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Comparative Analysis of NABH and Non-NABH Accredited Hospitals in India

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ABSTRACT: The National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a quality assurance framework developed in India to standardize hospital processes, patient safety mechanisms, and clinical governance practices. Accreditation has emerged as a key indicator of quality, institutional maturity, and regulatory compliance in the healthcare sector. However, a significant proportion of Indian hospitals, particularly in Tier-II, Tier-III, and rural regions, continue to operate without NABH accreditation. This study presents an extended comparative analysis of NABH and non-NABH accredited hospitals in India with respect to organizational structure, patient safety, service quality, infrastructure adequacy, operational efficiency, financial viability, and patient satisfaction outcomes. The study adopts a mixed-method comparative research approach based on secondary literature synthesis, indicative hospital performance parameters, and conceptual analysis.

The results suggest that NABH-accredited hospitals demonstrate structured clinical processes, higher compliance with safety standards, better documentation, and improved patient-centered service delivery when compared with non-accredited hospitals. However, accreditation also involves financial, administrative, and human resource challenges that limit adoption among smaller hospitals. The paper concludes by highlighting policy implications, capacity-building requirements, and strategies for scaling accreditation coverage across India's healthcare ecosystem.

KEYWORDS: NABH, hospital accreditation, healthcare quality, patient safety, healthcare management, hospital performance, accreditation impact.

I. INTRODUCTION

India's healthcare sector has undergone substantial expansion over the past two decades, supported by rapid urbanization, technological advancement, wider insurance coverage, and increasing public expectations for quality-oriented healthcare services. While growth has improved service availability, it has also intensified concerns related to patient safety, clinical quality, ethical standards, and organizational accountability. In response to these concerns, the National Accreditation Board for Hospitals and Healthcare Providers (NABH) has emerged as a structured framework aimed at strengthening quality assurance systems and fostering continuous improvement in hospital operations. Although NABH accreditation is voluntary, it has increasingly become a marker of institutional credibility, eligibility for insurance empanelment, enhanced patient confidence, and competitive advantage within the healthcare market. Nevertheless, a large proportion of hospitals in India particularly small and medium-sized facilities continue to function without accreditation. This study seeks to address these questions through a structured comparative analysis of NABH-accredited and non-accredited hospitals in the Indian healthcare context.

II. BACKGROUND AND CONTEXT OF NABH ACCREDITATION

A. Evolution of Hospital Accreditation in India

Hospital accreditation in India has evolved as a structured response to the growing demand for standardized, safe, and accountable healthcare delivery. The Quality Council of India (QCI) introduced the National Accreditation Board for Hospitals and Healthcare Providers (NABH) to establish a nationally accepted framework for quality assurance in healthcare institutions. The NABH accreditation system is conceptually aligned with internationally recognized models such as the Joint Commission International (JCI), while being carefully contextualized to India's regulatory requirements, infrastructural diversity, and socio-economic conditions. By incorporating global best practices alongside



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local healthcare realities, NABH aims to promote consistency in service delivery, enhance patient safety, and strengthen institutional accountability across diverse healthcare settings in India.

B. Objectives of NABH Accreditation

The primary objective of NABH accreditation is to facilitate systematic improvement in the quality and safety of healthcare services through standardized and measurable practices. Key objectives include the standardization of clinical protocols to ensure consistency in care delivery, promotion of patient safety through structured risk-reduction and incident-management mechanisms, and reinforcement of ethical and accountable healthcare practices. Additionally, NABH emphasizes comprehensive documentation, robust governance structures, and the establishment of continuous quality improvement systems supported by regular audits, monitoring, and performance evaluation. Accreditation thus functions not only as a certification of compliance but also as a strategic organizational tool for long-term quality transformation and institutional excellence.

III. LITERATURE REVIEW

Existing literature from both global and Indian healthcare contexts suggests that hospital accreditation plays a significant role in improving the quality and safety of healthcare delivery. Several studies report that accredited hospitals demonstrate improved adherence to standardized clinical protocols, leading to greater consistency in care processes and enhanced clinical outcomes. Accreditation has also been associated with reductions in medical errors, healthcare-associated infections, and procedural variability, thereby strengthening overall patient safety. In addition, research highlights positive outcomes in terms of patient satisfaction, trust, and perceived service quality, as accreditation frameworks emphasize patient rights, communication, and grievance-redressal mechanisms. Organizational benefits such as improved teamwork, leadership accountability, staff competence, and structured training systems have also been widely documented. Despite these benefits, the literature also identifies several challenges associated with accreditation implementation. Studies note the high financial costs, increased administrative workload, and documentation demands that may burden healthcare organizations, particularly during the initial accreditation phase. There is also a recurring perception among practitioners that accreditation focuses more on compliance and documentation rather than on direct clinical performance improvement. Furthermore, evidence points to unequal adoption of accreditation across the healthcare sector, with large corporate hospitals more likely to pursue accreditation than small and medium-sized facilities due to disparities in resources, infrastructure, and technical expertise. Importantly, much of the existing research remains fragmented, limited to single institutions, or predominantly qualitative in nature. Comprehensive comparative studies examining performance differences between accredited and non-accredited hospitals in the Indian context are scarce, thereby reinforcing the need for the present study.

IV. RESEARCH OBJECTIVES

The objectives of this study are;

1. Compare NABH and non-NABH hospitals across key quality and performance indicators.
2. Examine differences in patient-safety practices, governance structures, and service delivery processes.
3. Analyze operational and financial implications of accreditation.
4. Identify barriers and enablers influencing accreditation adoption.
5. Propose policy strategies for promoting accreditation across the healthcare ecosystem.

V. METHODOLOGY

A. Research Design

In alignment with the objective of conducting a comparative analysis of NABH-accredited and non-accredited hospitals in India, the study adopts a **comparative, descriptive, and analytical research design**. The research is primarily grounded in a systematic review of secondary sources, including peer-reviewed literature on hospital accreditation, national healthcare policy documents, NABH guidelines, and institutional quality reports. In addition, illustrative comparative hospital data and documented accreditation practices are examined to identify operational and performance differences between accredited and non-accredited healthcare institutions. A conceptual synthesis of accreditation indicators is employed to develop a structured analytical framework that enables comparison across multiple dimensions of hospital performance and quality systems.



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B. Comparative Dimensions

The comparative analysis is structured around key dimensions that reflect core accreditation standards and healthcare quality indicators. These include patient safety practices and adherence to clinical protocols, infrastructure adequacy and hygiene standards, and the robustness of documentation and medical record management systems. The study further examines differences in organizational governance, leadership accountability, and institutional quality management mechanisms. Additional dimensions include staff training and competency development, patient satisfaction and communication systems, and operational efficiency along with financial implications associated with accreditation implementation and maintenance. Together, these dimensions provide a comprehensive basis for evaluating the impact of NABH accreditation on hospital performance relative to non-accredited institutions.

C. Scope and Nature of Findings

The findings of this study present a **generalized comparative framework** derived from indicative and synthesized evidence rather than primary quantitative datasets. While the analysis does not offer statistical generalization, it provides meaningful insights into structural and procedural differences between NABH and non-NABH hospitals in India. The proposed framework is intended to serve as a foundation for future empirical research and can be extended through primary data collection methods such as hospital surveys, stakeholder interviews, field observations, and quantitative performance benchmarking to validate and strengthen the comparative outcomes.

VI. COMPARATIVE ANALYSIS

A. Patient Safety and Clinical Protocols

| Sr No | Parameter | NABH Hospitals | Non-NABH Hospitals |
|-------|----------------------------------|----------------------------------|--------------------------------|
| 1 | Clinical pathway standardization | High compliance; protocol-driven | Experience-based; inconsistent |
| 2 | Infection control systems | Audit-based, committee-driven | Limited formal oversight |
| 3 | Medication safety | Barcode/record-based monitoring | Manual and informal |
| 4 | Incident reporting | Structured reporting and RCA | Often absent or undocumented |

Table No.1: differences between NABH-accredited and non-accredited hospitals

Table No.1 highlights key differences between NABH-accredited and non-accredited hospitals. NABH hospitals follow standardized, protocol-driven clinical pathways, whereas non-accredited hospitals rely on experience-based and inconsistent practices. Infection control in accredited hospitals is audit-based and committee-driven, while non-accredited hospitals show limited formal oversight. Medication safety in NABH hospitals is managed through barcode or record-based monitoring, compared to manual and informal procedures in non-accredited hospitals. Similarly, incident reporting in accredited hospitals is structured with root cause analysis, whereas it is often absent or undocumented in non-accredited institutions. Overall, NABH accreditation clearly enhances patient safety, clinical consistency, and systematic risk management.

B. Infrastructure, Safety, and Support Facilities

| Sr No | Parameter | NABH | Non-NABH |
|-------|-------------------------------|--------------------------------------|------------------------------|
| 1 | Facility hygiene systems | Periodic audits; SOP-driven | Variable, staff-dependent |
| 2 | Biomedical waste management | Standardized and monitored | Compliance-only approach |
| 3 | Safety signage and navigation | Mandatory and standardized | Limited or inconsistent |
| 4 | Emergency preparedness | Documented drills and response plans | Reactive and situation-based |

Table No.2: Differences in infrastructure and hygiene practices



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Table No.2 illustrates notable differences in infrastructure and hygiene practices between NABH-accredited and non-accredited hospitals. NABH hospitals implement periodic audits and SOP-driven hygiene systems, whereas non-accredited hospitals rely on variable, staff-dependent practices. Biomedical waste is managed through standardized and monitored processes in accredited hospitals, compared to a compliance-only approach in non-accredited facilities. Safety signage and patient navigation are mandatory and standardized in NABH hospitals, while non-accredited hospitals exhibit limited or inconsistent signage. Furthermore, emergency preparedness in accredited institutions involves documented drills and response plans, whereas non-accredited hospitals respond in a more reactive and ad hoc manner. Overall, accreditation ensures systematic hygiene, safety, and emergency readiness, reinforcing patient safety and operational efficiency.

C. Organizational Governance and Management Practices

NABH-accredited hospitals exhibit robust governance frameworks characterized by a clearly defined organizational structure, the presence of quality and safety committees, regular internal audits and performance reviews, and established ethical and grievance-redressal mechanisms. These structures enable systematic oversight, accountability, and continuous quality improvement. In contrast, non-accredited hospitals typically rely on centralized decision-making with minimal documentation and limited institutionalized governance, resulting in less formalized processes and reduced organizational transparency. This comparison highlights the role of accreditation in strengthening governance, promoting accountability, and embedding a culture of quality and safety within hospital operations.

D. Patient Satisfaction and Service Delivery

NABH-accredited hospitals prioritize patient-centered practices, including transparent billing, adherence to informed consent protocols, systematic patient feedback mechanisms, and structured communication and counseling processes. These initiatives contribute to higher levels of patient trust, satisfaction, and perceived service quality. In contrast, non-accredited hospitals often lack formalized systems, with patient satisfaction being highly variable and largely dependent on individual staff performance. The comparison underscores the impact of accreditation in institutionalizing patient-focused care and enhancing the overall patient experience.

E. Operational and Financial Implications

NABH accreditation offers several operational and financial advantages for hospitals, including enhanced institutional reputation, opportunities for insurance and corporate empanelment, risk mitigation and legal protection, and the establishment of structured workflows that improve operational efficiency. These benefits support sustainable quality improvement and strengthen institutional credibility. However, accreditation also presents challenges, particularly for small and resource-constrained hospitals. These include the cost of compliance and documentation, the need for skilled manpower, a perceived increase in administrative workload, and limited financial feasibility for smaller facilities. This dual impact highlights that while accreditation can drive significant operational and reputational gains, careful planning and support mechanisms are essential to ensure its successful implementation across diverse hospital settings.

VII. FINDINGS AND DISCUSSION

The comparative analysis highlights clear differences between NABH-accredited and non-accredited hospitals across operational, clinical, and patient-care dimensions. The findings indicate that NABH-accredited hospitals exhibit a higher degree of process standardization, adherence to clinical protocols, and structured documentation practices. These hospitals have well-defined quality assurance mechanisms, including incident reporting systems, infection-control committees, internal audits, and periodic performance reviews. As a result, patient safety practices, risk-management processes, and service transparency are observed to be more consistent and reliable in accredited institutions.

Patient-centric practices such as informed consent, grievance-redressal mechanisms, communication protocols, and patient-feedback systems are also more prominently institutionalized in NABH hospitals. This contributes to improved patient satisfaction, greater trust in service delivery, and enhanced organizational credibility. Conversely, non-accredited hospitals tend to rely more on experience-based decision-making and informal operational routines, with limited emphasis on structured documentation and system-driven monitoring.

However, the findings also reveal that accreditation imposes financial, administrative, and manpower-related demands, which pose significant challenges for small and medium-sized hospitals. Many non-accredited facilities perceive accreditation as resource-intensive and difficult to sustain without external support. While accreditation positively



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influences quality systems and organizational discipline, its adoption remains uneven due to infrastructural constraints, limited technical expertise, and inadequate policy incentives.

VIII. POLICY AND PRACTICAL IMPLICATIONS

The policy and practical implications of this study highlight the need for coordinated strategies to expand the adoption of NABH accreditation across the healthcare sector. Priority measures include providing government subsidies and financial assistance to support small and resource-constrained hospitals, along with introducing accreditation-linked insurance incentives that enhance the economic value of quality certification. Capacity-building initiatives such as training programs, technical guidance support, and the development of regional quality resource centers are essential for strengthening institutional readiness and implementation capability. In addition, awareness and sensitization programs for hospital administrators can help promote a stronger understanding of accreditation benefits and encourage long-term commitment to quality improvement. Overall, progress in accreditation expansion depends on the development of a collaborative ecosystem involving regulators, hospital associations, insurers, and academic institutions, working together to scale quality standards and strengthen patient-safety-oriented healthcare delivery in India.

IX. LIMITATIONS AND FUTURE RESEARCH

This study is primarily conceptual and comparative, relying on secondary literature, policy documents, and illustrative hospital data rather than primary empirical datasets. As such, the findings provide a generalized framework for understanding differences between NABH-accredited and non-accredited hospitals but do not offer statistical generalizability. Future research could build on this framework by conducting primary data surveys across multiple hospitals, enabling a quantitative comparison of clinical and operational indicators. Longitudinal studies assessing post-accreditation improvements in patient safety, service quality, and organizational efficiency would provide deeper insights into the sustained impact of accreditation. Additionally, comparative analyses across urban and rural hospitals could help identify context-specific challenges and strategies, informing policy decisions and targeted quality-improvement initiatives.

X. CONCLUSION

The study concludes that NABH accreditation plays a vital role in strengthening quality culture, patient safety, and institutional governance within Indian hospitals. Accredited hospitals demonstrate more structured operational systems, improved process reliability, and stronger patient-centric service orientation compared to non-accredited counterparts. Accreditation serves not only as a quality benchmark but also as an enabler of organizational maturity, accountability, and performance enhancement.

Despite these benefits, the widespread implementation of accreditation remains restricted by financial limitations, workforce shortages, and compliance-related challenges, particularly in smaller healthcare institutions. Expanding accreditation coverage therefore requires targeted policy interventions, capacity-building initiatives, technical guidance, and financial support mechanisms to make accreditation more accessible and sustainable. Overall, NABH accreditation should be viewed as a developmental pathway for strengthening India's healthcare delivery system. Encouraging broader participation in accreditation, while simultaneously supporting resource-constrained hospitals, is essential for moving toward a more reliable, standardized, and patient-safety-oriented healthcare ecosystem.

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