considering that accreditation outcomes may be discussed in terms of their potential to improve patient safety, research describing changes in these areas before and after the accreditation process is particularly important, as are the differences that may arise from monitoring the quality of medical services in accredited versus non-accredited hospitals (Petrović, 2018).

In 2013, Saudi Arabia made accreditation mandatory for both medical institutions and primary healthcare centres, with the objective of accrediting 502 primary healthcare centres by 2020. The Kingdom of Saudi Arabia was one of the first countries in the Middle East to adopt healthcare accreditation programs to improve the quality of medical services and ensure a safe working environment. Saudi Arabia is currently undergoing large-scale reforms aligned with the Saudi Vision 2030 (2016), announced in 2016. The Saudi Ministry of Health defined four main objectives: promoting access to healthcare services, improving the quality and efficiency of healthcare, preventing health risks, and increasing road traffic safety (Alotaibi, 2023).

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Accreditation has gained a reputation as a key driver of quality and patient safety, providing public recognition that a healthcare organisation has met national quality standards or benchmarks. Notably, the quality of healthcare, sustainability, and economic development are interlinked. Effective healthcare services contribute to a healthier population, enhance labour productivity, and support sustainable economic growth. Sustainability in healthcare systems extends beyond short-term performance and enables the continuous delivery of high-quality, accessible, and efficient services.

Processes that ensure quality standardisation, such as hospital accreditation, play a central role. By promoting structured processes, accountability, and continuous improvement, accreditation supports not only immediate quality outcomes but also the long-term capacity of healthcare institutions to adapt, evolve, and meet the changing needs of the population. Therefore, improving healthcare quality through accreditation represents an important component of sustainable socio-economic development. Population health is of great importance for the socio-economic development of countries. This requires the effective and smooth functioning of the so-called six "systemic building blocks" of the health system. These building blocks include medical services, human resources, technologies, health financing systems, information systems, and leadership and governance. The launch of the Universal Healthcare Programme (Government of Georgia, 2013) laid the foundation for universal access to medical services.

However, the current regulatory framework for the healthcare sector does not adequately ensure the quality, continuity, consistency, or efficiency of medical services. The assessment of medical service quality is currently underdeveloped. The uneven geographical distribution of highly qualified staff creates a significant barrier to accessing quality medical services, as the ratio of physicians to mid-level medical personnel remains unbalanced. In Georgia, the number of nursing staff has declined significantly owing to various factors.

Self-medication and "pharmaceutical abuse" represent systemic challenges. In this regard, the dispensing of medicines classified in Group II without a prescription was prohibited as of 1 September 2014 (Minister of Labour, Health, and Social Affairs of Georgia, 2014), and an electronic prescription system was launched. Since 2023, a new financing model based on Diagnosis-Related Groups (DRGs) has been in place, well-adapted to the country's socio-economic conditions (Minister of Labour, Health, and Social Affairs of Georgia, 2023a).

Since 2013, the foundation for a unified electronic healthcare system has been established. Particular attention should be given to introducing a personal data protection system, which entails the storage of patients' personal information, the protection of their rights, and the transfer of patient-related information to third parties with the patient's consent. The application of accreditation standards will assist clinics in ensuring well-organised processes that assure patient safety and enhance patient satisfaction.

However, numerous variables influence service quality. The aim is for healthcare institutions to understand and comply with international standards to obtain international accreditations. Closely related to this goal is the identification and analysis of variables that affect the quality of medical services, such as organisational management style, clinical vision, and the use of technology. Accordingly, these variables affect service quality.

2. Literature Review.

2.1. Disparities in Accreditation Resources and Development across Countries.

Healthcare service providers may voluntarily assess themselves or be evaluated according to clearly defined performance standards. Assessments were based on transparent framework guidelines. Several countries, especially Scandinavian countries, have introduced their own national quality awards based on the European framework (Shaw, 2003). Some countries possess greater knowledge, experience, and resources for accreditation than others.

For example, in low- and middle-income countries (LMICs), limited resources represent a major challenge to accreditation development and its sustainability (Alotaibi, 2023).

General accreditation programs improve treatment processes and therapeutic solutions for diseases. Accreditation programs have been shown to improve clinical outcomes. The most robust research in this field is the Quality Assurance Programme (QAP). This study monitored key factors affecting a hospital's ability to maintain and achieve accreditation standards, including hospital capacity, staff levels, staff qualifications, and budget capacity (Alkhenizan & Shaw, 2011).

In 2011, a study found that one of the most significant obstacles to implementing accreditation standards was healthcare professionals' scepticism about accreditation's positive impact (Alkhenizan & Shaw, 2011). In this regard, promoting awareness of the importance of accreditation is paramount (Abdurabuh et al., 2024; Sperling & Pikkel, 2020). Efforts to promote the importance of accreditation have worked well and have significantly reduced scepticism (at least in Georgia) over the past 15 years.

The frequency and scale of medical errors remain a constant focus of public interest. In response to issues related to quality, rising costs, and government-regulated accountability standards, healthcare leaders began seeking scientific methods to improve hospital quality. However, this has proven to be neither simple nor cost-effective (Devkaran & O'Farrell, 2015). Patient safety and harm prevention are key priorities in the implementation of accreditation programs. The World Health Organization (2018) has identified patient safety as a central issue.

In 2005, the European Union (EU) expanded its framework to make patient safety a priority, encouraging continuous improvement in the quality of healthcare provided to patients (Abdurabuh, 2024). One important indicator of improved service quality is reduced mortality. According to the World Health Organization (2023), the quality of medical care provided to patients must be safe, effective, timely, efficient, fair, and people-centred (Avia & Hariyati, 2019).

The accreditation process involves assessing the standards implemented in healthcare institutions and a constant drive for improvement, which guarantees high-quality medical services (Hasiu et al., 2025). Implementing accreditation is associated with difficulties, including a shortage of human resources, high costs, and insufficient experience with the accreditation process. Accredited healthcare facilities have been shown to have higher patient satisfaction levels than non-accredited facilities.

Patient safety is of utmost importance in all accreditation programs. Integrating standards into the work process helps minimise medical errors and prevent nosocomial infections. Hospital accreditation is an important tool for assessing the quality of healthcare service. Implementing accreditation programs positively impacts quality, improves risk management, and increases healthcare efficiency (Hasiu et al., 2025). A complex combination of factors determines the quality improvement that accreditation enhances, including clinical risk mitigation, financial efficiency, and quality of care in private and public clinics (Abdurabuh et al., 2024).

Successful accreditation requires strong leadership, effective change management, and continuous management support. Accreditation enhances patient safety and risk management by enabling effective documentation and medication management. Accreditation facilitates the setting of plans and the ongoing involvement of staff in processes, which, in turn, leads to improvements in patient safety and organisational culture (Hasiu et al., 2025). Recent studies conducted in the Georgian healthcare sector also emphasise the strong relationship between employee job satisfaction, motivation, and service quality outcomes (Paresashvili et al., 2024).

2.2. Theoretical Perspectives and Evaluation Approaches.

The most commonly used approach to evaluate accreditation systems is the benefit-perception approach, which allows individuals to record their perceptions of improvements in service quality and satisfaction with the process (Devkaran & O'Farrell, 2015).

Hospitals are complex, bureaucratic, and multidisciplinary organisations that play a significant role in delivering healthcare services. Currently, healthcare professionals focus on improving various indicators, including quality (Rasouli et al., 2024). Hospital accreditation is a complex process characterised by quality improvement and ongoing difficulties in standard implementation. Scholars and researchers in many countries have discussed ways to improve the quality of services. Healthcare providers can voluntarily assess their standards or be assessed against clearly defined performance standards based on transparent framework guidelines. For example, Scandinavian countries have introduced their own national quality awards based on the European framework (Shaw, 2003).

2.3. Debates on the Effectiveness of Accreditation.

Recent evidence has raised critical objections to the extent to which accreditation affects clinical outcomes (Alkhenizan & Shaw, 2011), with a growing body of critical analyses suggesting that the relationship between accreditation and clinical health outcomes may not always be linear (Greenfield & Braithwaite, 2008). Hasiu et al. (2025) and Hussein et al. (2021) argue that while accreditation significantly improves organisational processes and standard operating procedures (SOPs), its direct impact on reducing mortality remains a matter of intense debate.

Critics argue that accreditation often leads to "ritual obedience", in which healthcare professionals are more focused on documentation and "checking boxes" than on the patient's actual condition (Devkaran & O'Farrell, 2015). To reduce this risk, the Ministry of Health of Georgia (2023b) requires clinic management to continuously monitor compliance with accreditation standards. This includes reaccreditation every three years, and it is recommended that this process be strengthened by introducing unplanned monitoring. The implementation of hospital accreditation in Georgia should be analysed in the broader context of transition economies, especially Central and Eastern Europe and the post-Soviet space.

Healthcare systems in these regions have undergone significant restructuring since the collapse of the Soviet Union. Recent literature highlights that post-Soviet healthcare systems have developed unevenly, driven by persistent, structural and institutional challenges. Although several reforms aimed at improving quality were implemented, the results were mixed due to differences in governance, funding, and institutional capacity (Antoun et al., 2011).

According to Manukyan et al. (2025), the healthcare quality management system in the Caucasus region remains underdeveloped and fragmented. Data from Georgia and Armenia indicate that healthcare quality is strongly influenced by patient-provider interactions, communication gaps, and weak primary healthcare management (Manukyan et al., 2025).

The International Society for Healthcare Quality (ISQua) is working to make the core requirements of accreditation programs the mainstay for implementing standards. Experts offered recommendations, including active involvement of healthcare providers in the development of standards, assessment of accreditation results, and ongoing monitoring (Hussein et al., 2025).

Central Asian countries, such as Kazakhstan, have made significant progress in developing national quality standards, particularly for infection control. As a result, an increasing use of quality indicators, such as nosocomial infection rates, is being employed to monitor health system performance (Tabrizi & Gharibi, 2019).

Significant disparities between urban and rural healthcare systems persist, limiting access to quality services in these regions. Studies have shown that improvements in service quality do not accompany infrastructure development.

Compared to Caucasus and Central Asia, Eastern European countries such as Romania have more institutionalised healthcare quality management systems. These systems include accreditation bodies, standardised quality indicators, and regulatory frameworks aligned with EU standards. For example, healthcare quality management in Romania is hampered by fragmented data systems, a lack of integration between institutions, and limited digitalisation.

This hinders effective monitoring and continuous improvement of healthcare quality (Nițescu et al., 2025).

Unlike developed Western systems, countries with transitional economies often face a "top-down" mandatory transition period (Alotaibi, 2023; World Health Organization, 2023). Research conducted in countries in transition, such as Serbia, Kazakhstan, and Poland, has revealed common structural obstacles (Markovic-Petrovic et al., 2018).

Abdurabuh et al. (2024) and Devkaran et al. (2019) indicated that while accreditation improves safety protocols, financial constraints often create an imbalance between large, well-funded urban clinics and small regional facilities. This trend is also reflected in the Georgian healthcare system. Comparisons with countries such as Estonia and the Czech Republic show that success depends on a change in the organisational mind-set (Tabrizi & Gharibi, 2019). In many countries, accreditation is initially perceived as a "regulatory obstacle" (Mansour et al., 2020). However, a comparative analysis (Rasouli et al., 2024) indicates that for accreditation systems to be effective, a shift from "paper-based compliance" to patient-centred service delivery, supported by facility governance and staff engagement, is essential (Hasiu et al., 2025).

Despite the challenges of implementing standards, studies consistently show a positive correlation between accreditation status and the quality of care patients receive (Bogh et al., 2015). Accredited healthcare facilities typically exhibit higher patient satisfaction than non-accredited facilities. Accreditation supports strategic planning, enhances risk management by improving documentation handling, and contributes to organisational culture shifts (Desveaux et al., 2017).

The most commonly used approach to evaluate these systems remains the "benefit perception approach", which allows individuals to record their interpretations of improvements in service quality and satisfaction (Devkaran & O'Farrell, 2015; Rasouli et al., 2024). Environmental factors are important for receiving medical services. Providing quality healthcare implies minimising the impact of environmental factors.

Environmental management systems (EMS), such as ISO 14001, aim to prevent pollution, comply with regulatory requirements, and achieve resource efficiency. While both frameworks contribute to improving the performance of management systems, their use in isolation often results in incomplete implementation of work processes and the need to find additional work resources (Simion Ludușanu et al., 2025).

One of the key challenges in healthcare is managing medical and infectious waste generated by hospitals. The segregation, treatment, and disposal of these wastes require strict control (Simion Ludușanu et al. 2025). Environmental protection and improvement of indoor ventilation systems have a positive impact on the environment and on the management and control of nosocomial infections (Simion Ludușanu et al., 2025).

3. Methodology.

Tailored questionnaires for hospital managers and medical staff were used to identify opportunities to improve hospital medical services. The questionnaire for hospital managers had 23 questions, while that for medical personnel had 33 questions. Both questionnaires included questions regarding demographic information. The questionnaires also assessed the need for international accreditation, its impact on clinics, and their readiness for accreditation in terms of human resources and finances. Both questionnaires were based on those of Gorgadze & Vasadze (2018) and Kazakhashvili (2019), who studied improvements in healthcare and the quality of medical services in Georgia. The survey data were processed and analysed using the SPSS.

For general analysis, frequency tables and graphical analysis were used, and to test the hypotheses, we used:

- Correlation analysis was used to determine the statistical relationships and strength of associations between parametric and parametric–ordinal variables (where ordinal variables were assessed using scores).
- The Kruskal–Wallis test was used to identify statistical relationships among non-parametric variables (across all categories of the grouping variable).

• The Mann–Whitney test was used to determine statistical relationships between non-parametric variables (across two categories of the grouping variable).

• Crosstabulation analysis.

Participants were recruited through convenience sampling. The survey was distributed to all staff members across the private clinic chain, and participation was voluntary. The employees of the clinic network participated in the survey. Geographically, the sample included employees working in branches in Tbilisi and other Georgian regions. A total of 336 valid responses were collected. The demographic characteristics of the study participants are presented in Table 1.

Table 1. Demographic Characteristics of Respondents.

Characteristic	Category	N (Count)	Percentage (%)
Gender	Female	274	81.5
	Male	62	18.5
Age	18–25 years	28	8.3
	26–35 years	66	19.6
	36–45 years	94	28.0
	46–55 years	97	28.9
	55+ years	51	15.2
Job Title	Head of Department	47	14.0
	Department Manager	37	11.0
	Doctor	97	28.9
	Head Nurse	23	6.8
	Nurse	49	14.6
	Other	83	24.7
Location	Tbilisi	306	91.1
	Regions	30	8.9

Hospital accreditation has been implemented and developed in many low- and middle-income countries (LMICs). The theory of accreditation policy dissemination is a useful tool for sharing it across countries and contexts, including analysing its dissemination in LMICs. The lack of resources required for accreditation remains a major challenge to the development and sustainability of accreditation policies in LMICs. Analysing accreditation policy processes can provide context-specific lessons for both LMICs and international organisations supporting accreditation development in these countries (Mansour et al., 2020). Government support is critically important for developing and maintaining national accreditation programmes in resource-constrained settings (Mansour et al., 2020).

Methodological challenges in measuring the effects of accreditation/certification are compounded by the complexity of hospital organisations and their heterogeneous components. The elements that should be assessed remain unclear. The UK Medical Research Council notes that identifying the "active ingredient" of complex interventions, such as fall prevention or hand hygiene campaigns, is challenging because these interventions comprise multiple, multi-level, and parallel components (Brubakk et al., 2015).

As the largest professional group in hospitals, nurses play a crucial role in improving healthcare quality. Despite their contributions, nursing work is not always adequately reflected in quality measurements or hospital performance indicators (Gurisch et al., 2024). Continuous professional development of nursing staff and their involvement in hospital operations are vital, as they directly influence the quality of healthcare service delivery. Accreditation implementation can also be analysed in terms of healthcare sustainability. Improvements in service quality extend beyond immediate clinical outcomes and contribute to the long-term efficiency and functionality of the system.

Standardised procedures, reduced medical errors, and improved coordination of care lead to more effective resource use and help avoid unnecessary costs.

The accreditation process strengthens trust in healthcare institutions and enhances the quality of interactions between providers and patients. By supporting workforce development, improving organisational processes, and promoting accountability, accreditation contributes to a healthcare system capable of maintaining performance over time while adapting to new challenges. The ability to combine quality improvement with long-term efficiency and responsiveness represents a core dimension of sustainable healthcare development.

The Minister of Labour, Health, and Social Affairs of Georgia (2023b) requires that clinics obtain accreditation, thereby improving the quality of medical services and increasing the vitality and standard of living of the population in the future. It is widely recognised that implementing international accreditation enhances the quality of healthcare services, thereby directly improving population satisfaction levels.

Clinics have the freedom to select from the listed organisations the one whose conditions are acceptable to them, and after a designated preparatory period, obtain the corresponding certification. The process takes considerable time and requires both funding and personnel resources.

Accreditation standards primarily focus on patient safety, data privacy, infection prevention, access to advanced technologies, continuous professional development of physicians, and information technology support.

The principle of teamwork is crucial for ensuring the quality of medical care. Healthcare institutions regularly conduct patient satisfaction surveys, incorporating the perspectives of both patients and their families (Gorgadze & Vasadze, 2018). Periodic employee satisfaction surveys should also be conducted to assess employee satisfaction.

The assessment of technological infrastructure is a key element of healthcare accreditation, such as information technology (IT) systems, which aim to ensure timely access to patient health information, contributing to the continuity of medical services and the rapid receipt of information about a specific patient (Katukia, 2016). The Ministry of Health of Georgia recognises six international healthcare accreditation organisations: Accreditation Canada, AACI, JCI, KTQ, TEMOS International Healthcare Accreditation, and ACHS International (Minister of Labour, Health, and Social Affairs of Georgia, 2023b).

A total of 336 individuals participated in the survey to identify statistical relationships. The research participants were personnel employed in private clinics across Georgia. The questionnaire focused on the extent to which the clinical staffs were aware of accreditation requirements. The purpose of the data analysis was to determine the quality of healthcare services provided by clinics to the population and to assess the staff's awareness. Additionally, healthcare employees consider implementing international accreditation in medical institutions. General and advanced statistical analyses were used to explore these issues.

Based on the general analysis, the following findings were obtained:

1. The implementation of international accreditation contributes to improving the quality of healthcare services in Georgian clinics (Fig. 1).
2. The accreditation process is essential for improving quality management (Figure 2).
3. Accreditation increases patient inflow and the visibility of clinics (see Figure 3).

Figure 1 clearly shows that international accreditation improves the quality of healthcare services in Georgian clinics.

According to Figure 1, the overwhelming majority of respondents believed that accreditation in Georgia would improve healthcare services in clinics. Figure 2 clearly shows that the majority of respondents consider accreditation a necessary condition for improving quality management.

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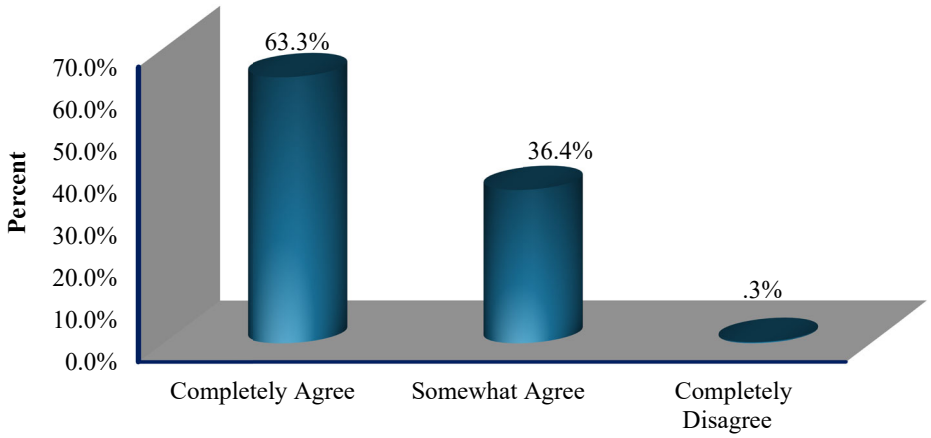

Fig. 1. The Impact of the Accreditation Process on Healthcare Service Quality in Clinical Settings.

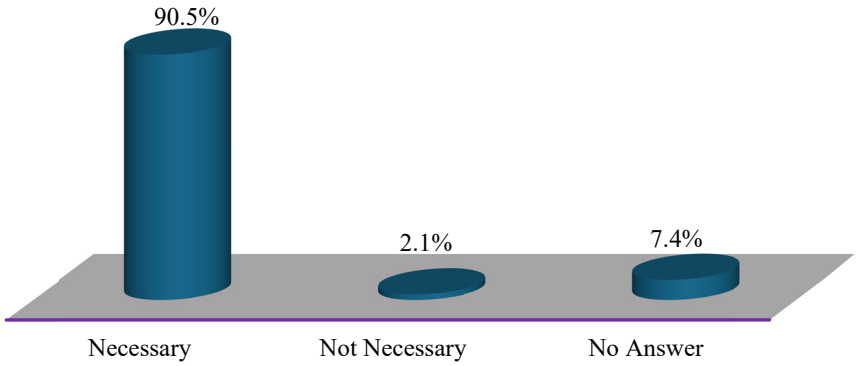

Fig. 2. The Impact of the Accreditation Process on Quality Management Improvement.

Figure 3 shows that most respondents (45.8%) believe that accreditation positively impacts clinic visibility and patient inflow.

For a more in-depth analysis, the following were formulated and tested:

H1: Improvements in service quality resulting from accreditation lead to higher levels of engagement among medical staff.

H2: Senior staff regards the involvement of the quality department as more important than junior staff.

H3: The location of medical staff affects awareness of international accreditation organisations; specifically, medical staff working in clinics in the regions is less familiar with them than those working in Tbilisi.

H4: The educational level of medical staff positively impacts awareness of international accreditation.

The validity of the first hypothesis was confirmed through a correlation analysis using Spearman's test (Table 2).

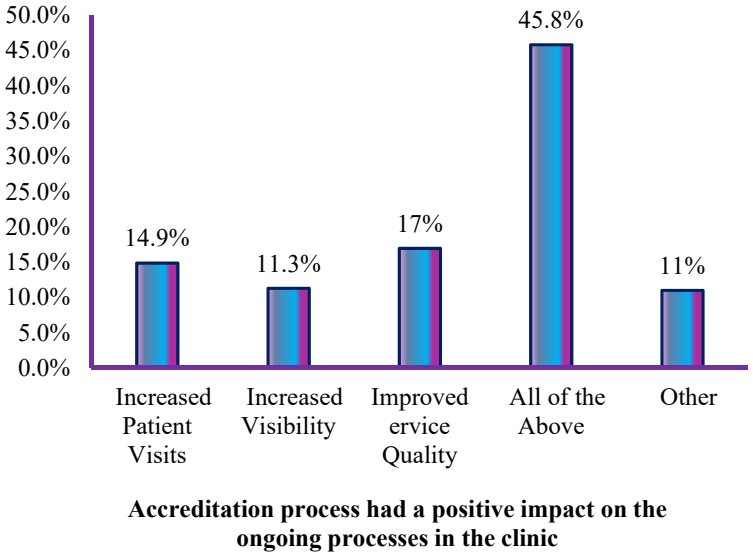

Fig. 3. The Impact of the Accreditation Process on Patient Inflow and Clinic Visibility.

The validity of the first hypothesis was confirmed through a correlation analysis using Spearman's test (Table 2). The correlation is established between two ordinal variables, the first variable "Do you think the accreditation process will help improve the quality of medical services in Georgian clinics?". The following categories represent this: 1 – Completely Agree, 2 – Somewhat Agree, 3 – Completely Disagree, and the second variable, "Were you actively involved in the process of preparing for accreditation?" is rated on a 5-point scale with the following correspondence: 1 – Always, 2 – Often, 3 – Rarely, 4 – Never, 5–No Answer.

The correlation revealed a correlation between the two variables ($r=0.216$), with a statistically significant relationship ($p<0.01$).

Such a low correlation coefficient explains only a small part of the variation (less than 5%). This indicates that perceptions of service quality account for only a small part of staff engagement, and that other, more powerful factor may also influence it. This is important to consider, as organisational management style and leadership can affect both quality indicators and employee motivation.

Table 2 shows a highly reliable and statistically significant relationship between service quality improvement and medical staff engagement at the 0.01 level. Figure 4 illustrates the linear relationship between medical staff engagement and the impact of accreditation on service quality.

Table 2. Spearman's rho Correlation Analysis between Perceived Medical Service Quality and Medical Staff Engagement Levels (n=336).

Variables	Statistical Indicator	Perceived Improvement in Healthcare Quality	Involvement in Accreditation Preparation
Spearman's rho	Correlation Coefficient	1.000	0.216**
	Sig. (2-tailed)	-	0.000
	N	324	323
Involvement in Accreditation Preparation	Correlation Coefficient	0.216**	1.000
	Sig. (2-tailed)	0.000	-
	N	323	335

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

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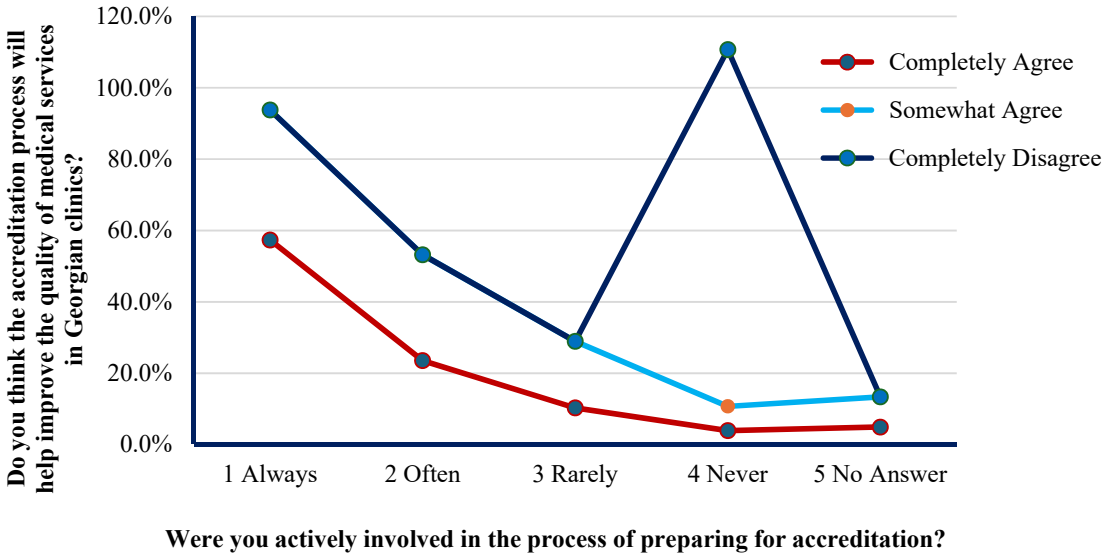

Fig. 4. Correlation of Accreditation Involvement with Perceived Impact on Georgian Clinics.

The Figure 4 shows that the greater the improvement in service quality resulting from accreditation, the higher the level of medical-staff engagement. Spearman's test indicated a positive correlation; however, the correlation coefficient was not sufficiently high.

This is because individuals who consider accreditation unnecessary do not participate in the process, whereas those who consider accreditation necessary to at least some extent tend to be almost as active as those who consider it essential. To test the validity of the second hypothesis, the Kruskal–Wallis test was used (Tables 3 and 4) as the variables were nonparametric.

The variable –"In your opinion, is the involvement of the quality department important in the accreditation process?" includes the following categories: 1 – Very Important, 2 – Less Important, 3 – Not Important, 4 – Other.

Including the median in the Kruskal-Wallis test procedure gives us frequency distributions of Job Title on the left (<= median) and on the right (> median).

As shown in Table 3, the trend is the same across all positions, with the majority to the left of the median, indicating that, especially for doctors, the majority consider the involvement of the quality department in the accreditation process to be very important.

Table 3. Frequencies of Responses by Job Title (Median Split).

		Position Job Title					
		Head of Dept.	Dept. Manager	Doctor	Head Nurse	Nurse	Other
In your opinion, is the involvement of the quality department important in the accreditation process?	> Median	1	3	3	0	5	2
	<= Median	46	34	94	23	44	11

The Kruskal–Wallis test indicated that there was no statistically significant relationship between respondents' positions and the quality department's involvement in the accreditation process ($p = 0.118$, which exceeds 0.05).

This suggests that staff across all positions exhibit a broadly similar tendency regarding the quality department's involvement in the accreditation process; therefore, Hypothesis 2 was not confirmed.

Table 4. Statistical Parameters Obtained from the Kruskal–Wallis Test.

Statistic	Value
N	266
Median	1.00
Chi-Square (χ^2)	8.792
df	5
Asymp. Sig. (p-value)	0.118

Grouping Variable: Job Title (position).
Note: 5 cells (35.7%) have expected frequencies less than 5; minimum expected frequency = 0.7.

The hypothesis was tested using a crosstabulation analysis, as the dependent variable (familiarity with international accreditation organisations) and the factor (location) were nonparametric variables.

Table 5, obtained through crosstabulation, presents the frequency distribution of international accreditation organisations in Tbilisi and the regions.

Table 5. Cross-Tabulation of Familiarity with Accreditation Organisations and Clinic Location (% within Accreditation Organisation).

Accreditation Organisation Familiarity	Tbilisi (%)	Region (%)	Total (%)
Accreditation Canada	61.9	38.1	100.0
AACI	54.8	45.2	100.0
JCI	55.9	44.1	100.0
KTQ	74.8	25.2	100.0
TEMOS	67.9	32.1	100.0
ACHS	47.1	52.9	100.0
All of the Above	78.3	21.7	100.0
None of the Above	76.5	23.5	100.0
Total	**68.2**	**31.8**	**100.0**

As shown in the frequency distribution (Table 5), except for the organisation ACHS, international accreditation organisations are considered more important in Tbilisi than in the regions, with a significant difference. Table 6 shows the statistical relationships between the independent and dependent variables using the chi-square test.

The results of the chi-square test indicate that the clinic location significantly affects awareness of international accreditation organisations.

Table 6. Chi-Square Test Statistics.

Test	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	14.696	7	0.040
Likelihood Ratio	14.474	7	0.043
Linear-by-Linear Association	4.431	1	0.035
N of Valid Cases	336	-	-

Note: 0 cells (0.0%) have expected count less than 5. Minimum expected count = 5.41.

There is a significant statistical relationship between the clinic's location and awareness of international accreditation organisations at the 0.05 level (p =0.04), confirming H3.

A graphical representation of the relationship between respondents' locations and their awareness of international accreditation organisations is presented in Figure 5.

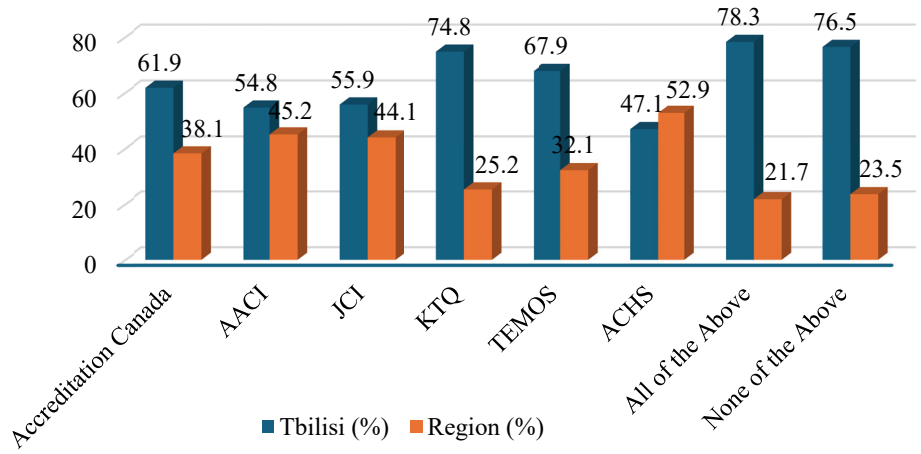

Fig. 5. Influence of Clinic Location on Perceived Visibility of Accreditation Organisations.

To test the hypothesis H4, the Mann–Whitney test was applied. This test was used to compare the levels of awareness of international accreditation across different educational levels based on two groups (yes/no). The ranking in Table 7 shows that, overall across all educational levels, the mean value for "yes" responses is not very different from that for "no" responses, but is still slightly higher.

Table 7. Ranks Based on Awareness of Accreditation Organisations Prior to Mandatory Implementation

Education Level	Did you know about accreditation organisations before it became mandatory?	N	Mean Rank	Sum of Ranks
	Yes	268	169.14	45,330.50
	No	67	163.43	10,949.50
Total		**335**		

Moreover, according to Table 8 the participants' educational level does not affect their awareness of international accreditation organisations, as the asymptotic Sig. =0.584, which exceeded the threshold value of 0.05. Therefore, the hypothesis was not confirmed, indicating that awareness is distributed relatively evenly across educational levels.

Table 8. Mann–Whitney U Test Statistics.

Statistic	Value
Mann–Whitney U	8,671.500
Wilcoxon W	10,949.500
Z	-0.547
Asymp. Sig. (2-tailed)	0.584

Grouping Variable: Awareness of accreditation organisations prior to mandatory implementation

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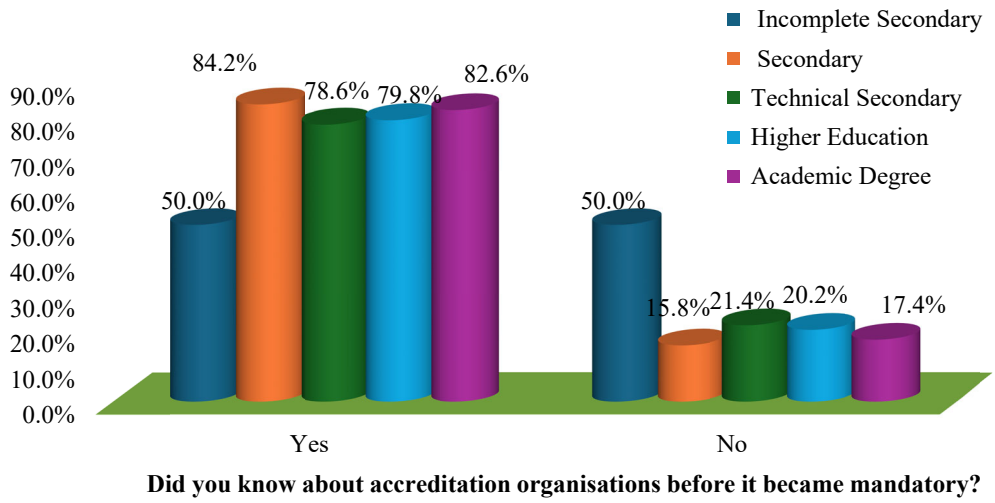

Fig. 6. Relationship between Educational Level and Awareness of Accreditation Organisations.

4. Discussion.

Hospital accreditation in the modern healthcare system is recognised as one of the most effective quality management tools, ensuring the standardisation of medical services, strengthening patient safety, and improving organisational processes. International experience indicates that medical institutions involved in the accreditation process implement clinical protocols more effectively, improve infection control mechanisms, and reduce the risk of medical errors. Systematic reviews of scientific studies confirm that accreditation has a particularly significant impact on process quality. In particular, it increases documentation accuracy, treatment stage consistency, and the effectiveness of internal quality monitoring systems. In addition, a safety culture is formed, which contributes to the development of staff responsibility and teamwork and to the strengthening of the patient-centred approach. However, international studies also indicate that the impact of accreditation on clinical outcomes (e.g. mortality rates) is not always measurable and often depends on the organisational and economic context of the country's healthcare system.

In the specific context of Georgia, this systemic transition is heavily modulated by internal workplace dynamics. Empirical evidence suggests that optimising healthcare quality and effectively managing institutional reforms depend fundamentally on broader structural strategies aimed at enhancing job satisfaction, employee retention, and targeted motivation among medical professionals (Paresashvili et al., 2025). Therefore, the administrative pressure of mandatory accreditation must be accompanied by robust human resource management practices to maintain staff performance.

In Georgia, the introduction of hospital accreditation is an important healthcare reform aimed at improving the quality of medical services and strengthening patient safety mechanisms. The mandatory accreditation of medical institutions involved in state-funded programs creates a unified framework for quality management and reduces disparities in service quality.

In practice, this implies strict adherence to clinical protocols, improved infection prevention systems, continuous staff professional development, and strengthened internal audit mechanisms.

The accreditation process also increases medical institutions' administrative responsibilities, improves resource management, and fosters a culture of data-driven decision-making. Patient trust increases, service transparency improves, and the principle of continuous quality improvement is established, thereby contributing to the long-term sustainability and competitiveness of the Georgian healthcare system.

The main limitation of this study is that it was conducted in private clinics and did not include public medical institutions. The sample had a disproportionately small share of participants from regions (8.9%), which limit the generalisability of the conclusions about geographic differences. Since the accreditation process is new to the Georgian healthcare system and there is limited experience, it is necessary to study in greater depth the impact of this process on the fundamental principles of quality in public medical institutions. It is important to determine how the accreditation process affects clinical outcomes, particularly mortality rates, given the current organisational and economic context in Georgia, which is relevant to both private and public clinics.

5. Conclusions.

The research analysis examines the impact of hospital accreditation on the quality of medical care and presents an evidence-based argument in favour of implementing modern quality standards. This study examines both the theoretical role of accreditation and, based on empirical data, its impact on clinical processes, patient safety, and organisational management efficiency. This direction is especially relevant at the development stage of the Georgian healthcare system, when service quality is being harmonised with international standards.

The study complements the existing literature by analysing the local context. It lays the groundwork for further research on the dynamics of quality indicators across different stages of the accreditation process.

The results obtained can be shared with the clinics involved in the study, enabling them to identify areas for improvement, benchmark their performance against the established standards, and plan evidence-based changes.

The practical implementation of the results is associated with several challenges that may affect the organisational environment and staff motivation. Continuous implementation of accreditation requirements involves detailed documentation, regular audits and periodic evaluation of processes.

These circumstances often lead to increased work stress among employees, especially when changes are implemented quickly or lack sufficient training and support. Among the difficulties are the mobilisation of financial resources, infrastructure development and the formation of an organisational culture, which requires both financial and human resources.

However, if changes are managed correctly and consistently, these difficulties can be turned into development opportunities. Improving employees' qualifications, optimising processes, and establishing a culture of continuous quality improvement reduce initial obstacles in the long term and ensure the sustainable functioning of the system.

Conflict of Interest Statement.

The authors have declared no conflict of interest.

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