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Hospital Accreditation: Challenges and Results

Acreditação Hospitalar: Desafios e Resultados

Acreditación Hospitalaria: Retos y Resultados

Autorship

Luciano Trentin

Universidade Regional de Blumenau (FURB)
trentinluciano@yahoo.com.br
https://orcid.org/0000-0002-7916-3536

Gérson Tontini

Universidade Regional de Blumenau (FURB)
tontini@furb.br
https://orcid.org/0000-0002-7430-562X

ABSTRACT

Objective – This article aims to analyze aspects related to the challenges and results arising from the accreditation process and their relationship with perceived hospital organizational performance. **Methodology –** The sample was made up of 88 respondents from hospital organizations in the South region of Brazil, being collected for accessibility and convenience. Canonical correlation analysis was used to process and analyze the data. **Originality/relevance –** The importance and contribution of this study lies in exploring how challenges and outcomes interrelate with perceived hospital performance, thus shedding light on related topics. **Results** – The results obtained with the accreditation process are correlated with the perceived hospital organizational performance (H_1), as the strength of association between the dimensions presented a high and significant coefficient of variation (0.869 – p-value of 0.000), a canonical R^2 of 0.755 considerable and Wilks' Lambda (0.242) close to zero. In contrast, aspects related to challenges arising from the accreditation process (H_2) did not demonstrate a statistically significant relationship. **Theoretical contributions** – Contributed to the proposition of a model to analyze perceived performance and its relationship with the challenges and results originating in the process of implementing and maintaining the hospital accreditation method. **Contributions to management –** Pragmatically, the study allows managers to understand which attitudes and actions can create obstacles in the implementation and maintenance of accreditation and interpret which processes and practices must be maintained permanently.

Keywords: Accreditation. Hospital organization. Performance.

RESUMO

Objetivo – O presente artigo tem como objetivo analisar aspectos relacionados aos desafios e resultados advindos do processo de acreditação e sua relação com o desempenho organizacional hospitalar percebido. **Metodologia –** A amostra foi composta por 88 respondentes de organizações hospitalares na região Sul do Brasil, sendo coletada por acessibilidade e conveniência. Análise de correlação canônica foi utilizada para tratamento e análise dos dados. **Originalidade/relevância –** A importância e a contribuição deste estudo residem em abordar uma lacuna observada na análise e avaliação da implementação e manutenção da acreditação hospitalar. Especificamente, explora como os desafios e resultados se inter-relacionam com o desempenho hospitalar percebido, lançando assim luz sobre temas relacionados. **Resultados –** Os resultados obtidos com o processo da acreditação estão correlacionados com o desempenho organizacional hospitalar percebido (H_1), pois a força de associação entre as dimensões apresentou um coeficiente de variação alto e significativo (0,869 – *p-value* de 0,000), um R^2 canônico de 0,755 considerável e Lambda de Wilks (0,242) próximo de zero. Em contrapartida, os aspectos relacionados aos desafios advindos do processo de acreditação (H_2) não demonstraram relação estatisticamente significativa. **Contribuições teóricas –** Contribuiu com a proposição de um modelo para analisar o desempenho percebido e sua relação com os desafios e resultado originários do processo de implementação e manutenção da acreditação hospitalar. **Contribuições para a gestão –** Pragmaticamente, o estudo permite aos gestores compreender quais atitudes e ações que podem criar obstáculos na implementação e manutenção da acreditação e interpretar quais processos e práticas devem ser mantidos de forma perene.

Palavras-chave: Acreditação. Organização hospitalar. Desempenho.

RESUMEN

Objetivo – Este artículo tiene como objetivo analizar aspectos relacionados con los desafíos y resultados derivados del proceso de acreditación y su relación con el desempeño organizacional hospitalario percibido. **Metodología** – La muestra estuvo compuesta por 88 encuestados de organizaciones hospitalarias de la región sur de Brasil, siendo recolectados por accesibilidad y conveniencia. Se utilizó análisis de correlación canónica para el procesamiento y análisis de datos. **Originalidad/relevancia** – La importancia y contribución de este estudio radica en abordar una brecha observada en el análisis y evaluación de la implementación y mantenimiento de la acreditación hospitalaria. Específicamente, explora cómo los desafíos y los resultados se interrelacionan con el desempeño hospitalario percibido, arrojando así luz sobre temas relacionados. **Resultados** – Los resultados obtenidos con el proceso de acreditación se correlacionan con el desempeño organizacional hospitalario percibido (H_1), ya que la fuerza de asociación entre las dimensiones presentó un coeficiente de variación alto y significativo (0,869 – p-valor de 0,000), un R^2 canónico de 0,755 considerable y el Lambda de Wilks (0,242) cercano a cero. Por otro lado, los aspectos relacionados con los desafíos derivados del proceso de acreditación (H_2) no demostraron una relación estadísticamente significativa. **Contribuciones teóricas** – Contribuyó a la propuesta de un modelo para analizar el desempeño percibido y su relación con los desafíos y resultados derivados del proceso de implementación y mantenimiento del método de acreditación hospitalaria. **Contribuciones a la gestión** – Pragmáticamente, el estudio permite a los directivos comprender qué actitudes y acciones pueden crear obstáculos en la implementación y mantenimiento de la acreditación e interpretar qué procesos y prácticas deben mantenerse de forma permanente.

Palabras clave: Acreditación. Organización hospitalaria. Actuación.

INTRODUCTION

Healthcare organizations, in particular hospitals, can be considered sui generis due to the high level of complexity, peculiar linguistics, planning and controls based on a high level of knowledge, and the maturity of essential principles for human beings (Blondiau *et al.*, 2016).

Hospital organizations, according to (Miles *et al.*, 1995), are knowledge-intensive service providers. Managing the use of this highly complex knowledge depends on concise information that integrates actions, the generation of knowledge and its harmonization among different specialists, sectors, procedures, customers, suppliers, etc. (Gonçalo & Borges, 2010; Porter & Teisberg, 2009). Mosadeghrad (2014) also mentions that hospital organizations are demanded by interest groups for providing comprehensive, safe, high-quality, and accessible services. In contrast, Farrag and Harris (2021) show that costs and expenses are growing mainly due to the demand for healthcare services linked to high technology (cutting-edge), supplies, materials and people.

In view of this, to meet existing market demands and at the same time try to harmonize the relationship between cost, quality, technology, performance, results, among others (Vieira *et al.*, 2023), hospital organizations resorted to disparate processes and controls, carried out by different mechanisms, such as: supervision, monitoring, evaluation, audit, and accreditation (Mosadeghrad, Sari, & Yousefinezhadi, 2017). More strategically, hospital organizations have directed their efforts towards implementing an external evaluation and certification method, that is, the Accreditation method (Brubakk *et al.*, 2015).

Accreditation is a "method of assessment and certification that seeks, through previously defined standards and requirements, to promote the quality and safety of care in the health sector" (ONA, 2024a, s/p). Accreditation is an assessment system external to the hospital organization, carried out by an independent professional accreditation body, assessing structures, processes, performance, and results, using predetermined standards (Mosadeghrad, 2018). Accreditation is a hospital assessment system external to the hospital organization, carried out by an independent professional accreditation body, assessing structures, processes, performance and results, using predetermined standards (Mosadeghrad, 2018); a way of continually improving hospital structures, processes and results (Karamali *et al.*, 2020); and a way to favor the evolution of the business' intellectual capital, the development of norms and principles, regulations, policies and procedures to encourage interest groups (Costa Jr., 2015).

More than a century ago, the accreditation method was initiated by the American College of Surgeons and, from then on, the number of accreditation programs and accredited organizations expanded rapidly around the world (Al Kuwaiti & Al Muhanna, 2019). Joint Commission International [JCI] and National Integrated Accreditation for Healthcare Organizations [NIAHO] can be considered the main certifying bodies of international ac-

creditation, and the National Accreditation Organization [ONA] the main Brazilian certifying body. Based on data from the National Registry of Health Establishments [CNES], in 2021 Brazil had 6,424 hospitals, 396 of which were accredited hospitals, representing only 6.1% of the estimated total of hospitals in the country (IBES, 2023).

Disparate challenges and barriers, in a certain way, are frequently observed in the hospital accreditation process. Inconsistencies, specifications and classifications that are inadequate to current standards, inaccuracies in certain metrics, whether arising from quality or operationality, incommensurable standards, among others, are some of the challenges to be overcome during the process of implementing hospital accreditation (Ghazanfari *et al.*, 2021; Treib *et al.*, 2022). For Mansour, Boyd and Walshe (2020), one of the main challenges in implementing the hospital accreditation method is changing the organizational culture. Professionals face challenges in acculturating and implementing accreditation within hospital organizations due to a combination of factors. These include a deficiency in expertise related to the comprehensive conception underlying the accreditation method, as well as constraints in financial, human, and technological resources.

In both the literature review and supplementary studies conducted, efforts were made to identify research linking the constructs of "challenges" and "results" in a cohesive manner throughout the implementation and maintenance phases of the accreditation method. Nevertheless, few studies were uncovered that specifically address the integration of these constructs in the context of accreditation processes. In this sense, Mosadeghrad (2020) and Bogh *et al.* (2018) mentioned that changes in governance, clinical methods and structuring are necessary in the process of implementing accreditation, otherwise they may generate negative results. Yousefinezhadi *et al.* (2019) show that the main adversities are the effective management of financial, structural, and human resources. Al Kuwaiti and Al Muhanna (2019), as well as François and Pomey (2005), highlight that the primary challenges in hospital operations are related to the engagement of medical professionals, medical education, nursing assistance, and clinical research. Saadati *et al.* (2018) state that the lack of awareness, incentives, excess bureaucracy and high stress levels can create inconveniences in the transition from non-accredited to accredited hospital organizations. López-Viñas *et al.* (2014) emphasize that among the main obstacles to be overcome is the alignment of institutional communication between the organization and the certifying body.

Therefore, there is a research gap that needs to be filled. Given the above, the following research problem therefore arises: how are the challenges and results arising from hospital accreditation processes related to perceived hospital organizational performance?

Thus, the present paper aims to analyze aspects related to the challenges and results arising from the accreditation process and their relationship with perceived hospital organizational performance. According to Bogh *et al.* (2018), hospital organizations must be aware that implementing the accreditation method is a laborious process that involves the entire organization, including those areas and people repeatedly neglected by senior management, giving rise to different adversities prior to achieving results.

LITERATURE REVIEW

Accreditation

In the last century, in the middle of 1924, the American College of Surgeons [ACS] established Quality Assessment in healthcare through the Hospital Standardization Program [HSP]. However, the first standard document drawn up for hospital standardization was adopted by the ACS Board of Regents on December 20, 1919 (ACS, 2024).

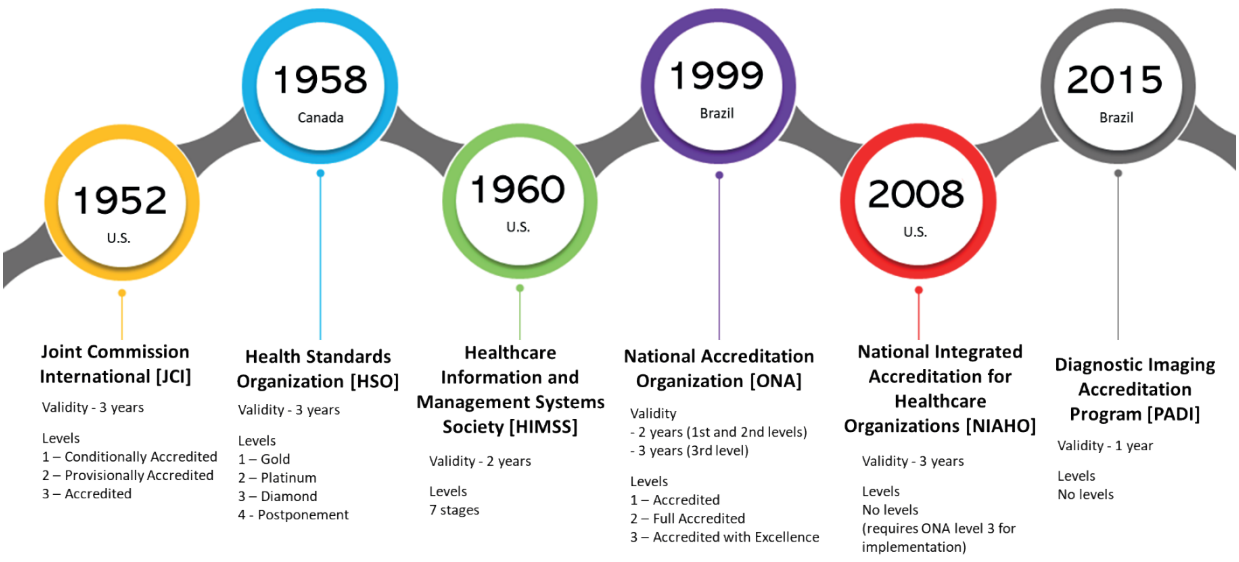
From 1949 onwards, the ACS began different partnerships, such as the American Medical Association, the Canadian Medical Association, the American College of Clinicians, and the American Hospital Association, among others, with the aim of promoting the improvement and promotion of voluntary accreditation. In the United States, in the 1950s, with the union of these associations, the Joint Commission on Accreditation of Healthcare Organizations [JCAHO], currently called The Joint Commission [TJC] or Joint Commission International [JCI], was created. At the end of 1952, the hospital accreditation program called the Joint Commission on Accreditation of Hospitals [JCHA] was officially established (ACS, 2024).

In contemporary times, JCI has more than 1,000 accredited and certified organizations (JCI, 2024). In Brazil, the accreditation program, known as the National Accreditation Organization [ONA], was created in 1999 by the National Health Council [CNS] (ONA, 2024b).

Figure 1 presents some of the main accreditation programs.

Figure 1

Hospital Accreditation Programs



Note. research data (2024).

Accreditation is considered by the ONA as a "method of evaluation and certification that seeks, through previously defined standards and requirements, to promote the quality and safety of assistance in the health sector" (ONA, 2024a, s/p). According to Karamali *et al.* (2020), accreditation can be con-

sidered as a way of evaluating quality standards for the services provided, always related to the organization's strategic objectives.

Hospital accreditation is a systematic external evaluation of the structures, processes and results of a hospital organization by an independent professional accreditation body, using pre-determined optimal standards (Brubakk *et al.*, 2015; Possolli, 2017). In contemporary times, the accreditation of hospital organizations has been used as a way of cultural change, conceiving a process of continuous improvement of care involving health and hospital organizational performance (Andres *et al.*, 2019; Farrag & Harris, 2021).

Therefore, accreditation can be understood as a fundamental component in the institutionalization of quality within healthcare organizations. Beyond the certification of compliance with predefined standards, it represents a continuous process of organizational learning, cultural transformation, and performance improvement, reinforcing the commitment of hospital institutions to safety, effectiveness, and excellence in healthcare delivery (Alhawajreh *et al.*, 2023; Dedianto *et al.*, 2025).

Hospital Organizational Performance

According to Langabeer (2000), the performance management of hospital organizations is defined by the consolidation of services and activities (outputs). These include recent production and delivery of health services resulting from the transformation of resources and assets—comprising labor, capital, money, technology, people, environments, equipment, and information. In essence, it is a process geared towards achieving improved outcomes, primarily through the implementation of process and quality improvement methods, along with the utilization of analytical and enhancement tools (Viriato & Moura, 2021).

Cleverley and Harvey (1992) and Cosenz *et al.* (2024) underscore that the performance of hospital organizations is intricately connected to the strategic deployment of resources and timelines distributed among the various stakeholders within the hospital environment. Additionally, Silva (2023) emphasize the necessity of incorporating new technologies, inherently aligned with organizational strategies, as a means to sustain and enhance the management and performance of hospital organizations.

According to Couttolenc and La Forgia (2009) e Edirimanna (2022), the performance of hospital organizations is fundamentally shaped by key dimensions, including user orientation, quality of treatment, equity, efficiency, and customer satisfaction (involving users, professionals, financiers, suppliers, etc.). The authors posit that these dimensions are directly impacted by the actors involved and the prevailing environment in which the organization operates. This environment is divided into three types: External (comprising policies, regulations, market conditions and payment mechanisms); Organizational (determined by structures and governance system); and Internal (influenced by the external environment; and include management practices of human, material, clinical, financial resources, etc.).

Authors such as García-Altés *et al.* (2006), Minvielle *et al.* (2008) and Smits *et al.* (2008), also present other perspectives associated with hospital performance, such as: effectiveness, equity, accessibility, availability, patients' health status, customer satisfaction and care quality.

Performance management, grounded in the framework of multiple perspectives, encompasses and integrates various relational interfaces within hospital organizations. This includes considerations ranging from internal processes (hospital operations) to interactions with the external environment (marketing relationships) for resource acquisition. Ultimately, it extends to the maintenance of a participatory and healthy organizational environment, emphasizing the well-being of professionals (Gaspar *et al.*, 2024; McDermott *et al.*, 2019).

Kaplan and Norton (2006) assert that the link between strategic management and organizational operations management primarily arises from the measurement of performance through indicators. Performance indicators are quantifiable parameters that offer meaningful insights into specific phenomena. These indicators play a crucial role in managing the performance of hospital organizations, providing pertinent information regarding efficiency and the progression of their operations (Nafari & Rezaei, 2022). In practical terms, it is essential to integrate performance indicators into the routine of hospital organizations, ensuring they are easily understandable, as this contributes to more informed decision-making (Moradi *et al.*, 2022).

The measurement of hospital performance through indicators empowers hospital organizations to quantify information, assess the hospital's progress towards goals and objectives, and offer support for managers to identify improvement opportunities. It facilitates projections and the establishment of cause-and-effect relationships that may not be immediately apparent (Smits *et al.*, 2008). Performance indicators serve as a foundation for managing the performance of hospital organizations, enabling a more comprehensive critical analysis of established plans and facilitating a continuous evolution of improvements in processes and activities (Farias *et al.*, 2019).

Performance measurement is characterized as a process of inter-organizational analysis, explanation, and comparison, often referred to as benchmarking. This approach allows hospital organizations to monitor their actions and outputs through self-analysis (Kuhlmann, 2010). According to Braz *et al.* (2011), Neely *et al.* (2005), as well as Poister (2008), evaluating a hospital organization in relation to competition involves incorporating the best practices of other organizations to enhance their own methods (benchmarking). This encompasses selecting, implementing, monitoring, and comparing a set of performance indicators to measure organizational efficiency, effectiveness, productivity, service quality, customer satisfaction, and cost-effectiveness (Farias *et al.*, 2019).

As per Macinati (2008), the measurement of hospital performance is characterized by multidimensional perspectives encompassing various factors. These perspectives adopt diverse methods, approaches, models, and interpretations to elucidate the components and nature of hospital performance. According to the author, hospital performance is intricately tied to three fundamental perspectives: financial, operational efficiency, and results.

Essentially, hospital organizational performance represents a multidimensional construct that integrates strategic, operational and human factors in complex health systems. Its assessment, through quantitative and qualitative indicators, allows organizations to align strategic objectives with evidence-based management practices, promoting continuous improvement and institutional learning. Consequently, performance management

becomes a central element in promoting efficiency, equity and quality in the provision of health (Gutari, 2022).

Challenges and Results in Accreditation Implementation

The accreditation implementation process presents various opportunities to instigate organizational and behavioral changes, thereby disrupting the existing practices to enhance quality and align services with market realities (Algunmeeyn & Mrayyan, 2022). Nevertheless, the phases leading up to and following the initiation of the accreditation process, as noted by Alkhenizan and Shaw (2011), often give rise to insecurity and resistance from diverse interest groups. This necessitates the formulation of tailored strategies for each hospital organization to address these challenges effectively.

Freire *et al.* (2019) underscore that the utilization of strategies to implement accreditation, engaging all stakeholders, plays a pivotal role in altering perceptions and, consequently, the behavior of individuals or groups towards the accreditation process. This proves crucial for solidifying the predefined results by the hospital organization. Additionally, findings by Phua *et al.* (2011) and Possolli (2017) indicate that the performance of hospital organizations is positively influenced, primarily by the outcomes achieved through adherence to the standards mandated for the implementation and maintenance of accreditation.

Following an extensive bibliographic review across various platforms such as Emerald, Web of Science, Scopus, SPELL, SciELO, ScienceDirect, and Biblioteca Digital Brasileira de Teses and Dissertações (BDTD), the primary approaches of each study forming the core of this research were identified and synthesized.

Initially, 166 articles published between January 2005 and December 2023 were selected. Among these, 32 articles underwent a more detailed analysis, and 9 articles were deemed eligible for information extraction and subsequent analysis (as indicated in Figure 2), given their relevance to the research topic.

Despite the comprehensive literature review and supplementary studies, no research specifically delved into the recursive relationship between the constructs of challenges and results during the implementation process of the accreditation method.

Figure 2

Literature review

	Author/Year	Journal	Title
9	Yousefinezhadi *et al.* (2020)	Journal of Healthcare Quality Research	Evaluation results of national hospital accreditation program in Iran: The view of hospital managers
8	Freire *et al.* (2019)	Anna Nery School	Communication as a strategy for hospital accreditation maintenance
7	Saadati *et al.* (2015)	International Journal of Hospital Research	Challenges and potential drivers of accreditation in the Iranian hospitals
6	Brubakk *et al.* (2015)	BMC health services research	A systematic review of hospital accreditation: the challenges of measuring complex intervention effects
5	López-Viñas *et al.* (2014)	Clinical Medicine	Accreditation model for acute hospital care in Catalonia, Spain
4	Triantafillou (2014)	Social Science & Medicine	Against all odds? Understanding the emergence of accreditation of the Danish hospitals
3	Yarmohammadian *et al.* (2014)	Yarmohammadian *et al.* (2014)	Blind spots on accreditation program
2	François & Pomey (2005)	Revue d'épidémiologie et de santé publique	Implantation de la gestion de la qualité dans les hôpitaux français, jeux d'acteurs et transformations induites
1	Moffett, Morgan, & Ashton (2005)	Health policy	Strategic opportunities in the oversight of the US hospital accreditation system

Note. research data (2024).

Utilizing these publications, the perceived obstacles, improvements, persistent challenges, and consolidated services during the implementation and maintenance of accreditation were synthetically characterized (refer to Figure 3). The categorization encompasses four variables: behavior, lawsuit, quality, and operational.

Figure 3

Characterization of the challenges and results established in the accreditation implementation and maintenance process

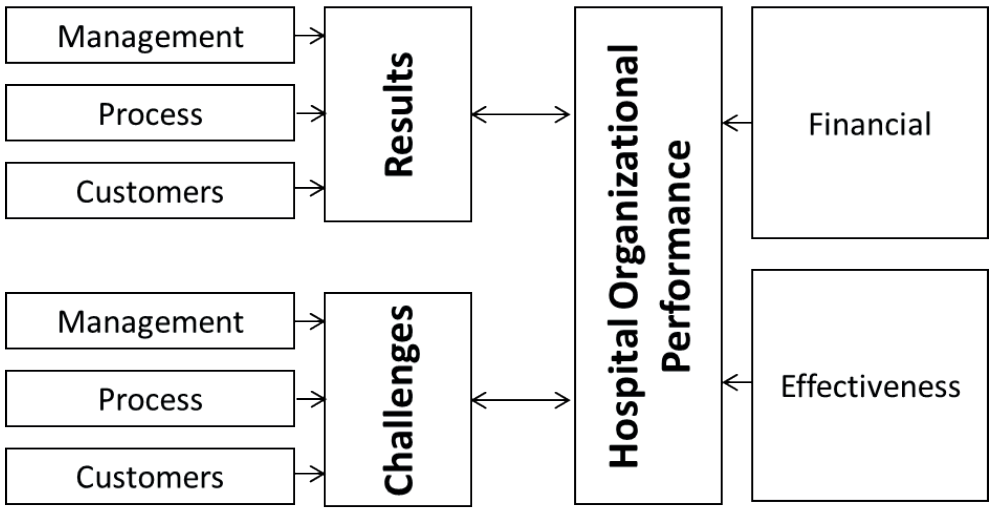
Variables	Accreditation Implementation		Maintenance of Accreditation	
	Perceived obstacles	Perceived improvements	Challenges that remain	Consolidated Services
Behavior	- Resistance and acceptance to the change process; - Questioning attitude regarding new standards and necessary knowledge; - Non-engagement with new ideals and organizational policies; - Conflict between personal and collective interests.	- People integrated into the new established quality culture; - People involved with the accreditation process; - People engaged and satisfied with the new organizational guidelines; - People committed to the change process.	- Resistance and acceptance of the change process among certain interest groups; - Questioning attitude regarding new knowledge; - Increased stress in carrying out activities; - Leadership unprepared regarding new organizational policies and practices; - Insufficient communication.	- Most people integrated into the established quality culture; - Most people engaged with organizational guidelines; - Proactive attitude towards accreditation practices; - Improvement in decision-making by people/managers. - Increase in people satisfaction.
Process	- Certain processes were neglected; - The power relations that govern processes were neglected.	- Sharing of information; - Institutionalization of quality processes; - Decompartmentalization of structures and business; - Consolidation of service provision processes. - Establishment of specific structures.	- Weakness in the accreditation implementation process; - Management by process not yet consolidated.	- Processes management; - Increased process tractability (quality of processes); - Well-defined policies and strategies; - Improvement in logistical and management processes.
Quality	- High bureaucracy.	- Preparation of quality documents; - Improvement in the quality level.	- High bureaucracy; - Inadequate training of evaluators; - Organizational results and key indicators.	- Improvement tools; - Quality improvement; - Actions for continued improvement.
Operational	– Waste of pre-existing standard operations.	- Reinforced the integration of business clinical procedures; - Expanded medical education in operations; - Increased operational efficiency; - Responsibility and sustained improvement in operations; - Monitoring side effects of technical/operational procedures.	- Little relevance of medical services and review systems; - High number of operational measures; - Dissatisfaction with infrastructure (lack of hospital resources); – Weak incentive system (HR improvements).	- Patient safety, - Patient adherence to prescribed treatments; Reduction of medication errors and surgical procedures; - More assertive and useful investments.

Note. research data (2024).

Building on the literature review, the proposed research structure is outlined in Figure 4. This study posits that elements associated with challenges and results emerging from the accreditation process are interconnected with the perceived organizational performance of hospitals.

Figure 4

Conceptual structure



Note. research data (2024).

Considering the reflections outlined regarding aspects related to challenges and results stemming from the accreditation process and their connection with hospital organizational performance, theoretical references have led to the formulation of the following hypotheses:

> **Hypothesis H_1**: *The outcomes derived from the accreditation implementation process significantly impact hospital organizational performance.*
>
> **Hypothesis H_2**: *The challenges arising from the implementation of accreditation significantly influence hospital organizational performance.*

METHODOLOGY

This study falls into the category of descriptive research in terms of its objective. Employs an applied research approach and uses quantitative analysis as the main tool to examine aspects related to the challenges and results arising from the accreditation process and its relationship with hospital organizational performance (Emmaniel, 2025).

The questionnaire consisted of 32 questions (Appendix 1) with a set of variables, focusing on identifying aspects related to the challenges and results arising from the accreditation process and their relationship with hospital organizational performance. The dimensions Results and Challenges

are composed by the variables Management, Processes, and Customers. The Hospital Organizational Performance dimension composed by the variables: Financial; and Effectiveness (Table 1). Appendix 1 presents each statement, organized by dimension and its respective variables, in addition to the mean, median and standard deviation values.

Table 1

Description of dimensions

Dimension ■ *Hospital Organizational Performance*: deals with the process of monitoring and controlling the way hospital functions are managed to achieve planned objectives, using inter-related strategies, by managers involved in providing performance improvements for people, teams, organizations, and the business (Walburg *et al.*, 2006).		
Variables	**Financial**	Indicates the economic and financial results, normally expressed by measures of profitability, profitability and return on equity (Kaplan & Norton, 2006);
	Effectiveness	Ability to fully achieve a set of activities and programs that are undertaken to achieve objectives and goals previously established by the hospital organization (García-Altés *et al.*, 2006).
Dimension ■ *Results*: identifies, analyzes and understands the improvement of hospital service processes and practices during the implementation and maintenance of the accreditation process in hospital organizations (Yousefinezhadi *et al.*, 2020); ■ *Challenges*: identifies, analyzes, and understands the attitudes and actions that may create obstacles throughout the implementation and maintenance of the accreditation process in hospital organizations (Brubakk *et al.*, 2015).		
Variables	**Management**	"It is the process of planning, organizing, leading and controlling the efforts made by members of the organization and the use of all other organizational resources to achieve established objectives" (Stoner & Freeman, 1999, p. 4);
	Process	Set of structured activities and measures designed to result in a specified product for a given customer (Davenport, 1994);
	Customers	Indivíduos envolvidos no processo de compra podem assumir vários papéis, como especificador, influenciador, comprador, pagador, usuário ou consumidor final (Kotler & Keller, 2021).

Note. research data (2024).

Each question in the questionnaire was formulated based on a review of the literature, which involved the development of an instrument to measure the challenges and results during the process of implementing the accreditation method, and its relationship with performance. The data collection instrument was submitted to content validation using the Delphi method, considered a prestigious investigation technique. According to Blokdyk (2024), the Delphi method makes it possible to bring together a set of geographically separated expert points of view to produce consistent results on complex and comprehensive propositions. The data collection instrument was submitted to content validation through the analysis of five experts (researchers and managers) with knowledge acquired from experiences in different roles.

After validating the research instrument, a pilot test was carried out with 10 respondents from disparate hospital organizations to assess the understanding of the questions. Some terms used were adjusted to bring greater clarity to the questions contained in the research instrument.

After the necessary adjustments, a cross-sectional survey was carried out to obtain data, using a structured questionnaire made available for answer through the Google Forms. For the statements that made up the questions in the results dimension, we used a scale from 0 to 10, ranging from (1) not very significant to (10) Very significant result; (1) few challenges and (10) numerous challenges for the statements that made up the questions in

the challenges dimension; and a Likert scale for the performance dimension, where it is considered (1) totally disagree and (5) totally agree.

The total sample collected is 92 respondents, essentially managers of hospital organizations in the south of Brazil. Of these, 88 responses were validated, with complete data, without filling errors, low variance or incompleteness, being this the final sample size of the research. The data were tabulated in an Excel® spreadsheet, imported and processed with the help of the Statistical Package for the Social Sciences [SPSS®] software version 28. The sample is non-probabilistic, as the managers were not selected according to criteria established by the researcher. Furthermore, the sample was obtained by convenience, made up of managers from different market segments who were willing to participate in the research by responding to the data collection instrument (Hair Jr. *et al.*, 2019).

The analysis process begins with a review and organization of the data to inspect the integrity and consistency of the database, using SPSS® software. We proceeded with descriptive statistics to better understand the characteristics of the sampling. Then, a comparison was made between the average values per function researched, using the Wilcoxon-Mann-Whitney (U) test. According to Campbell and Skillings (1985), the Wilcoxon-Mann-Whitney (U) test is indicated to test the difference between two unpaired groups in a single ordinal variable.

Next, the Cronbach's alpha reliability test was performed. According to Hair Jr. (2019), this indicator measures reliability in a range from 0 to 1, with values from 0.60 to 0.70 being considered the lower limit of acceptability. We also applied canonical correlation analysis. This analysis technique allows evaluating the relationship between multiple dependent variables with multiple independent variables, metric or non-metric. The analysis can be used without the metric variables necessarily presenting normality (Fávero & Belfiore, 2024). After completing the methodological procedures, the analysis of the results found is presented in the next section.

ANALYSIS AND DISCUSSION OF RESULTS

In order to better understand the sample's characteristics, descriptive aspects were investigated. Table 2 shows the distribution of hospitals by type of organization and classification by number of beds. The characterization based on the type of hospital organization demonstrates that private for-profit organizations had the greatest participation in this study, corresponding to 48.9% of the sample (43), followed by private non-profit (philanthropic) hospital organizations with 37. 5% (33), and public (11) with 13.6% of the sample. Regarding the classification of hospital organizations by the number of beds, among the eighty-eight hospitals participating in the research, there was a predominance of medium-sized hospital organizations (from 51 to 150 beds) which represented 42% of the sample.

Table 2

Hospital organization distribution according to type and number of beds

Hospital Organization Type	Frequency	Percentage	Classification by No. of Beds	Frequency	Percentage
Private for-profit	43	48,9	Small (up to 50 beds)	6	6,8
Private non-profit (philanthropic)	33	37,5	Midsize (from 51 to 150 beds)	37	42,0
Public	12	13,6	Large size (from 151 to 500 beds)	35	39,8
—	—	—	Extra capacity (over 500 beds)	10	11,4
Total	**88**	**100,0**	**Total**	**88**	**100,0**

Note. survey data (2024).

It is highlighted in Table 3 that 38.6% (34) of hospital organizations perform from 501 to 1000 surgeries monthly on average. Regarding the number of employees, among the study participants, a predominance (33.0%) of hospital organizations with 600 employees or more was observed.

Table 3

Distribution in terms of average number of surgeries/month and number of employees

Average number of surgeries/months	Frequency	Percentage	Number of Employees	Frequency	Percentage
Up to 500	7	8,0	Up to 50	3	3,4
From 501 to 1000	34	38,6	From 51 to 150	5	5,7
From 1001 to 2000	16	18,2	From 151 to 300	14	15,9
From 2001 to 3000	23	26,1	From 301 to 450	20	22,7
Above 3000	8	9,1	From 451 to 600	17	19,3
—	—	—	Above 600	29	33,0
Total	**88**	**100,0**	**Total**	**88**	**100.0**

Note. survey data (2024).

When observing organizations based on the presence of hospital accreditation, the predominance of nationally accredited organizations is evident, with 73.9% (65) of the sample. Among the eighty-eight hospital organizations surveyed, 65 (73.9%) have national accreditation, 26 (29.6%) international accreditation, 23 (26.1%) are in the process of national accreditation, and 4 (4.6%) in the international accreditation process.

It is observed that the researched hospitals that have national accreditation and are in the process of obtaining international accreditation represent 4.6% (4) of the sample, and 27 (30.7%) have double accreditation (national and international). In relation to the number of accreditations undergone (first accreditation or renewal), 43.2% (38) underwent three or more accreditations, 22.7% (20) went through the accreditation process twice,

and only 8.0% (7) were believed only once. It is worth noting that 26.1% (23) of organizations are still in the accreditation process and may or may not be certified.

After the analysis of the distribution of respondents completed, a descriptive analysis of the sample was carried out. Table 4 shows the average values of each component by type of hospital organization researched. As we can see, the highest total average value obtained in the challenges dimension is the "processes" variable, with an average value of 8.07, while the lowest average score of 7.31 also belongs to the process's variable, but from the results dimension.

Table 4

Descriptive analysis

Variables			Hospital Organization Type							
			Private for-profit		Private non-profit (philanthropic)		Public		Total	
			Mean	SD	Mean	SD	Mean	SD	Mean	SD
Dimensions	Results	Management	7,64	0,933	7,56	1,763	5,83	1,396	7,37	1,498
		Process	7,74	0,994	7,38	1,736	5,61	1,549	7,31	1,542
		Customers	7,77	0,999	7,88	2,189	5,56	1,766	7,48	1,798
		Total	**7,72**	**0,913**	**7,56**	**1,826**	**5,67**	**1,527**	**7,39**	**1,550**
	Challenges	Management	7,57	1,279	7,71	1,547	7,97	1,432	7,68	1,396
		Process	8,01	1,148	8,29	1,053	7,69	1,527	8,07	1,174
		Customers	7,50	1,248	7,69	1,673	7,67	1,295	7,59	1,415
		Total	**7,69**	**1,066**	**7,90**	**1,199**	**7,78**	**1,322**	**7,78**	**1,143**
	Perform.	Financial	3,60	0,516	3,44	0,686	3,11	0,410	3,48	0,591
		Effectiveness	4,33	0,718	4,17	0,976	2,97	0,771	4,08	0,936
		Total	**3,97**	**0,404**	**3,81**	**0,647**	**3,04**	**0,532**	**3,78**	**0,601**
Number of Responders			**43**		**33**		**12**		**88**	

Note. survey data (2024).

It was also verified whether there is an alternation between the variables through the average values attributed to the results, challenges, and performance dimensions by type of hospital organization researched. The data were tested for normality using the Shapiro-Wilk test, but the results revealed that they did not present a normal distribution (all variables had a p-value ≤ 0.050). According to Hair Jr. *et al.* (2019), when data are measured by ordinal or nominal scales, the assumption that the data is normal is not always valid. In these cases, it is suggested to use non-parametric tests.

Thus, the nonparametric Wilcoxon-Mann-Whitney (U) test was used for two independent samples to determine whether the differences in the mean values assigned to work-life balance and absorptive capacity are statistically significant. In the Wilcoxon-Mann-Whitney (U) test, p-values below 0.05 demonstrate that the groups are significantly different.

It is identified in Table 5, through the analysis carried out in pairs, that private for-profit and private non-profit (philanthropic) hospital organizations demonstrate similarity and/or equality between the average values presented, thus confirming a uniformity in the identified challenges, as well as the results achieved and a positive perception about the maintainability of accreditation among all dimensions in variables researched.

In the same way, similarity and equality were found between all types of hospital organizations researched regarding to the challenges dimension and its variables, thus demonstrating a certain homogeneity in attitudes and actions that led to obstacles throughout the implementation and maintenance of the process of accreditation.

On the other hand, it can be observed that the analysis carried out between public hospital organizations and the other types of hospital organizations researched, the average values are considered significantly different (p-value < 0.050) for the dimensions results and performance, showing a better preparation of for-profit and non-profit hospital organizations for the reorganization of hospital environments in the process of implementing and maintaining accreditation.

Oliveira *et al.* (2017) and Pires *et al.* (2018) mention that, in general, private hospital organizations that are accredited or in the process of accreditation, essentially due to market competitiveness, demonstrate a more strategic vision for the rearrangement of organizational processes, encompassing the precepts of accreditation among different interest groups.

Table 5

Wilcoxon-Mann-Whitney test: role by hospital organization type

***Wilcoxon -Mann -Whitney* (U test)**		**Dimensions**							
		Results			**Challenges**		**Performance**		
		Variables			**Variables**		**Variables**		
		Manag.	**Process**	**Custom.**	**Manag.**	**Process**	**Custom.**	**Financ.**	**Effectiv.**
Private for-profit vs. Private non-profit (philanthropic)	Result	≈ VM	≈ VM	≈ VM	≈ VM	≈ VM	≈ VM	≈ VM	≈ VM
	p-value	0,829	0,548	0,232	0,721	0,363	0,349	0,260	0,800
	U test	689,0	652,5	596,0	675,5	623,5	620,5	603,5	686,0
Private for-profit vs. Public	Result	≠ VM	≠ VM	≠ VM	≈ VM	≈ VM	≈ VM	≠ VM	≠ VM
	p-value	0,001	0,001	0,001	0,373	0,959	0,690	0,004	0,001
	U test	70,0	76,5	78,5	214,5	255,5	238,5	119,5	54,5
Private non-profit (philanthropic) vs. Public	Result	≠ VM	≠ VM	≠ VM	≈ VM	≈ VM	≈ VM	≈ VM	≠ VM
	p-value	0,004	0,006	0,003	0,633	0,476	0,777	0,171	0,001
	U test	85,0	91,0	81,0	179,5	170,5	187,0	145,5	65,5

Note. Caption: ≠ (Difference); ≈ (Similarity and/or equality); VM (Average value).

The reliability of the variables was assessed using the Cronbach's Alpha test (Table 6). Cronbach's Alpha is a useful statistic for investigating the internal consistency of a questionnaire scale. According to Hair Jr. *et al.* (2018) for a

factor to present acceptable internal consistency it must have a Cronbach's alpha greater than 0.6. The three dimensions of this research presented good data reliability values with coefficients α ≥ 0.6.

Table 6

Reliability Analysis

Dimensions	Cronbach's alpha	No. Items
Results	0,961	9
Challenges	0,876	9
Performance	0,665	6

Note. survey data (2024).

The Kaiser-Meyer-Olkin – Measure of Sampling Adequacy [KMO] and Bartlett's sphericity tests were performed to verify the fit of the data to Factor Analysis [FA]. The KMO values demonstrate the proportion of variance that the factors have in common, considering the minimum KMO of 0.6 for correct use of PA (Fávero & Belfiore, 2024; Hair Jr. *et al.*, 2018). Classified between 0.7 and 0.8, the KMO of this research (0.797) was considered to have good explanatory power (Table 7).

Based on the distribution of chi-square statistics to adapt the FA method, the Bartlett's sphericity test must reject the basic hypothesis that the correlation matrix is identity, presenting a significance value lower than 0.05 (Fávero & Belfiore, 2024; Hair Jr. *et al.*, 2018). The Bartlett's test of sphericity presented a p-value of 0.001, indicating that there is a correlation between the dimensions (Table 7).

Table 7

KMO and Bartlett tests for components 1 to 24

KMO e Bartlett's test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		,797
Bartlett's sphericity test	Approx. Chi-square	512,732
	Df.	28
	Sig.	,001

Note. survey data (2024).

The factor analysis of statements confirmed three variables for the dimension of results, three variables for the dimension of challenges, and the performance dimension. The three combined factors in this study contributed to 73.7% of the total variance.

To identify the existence, or not, of a relationship between the dimensions researched, a canonical correlation analysis was performed for each dimension (Tables 8 and 9), considering the performance dimension as dependent variable and the results and challenges dimensions as independent.

Table 8 presents the canonical correlations obtained between the dimensions of results and hospital organizational performance, the canonical R^2, Wilks' Lambda, Eigenvalue and the significance test performed. It is observed that canonical function 1 was significant. Therefore, the model can explain 99.6% of the data variance with just one discriminant (Eigenvalue = 3.077) through canonical function 1. The eigenvalue indicates the degree of superiority between the functions (Cleff, 2025).

The canonical correlation has the same explanatory power as the R^2 of a regression analysis, which, when the value is squared, measures the explanatory power of that Function (Cleff, 2025). According to Cleff, 2025, a high result of the canonical correlation (0.869) reveals a high explanatory power of the discriminant function. The squared canonical value corresponds to 75.5%, therefore, the degree of reliability of the function is considerable.

To test the level of significance of the discriminant function, that is, whether the model is capable of separating and classifying the groups well, the Wilks Lick test was performed, also presented in Table 8. With a result of 0.242 for Wilks' Lambda and a p-value of 0.000, we can say that the discriminant function is highly significant. The closer the Wilks Lambda test value is to zero, this implies that the two data sets are well correlated (Cleff, 2025).

Table 8

Analysis of the canonical correlation between the outcome dimensions and hospital organizational performance

Canonical Function	Canonical Correlation	R^2 Canonical	Wilks' Lambda	Eigenvalue	p-value
1	0,869	0,755	0,242	3,077	0,000
2	0,119	0,014	0,986	—	—

Note. survey data (2024).

Table 9 presents the canonical correlations obtained between the dimensions of challenge and hospital organizational performance, the canonical R^2, Wilks' Lambda, Eigenvalue and the significance test performed. It is observed that canonical function 1 was not significant, as R^2 proved to be considerably low, with the squared canonical value corresponding to only 6.8% of the amount of variance explained, and therefore the degree of reliability of the function is insufficient. Furthermore, with the result of 0.927 for Wilks' Lambda and a p-value of 0.387, we can say that the discriminant function is not significant.

Table 9

Analysis of the canonical correlation between the dimensions of challenges and hospital organizational performance

Canonical Function	Canonical Correlation	R^2 Canonical	Wilks' Lambda	Eigenvalue	p-value
1	0.262	0.068	0.927	0.927	0.387
2	0.064	0.004	0.996	—	—

Note. survey data (2024).

Figure 5 shows the canonical cross loadings between the dimensions of Results and Hospital Organizational Performance for canonical function 1. The higher the canonical loading, the more important the variable is to derive the canonical statistical variable (Hair Jr. *et al.*, 2018). It is assumed that the first canonical function approximates the multiple regression results, and the independent statistical variable represents the set of dimensions that best predicts the four dependent dimensions, in particular the transformation dimension.

The canonical loading of the first independent statistical function has a homogeneous pattern, where the loadings range from -0.781 to -0.857. The canonical loads associated with canonical function 1 in the first set indicate a pronounced influence of the Management variable (-0.857) on the model's association.

This suggests that reduced managerial involvement in decision-making, the establishment of incentives for employee engagement and commitment, and the organization's proficiency in maintaining effective communication are linked to a diminished capacity of the hospital organization to implement and sustain the accreditation process. Grove *et al.* (2010) state that the involvement of senior management must be integral throughout the implementation and maintenance process and extend across all organizational areas. Pires *et al.* (2018) demonstrate the importance of managers in the process of involving human capital in the transition to the accreditation process. Freire *et al.* (2019) and Yousefinezhadi *et al.* (2019) mention that senior management must provide effective communication, guaranteeing access to information for all interested parties, using all available means of communication.

The second-best canonical load (-0.836) observed was that of the Customers variable, demonstrating that hospital organizations still need to improve the quality of services provided, in order to increase customer/user satisfaction and thus achieve a better image of the hospital organization vis-à-vis the stakeholders. Terra and Berssaneti (2017) show that good quality practices in the provision of hospital services, when associated with accreditation, bring a greater increase in productivity, customer/user satisfaction, the generation of faster and lower-cost results and also contribute adding value to the hospital organization. Yousefinezhadi *et al.* (2020) state that accredited hospital organizations have better standards of quality and service provision compared to normal standards.

In reference to the third canonical load (-0.781), it is evident that the failure to implement strategies to diminish process failures within hospital organizational processes, leading to a decrease in the actual cost of rework with the aim of expediting activities and streamlining organizational processes, is associated with a diminished capacity of the hospital organization to implement and sustain new processes and procedures.

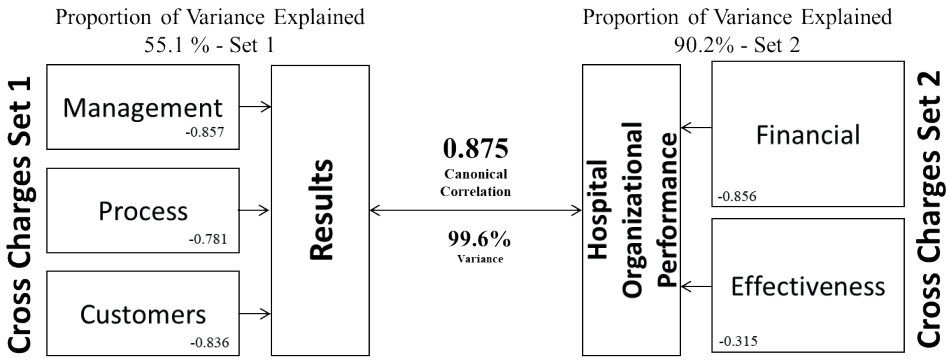
This, in turn, hampers the organization's ability to achieve the objective of standardizing products and services based on the accreditation methodology. According to Ratcliffe (2016), all actions that precede and follow accreditation provide interested parties with a form of reflection on essential structural improvements and processes. Saadati *et al.* (2018) announce that accredited hospital organizations have positive results in the quality and provision of services, mainly due to improving processes, reducing rework and centralizing care and safety on the client/user.

In the second set, in a more heterogeneous way, the canonical loading of the Financial variable (-0.856) has a greater influence on the model's association and the second variable has a more trivial influence (-0.315). It is evident that a reduced commitment of the hospital organization to maintain accreditation on an ongoing basis can compromise long-term financial and operational results.

Accreditation serves as a crucial differentiator for sustaining competitiveness, and a lower commitment level is likely to result in diminished quality and safety of healthcare services within the hospital environment. Algunmeeyn, Alrawashdeh and Alhabashneh (2020) highlight that accreditation brings benefits to the hospital organization and to clients/users, providing satisfaction, financial retribution and fully recognized representation in society. For Ramos (2018), the assertive use of resources provided during the process of implementing and maintaining accreditation provides a competitive differentiator for the hospital organization. Accreditation directly implies competitiveness, which in turn implies results and the financial sustainability of the hospital organization in the long term.

Figure 5

The path of analyzing the canonical correlation between the results dimensions and hospital organizational performance



Note. survey data (2024).

Figure 6 shows the canonical loads crossed between the dimensions Challenge and Hospital Organizational Performance. Observing the canonical loads of the first and second statistical functions, it is evident that no specific variable stands out. Both dimensions, represented by their respective variables, exhibit low canonical loading.

Although the canonical correlation between the challenge and performance dimensions was not statistically significant, this result provides important insights into the maturity of the hospitals analyzed. A plausible interpretation is that the predominance of accredited institutions in the sample may indicate that these hospitals have already overcome the most critical obstacles typically encountered during the initial stages of accreditation. In other words, the challenges identified in the instrument (high bureaucratic demands, structural adaptation and indicator management) may represent processes that, although critical, are now internalized in their organizational routines. Consequently, perceived challenges no longer have a direct or measurable impact on performance indicators.

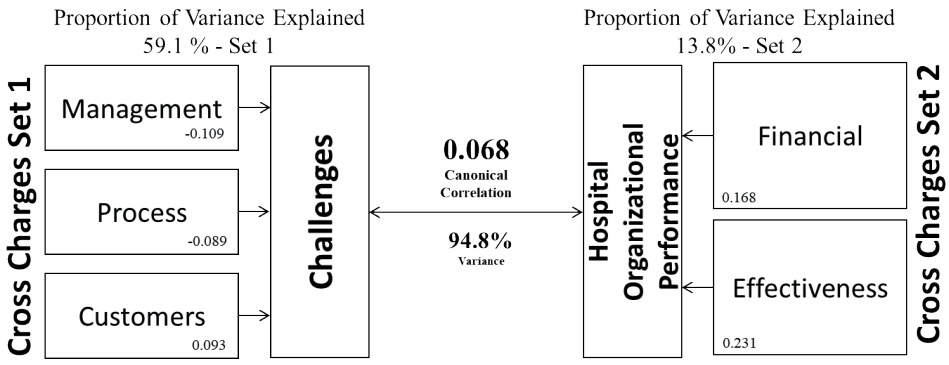
It is worth noting that, although the canonical loadings of the Challenge dimension do not have a direct impact on Organizational Performance, it is important to recognize that the occurrence of challenges in implementing and maintaining accreditation is a natural part of the hospital organizational development process. In view of this, Martins *et al.* (2013) and Rafael and Aquino (2019), who highlight that, as hospitals evolve in the accreditation process, many operational and managerial barriers are progressively mitigated, becoming part of a culture of continuous improvement. Therefore, the absence of correlation does not necessarily reflect a lack of relationship, but may indicate a stage of consolidation and learning in which challenges are transformed into structured practices, thus losing statistical variability.

Furthermore, the results suggest that the connection between challenges and performance may be non-linear and time-dependent, as hospital organizations may experience an initial negative relationship, in which challenges temporarily impair performance, followed by a gradual improvement after these barriers are resolved. Thus, the use of longitudinal analyses could capture these dynamic effects over time, allowing the identification of inflection points at which the impact of challenges transitions from constraint to capacity, thus reinterpreting these challenges throughout the accreditation cycle.

In this sense, the lack of significance in the present study should not be interpreted as a lack of effect, but as an indicator of resilience and organizational adaptation among accredited hospital organizations. This reinforces the idea that, once hospital organizations reach a certain level of maturity in their accreditation journey, challenges cease to be determinants of performance and become components of their managerial competence.

Figure 6

The path to analyzing the canonical correlation between the dimensions of challenges and hospital organizational performance



Note. survey data (2024).

From this analysis it can be concluded that the accreditation method contributes to enhancing the quality of results in services provided to customers/users, particularly in operational and quality aspects, as well as in the financial condition. Additionally, it leads to improved recognition and credibility, ultimately contributing to an increase in the performance of hospital organizations (Ramos, 2018).

In contrast to the findings presented in this study, Alástico (2013) and Mosadeghrad, Shahebrahimi, and Ghazanfari (2018) indicate a statistically significant relationship between the implementation and maintenance of accreditation and the perceived improvement in hospital organizational performance. This suggests a need for enhancements in the methods of implementing and sustaining accreditation, potentially incorporating diverse standards, methodologies, and inspectors. Additionally, employing quality management strategies may prove beneficial in further improving hospital organizational performance.

In agreement with the results obtained in this research, Li (2023) and Mosadeghrad (2021) mention that the implementation and maintenance of accreditation in hospital organizations results in positive performance, however the accreditation method must be implemented robustly and well managed by the high administration.

FINAL CONSIDERATIONS

The presence of a comprehensive set of actions directed toward hospital organizational performance serves to motivate and encourage stakeholders to fulfill their roles, satisfying their desires and needs, all while aligning with the overarching purposes of the hospital organization, especially through the accreditation method. This study aimed to analyze aspects related to the challenges and outcomes stemming from the accreditation process and their association with the perceived performance of hospital organizations.

The results of the hypothesis test (H1) indicate a correlation between the outcomes derived from the accreditation process and hospital organizational performance. The strength of association between the dimensions revealed a substantial and statistically significant coefficient variation (0.869, p-value = 0.000), with a considerable canonical R^2 of 0.755 and a Wilks Lambda close to zero (0.242). These findings confirm the influence of factors related to the results arising from the accreditation process on the perceived performance of hospital organizations (see Table 8).

On the other hand, aspects related to challenges arising from the accreditation process (H_2) did not demonstrate any relationship with perceived hospital organizational performance, presenting a statistically non-significant relationship. One of the possible reasons for the lack of correlation between challenges and performance may be associated with the fact that the hospitals examined in this research are mostly certified, indicating that they were able to overcome the challenges previously identified.

This study highlights a more strategic vision and better preparedness of both for-profit and non-profit hospital organizations compared to public hospital organizations. This distinction becomes evident in their ability to reorganize hospital environments and processes effectively during the implementation and maintenance of accreditation.

From this analysis it is inferred that the benefits obtained through the processes and practices of hospital management services, processes, and clients (results dimension), during the implementation and maintenance of the accreditation process, positively influence hospital organizational performance.

Additionally, it was observed that respondents in this research perceive the greatest challenges in the process of implementing and maintaining accreditation, as evidenced by the highest total average value obtained in the "processes" variable (8.07) within the challenges dimension. These challenges are related to the adoption of a high number of indicators, a high level of bureaucracy, and the systemic adaptation of structures to ensure the uninterrupted flow of operations.

Pragmatically, the study allows managers to understand which attitudes and actions can create obstacles in the implementation and maintenance of accreditation and to interpret which processes and practices must be maintained permanently. The study contributes to the literature with the proposition of a model to analyze perceived performance and its relationship with the challenges and results arising from the process of implementing and maintaining the hospital accreditation method.

The study acknowledges several methodological limitations that may influence the generalization of its findings. The limited number of respondents per hospital and the predominance of accredited institutions in the sample may have introduced potential response bias, as these organizations might present their challenges in a more mitigated manner. Moreover, the reduced participation of public hospitals may have affected the representativeness of the results, considering that these institutions typically face distinct structural, financial, and managerial constraints when compared to private or non-profit hospitals. The cross-sectional design of this research also restricts the ability to capture dynamic changes over time, limiting causal inferences between accreditation-related factors and hospital organizational performance.

Future research should seek to overcome these limitations by expanding the sample to include a broader range of hospitals across different regional, economic, and institutional contexts, as well as international settings. The adoption of mixed-method approaches, integrating quantitative and qualitative data, may provide a more comprehensive understanding of the phenomenon. Likewise, longitudinal studies could offer deeper insights into the progressive influence of accreditation challenges and outcomes on hospital performance. Despite these constraints, the findings presented herein contribute valuable insights to researchers, professionals, and institutions, supporting the advancement of knowledge on the interplay between accreditation processes and hospital organizational performance.

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