

How Iran's Hospital Accreditation Program Meets the International Society for Quality in Health Care (ISQua)

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Abstract

Background: Hospital health service quality is a fundamental component of the health system. Hospital accreditation is a key approach to enhancing this quality, necessitating the correct implementation of processes.

Objectives: This study aims to investigate the compliance of the executive processes of Iran's hospital accreditation program with the requirements of the International Society for Quality in Health Care and to provide corrective solutions.

Methods: This qualitative study uses an inductive content analysis technique. A checklist with seven axes was established by extracting and interpreting the requirements of the executive processes from the International Society for Quality in Health Care. By examining existing documents at the Ministry of Health's Accreditation Office and conducting interviews with managers and experts in the field, challenges in the domain of the executive processes of Iran's hospital accreditation program were identified using the relevant checklist. Corrective solutions were then gathered through semi-structured interviews with 19 experts, managers, and accreditation field specialists, categorized inductively, and presented using MAXQDA software.

Results: Challenges in seven areas were identified, including governance; strategic, operational and financial management; risk management; human resources management; information management; survey and client management; and the granting of accreditation approval. Subsequently, solutions were categorized into five groups encompassing 26 concepts, focusing on reforming macro policies, addressing implementation challenges, fostering appropriate interactions, improving human resource management, and promoting evidence-based decision-making.

Conclusions: The Iran hospital accreditation program's adherence to International Society for Quality in Health Care standards is inadequate. Establishing a semi-autonomous, non-profit accreditation body that operates under government control and ensuring the independence of the accreditation office is essential for achieving higher compliance and receiving certification from International Society for Quality in Health Care.

Keywords: Accreditation; Hospital; Quality; ISQua; Iran

1. Background

Among the extensive variety of societal services, hospitals' healthcare quality is of utmost importance. Healthcare quality is a complex notion that refers to healthcare's ability to improve the likelihood of positive health outcomes for individuals and populations based on current professional knowledge (1). Healthcare organizations aim to adopt innovative management methods and solutions to strengthen their competitive edge, meet consumer demands, reduce errors, improve overall performance, and optimize expenses (2).

Accreditation stands out as the minimum acceptable quality indicator, enhancing the quality of services per-

ceived by patients (3). Many countries assess hospital quality through accreditation reports and associated quality indicators (4, 5). As a result, hospital accreditation is widely utilized worldwide to evaluate and enhance the quality of healthcare services (6, 7). The hospital accreditation program is characterized as a systematic review of a hospital using acknowledged standards, followed by a certificate validating the organization's features against published requirements (8). Accreditation allows hospitals to adapt to ongoing environmental changes, giving them a competitive advantage. Also, by promoting continuous improvement through optimal standards,



accreditation enhances resource utilization, patient satisfaction, and service improvement (9).

Hospital accreditation programs, whether mandatory or voluntary (10), are generally conducted by independent, external, non-governmental, and non-profit institutions. These programs encompass standard development, the establishment of multi-specialty assessment groups, staff training, and standard implementation. Evaluators compile reports on improvements and follow-up cases during survey visits to ensure compliance with fundamental healthcare quality standards (11). Developing countries utilize accreditation programs to monitor and evaluate procedures to assure service quality, resource optimization, and continuous development (12).

The Iranian government is responsible for delivering healthcare services to its citizens, with the Ministry of Health and Medical Education tasked with this obligation. The MOHME must employ optimal and efficient strategies and policies to reach health objectives. This entails identifying the community's health needs and utilizing scientific and innovative approaches to develop plans and policies (13). Significant steps have been taken to address this issue by implementing accreditation standards over the past decade (14).

The initial version of the accreditation criteria for Iranian hospitals was formulated and disseminated to hospitals nationwide in 2010 and subsequently underwent multiple revisions (15). Participation in the accreditation procedure is obligatory for all hospitals in Iran (16), and the hospitals' fees are set based on the rating given during the accreditation examination (14). Research indicates that the execution and assessment procedure of the hospital accreditation program in Iran does not align with its fundamental principles, and hospital staff do not view accreditation as a method to enhance service quality. The implementation of the accreditation program in Iran encounters various obstacles, such as inadequate financial resources to meet the standards, ineffective educational policies from the MOHME, neglecting local circumstances during implementation and evaluation, insufficient training for those responsible for implementing the standards, a lack of coordination between evaluation and training provided, and inadequate involvement of doctors. Furthermore, there is a prioritization of obtaining approval rather than prioritizing learning, a deficiency in employee benefits, an escalation in employee workload, a laborious and demanding procedure, erroneous and insufficient evaluations (17), ambiguity and impracticality of specific requirements, diminished evaluation precision, diminished evaluator autonomy and expertise, and unsuitable evaluation techniques (14, 18). Furthermore, several studies suggest that the accrediting program has not led to enhanced hospital performance (19), heightened personnel satisfaction (20), or improved patient satisfaction (21).

These problems and deficiencies in the implementation and evaluation of accreditation processes hinder

the achievement of set goals for hospital accreditation (22). The design of the implementation and evaluation processes for accreditation programs should guarantee the effectiveness, quality, and safety of hospital care (23).

The increasing global interest in accreditation has prompted the need to enhance the quality of accreditation programs and guide them in the right direction. In 1995, ISQua was established in Australia with the mission to exchange information on accreditation-related activities and design and publish international guidelines and standards (24). As the world's largest accreditation trustee organization, it provides accreditation training and consulting. Approval from this organization signifies the performance quality of the accrediting organization (25). The requirements of this association encompass the need for approval from the body responsible for the accrediting program, the formulation of accreditation standards, and the establishment of a training program for evaluators. The accreditation program oversees various organizational requirements, such as governance, strategic, operational, and financial management, data management, risk management, human resources management, assessment, customer management, and the granting of accreditation approval (26).

The Accreditation Office of the Ministry of Health can achieve the objectives of the hospital accreditation program by executing its missions through appropriate governance and policy-making. Governance plays a key role in the hospital accreditation system, and its weaknesses negatively impact other aspects of the accreditation program. Governance involves creating a system for better organizational management. It is responsible for defining missions and objectives, formulating policies and regulations, designing an appropriate organizational structure, planning, selecting and appointing managers and staff, optimizing resource management, and performance evaluation (27). Identifying the challenges in the executive processes of Iran's hospital accreditation program and developing corrective solutions will improve the country's hospital accreditation system.

2. Objectives

This study aims to compare the executive processes of Iran's accreditation program with the requirements of International Society for Quality in Health Care (ISQua). The goal is to identify any existing shortcomings and facilitate the effective implementation of the program. The findings of this study will offer pragmatic insights to healthcare managers and policymakers, enabling them to enhance adherence to the requirements set by ISQua. This, in turn, will foster the enhancement of healthcare service quality and the preservation and augmentation of patient safety and satisfaction. On the other hand, examining the current situation of Iran's accreditation program's executive processes domain can lay the framework for achieving ISQua approval in this area.

3. Methods

This qualitative study, employing inductive content analysis, was conducted throughout 2022 - 2023. The research is part of a Master's thesis titled "Examining the Compliance of Iran's Hospital Accreditation Program with the International Society for Quality in Health Care Requirements." In this study, to determine the compliance of the executive processes of Iran's hospital accreditation program with ISQua requirements, the executive process requirements of this society (26) were extracted, translated, and then categorized into a checklist with seven axes. The checklist axes included governance (18 items); strategic, operational, and financial management (14 items); risk management (4 items); human resource management (12 items); information management (14 items); survey and client management (12 items); and the granting of accreditation approval (5 items). The research team reviewed, merged, and selected the initial checklist items in multiple sessions to determine the checklist's qualitative content validity. Subsequently, a quantitative content validity assessment was conducted using experts' opinions in the accreditation field.

The research environment was the Accreditation Office of the Deputy of Treatment at the Ministry of Health. The research population included current and former managers, accreditation program designers, members of the specialized panel, experts in the accreditation program, and staff at the Accreditation Office of the Deputy of Treatment at the Ministry of Health. Challenges and non-compliances were collected using the relevant checklist to determine the compliance of Iran's hospital accreditation executive processes with the ISQua requirements. This was achieved through document review at the Ministry of Health's Accreditation Office and interviews with managers and experts in the accreditation field at the Ministry of Health (using a census sampling method).

Using the challenges and shortcomings identified from the completed checklist, questions were designed for conducting semi-structured interviews with accreditation experts. The main lines of the interview were structured around questions related to the identified deficiencies. The interview questions focused on extracting solutions to facilitate the successful implementation of Iran's accreditation program by addressing the challenges in the executive processes. Semi-structured interviews are among the most common types used in qualitative research. In these interviews, only the main lines of the conversation are clear to the researcher, and new questions can be introduced based on the natural flow of the interview. In this study, researchers utilized semi-structured interviews to seek flexibility and obtain specific and important information from each interview that could be compared and contrasted with other interviews, aiming for a comprehensive and detailed understanding of solutions for Iran's hospital accreditation program. The interviewees were selected based on purposive sam-

pling, considering their work experience, research background, managerial roles, expertise, and involvement in accreditation program design. This ensured they could provide comprehensive and complete information regarding the interview questions and offer solutions. Additionally, managers, members of the specialized panel, and experts from the Accreditation Office of the Ministry of Health were consulted to gather corrective solutions.

After identifying the experts in the accreditation field, a schedule was planned for conducting the interviews. The questions were sent to the experts before the interviews, and the interviews were conducted in person or virtually, respecting the experts' preferences regarding the timing. Each interview with the experts lasted between 30 and 45 minutes.

In qualitative studies, sample size is determined based on achieving theoretical saturation. Theoretical saturation represents a crucial milestone in qualitative research, signifying that the data collected is adequate for analysis and final reporting. In this study, data saturation was achieved through thorough data collection. Sampling and interviews were conducted to ensure the study's validity and achieve theoretical saturation until no new concepts or insights were added to the existing information. After considering the input of 19 interviewees, we summarized the corrective solutions and reached theoretical saturation.

Given that the study's qualitative data were non-numeric and unstructured, consisting of interview texts and document evaluations at the Ministry of Health's Accreditation Office, qualitative content analysis was employed for data collection, structuring, and interpretation. This study employed an inductive content analysis approach to meet the research objectives. This method has three major stages: (1) preparation, (2) organization, and (3) reporting. MAXQDA software was used to analyze and extract the required components and dimensions. Data analysis was carried out concurrently with data collection. After transcribing the interviews, the text was read and reviewed several times. Open coding was used during the interviews to discover underlying themes and categories. Concepts in the interviews were classified according to their relationship to comparable topics, and a large amount of data gathered from the interviews was summarized into core themes. Similar codes were then merged based on their similarities and differences, with the essence presented as main and sub-axes.

To confirm the qualitative results, Ng et al. (28) "trustworthiness" criteria were utilized, which consist of four criteria: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability. The researchers employed several strategies to enhance the validity and generalizability of the study results. These included establishing appropriate interactions with interviewees, conducting interviews at their convenience, maintaining prolonged engagement with the research environment, continu-

ously comparing obtained information, allocating sufficient time for the study, analyzing data immediately after collection, providing rich descriptions of study results to increase applicability, enhancing dependability, consulting with other experts, repeatedly reviewing interviews, sending findings to some interviewees for additional feedback, and including interviewee quotes (indicated by capital English letters). Repeating, rewriting, and getting additional explanations in unclear circumstances allowed for confirmation, correction, and interpretation of the interviewee's statements, ensuring that the interviewer's knowledge was validated and the study's credibility was strengthened.

4. Results

Table 1 presents the demographic characteristics of the study participants. The challenges identified in this study were classified into seven domains that correspond to the requirements of the accreditation organization's executive processes. These domains including governance; strategic, operational and financial management; risk management; human resources management; information management; survey and client management; and the granting of accreditation approval. Subsequently, the specialists' corrective solutions were classified into 26 concepts across five categories (Table 2). The subjects and difficulties addressed within the seven domains are interconnected with the components of each domain on the list.

Table 1. Demographic Characteristics of study Participants

Variables	Frequency
Position	
Managers and experts in accreditation	4
Members of the specialized accreditation panel	4
Accreditation experts	9
Health management professors	2
Work experience	
Less than 10 years	1
11 to 20 years	7
21 to 30 years	10
More than 31 years	1
Education level	
PhD	13
Masters	5
Bachelor's degree	1
Gender	
Female	11
Male	8

Table 2. Expert Recommendations for Corrective Actions in the Area of Executive Processes

Variables	Recommendations
Macro policy reform	Establishing a semi-independent, non-profit accreditation organization under government control; accreditation approval independent of political, social, and economic forces; formation of the ultimate accreditation council and sub-committees based on missions; developing effective finance policies to sustain and strengthen the program;
Resolving implementation challenges	Policy-making and attention to the accrediting program's dynamics and efficiency; increasing universities' role in assisting hospitals to apply standards; consistent execution of standards in hospitals; considering people's habits to increase the quality of appointments; presence of management stability; emphasizing impartial policies;
Establishing appropriate interactions	Information interaction between the assessing entity and the evaluated; applying international experience in the sphere of hospital accreditation; coordinating expert gatherings to discover effective solutions; participating and interacting with representatives of various stakeholders in accrediting committees; taking initiatives to promote cooperation among academic staff and doctors; enhancing internal and external cooperation;

Human resources management	Emphasizing the presence of specialized and experienced personnel in the accrediting department; implementation of unique initial and ongoing training programs for personnel of the accrediting department; experts and managers evaluate the training program and performance of accrediting department workers; increasing the number of experts within the accrediting department; meeting the shortage of human resources and expertise in hospitals;
Evidence-based decision making	Strengthening the systematic vision in the accreditation department; provide up-to-date and accurate statistical reports; preparation of monitoring reports and the effectiveness of programs and documenting the process of interventions; development of appropriate performance indicators; using the results of the indicators and the effectiveness of the program to improve the situation;

4.1. Governance

The accreditation program in Iran has been established to address unique requirements and shortcomings. The organization's policies uphold legal and ethical standards, foster a safety culture, and enhance quality. The MOHME is responsible for overseeing the accreditation program. However, a conflict of institutional interests arises because the evaluator and the organization being evaluated are the same. This government agency cannot perform its specialized role according to ISQua requirements. The accreditation office's affiliation with the Ministry of Health should clearly outline the definition of governance organization, delegation of authority, and responsibilities. This includes specifying the chain of power and command, the scope of control, and the method of accountability and responsibility according to the ISQua guidelines. However, these requirements have not been met, so the office cannot utilize the outsourcing capacity for specific services and missions. Another obstacle in the realm of "governance" was the inability to recognize chances for enhancing the quality of engagement with stakeholders and establishing and sustaining positive relationships with them. One of the accreditation experts admitted:

"Accreditation was too soon for Iran. First, we should have advanced the evaluation standards and reformed the hospitals' structure and process with them. Then, an accreditation office should have been established in the Ministry of Health so that volunteer hospitals could implement the accreditation standards. Finally, points and awards should have been given to the leading hospitals in accreditation through festivals (C).

The fact that almost 70% of hospitals are rated first demonstrates deficiencies in governance, standards, methodologies, and evaluators. The notion of fairness in evaluations is not upheld. Non-university hospitals are evaluated strictly, and the assigned rating is lower than that of a comparable university hospital" (D).

4.2. Strategic, Operational and Financial Management

Due to the accreditation office's reliance, the interviewees admitted that an effective financial system has not been established to record and track the accreditation program's incomes and expenses, as well as provide sufficient and timely financial resources for program

implementation. As a result, the annual audit was not carried out to verify the financial system's effectiveness. According to the accreditation office's evaluation of the documents, the drafted strategic plan has no attainable and quantifiable goals, and the organization's yearly operational plan has yet to be produced. Several indicators were utilized to assess the performance and efficacy of the organization's programs and operations. The indicators' data were not fully collected, and the findings were not used to improve the situation. One of the managers of the accreditation office believed:

"Even if we create a strategic plan, we cannot implement it because of our ties to the government. The deputy of the MOHME informs us of the strategies and develops them" (K).

One of the interviewees admitted:

"Due to its status as a subordinate entity of the Ministry of Health, the organization cannot develop a strategic plan and operate with financial autonomy. Under the deputy of MOHME, the accrediting office does not perceive itself as an autonomous entity with a strategic goal. The organization follows the same strategic plan as the deputy for its actions and goals regarding accreditation. However, it should also develop and implement operational strategies for quality improvement regardless of a strategic plan" (M).

4.3. Risk Management

Based on the examination of the documents in the accreditation office, it was found that there was a deficiency in having a risk management framework to handle both potential and actual risks in various areas such as financial affairs, human resources, information management, and service provision. Additionally, no measures were in place to prevent, detect, minimize, and transfer these forthcoming risks. In this case, one of the experts stated:

We need plans, information, and valid data regarding "unpredictable conditions and uncertainties to make evidence-based decisions and policies. We currently lack the capacity" (N).

4.4. Human Resources Management

According to the accreditation office experts, the training and orientation courses for MOHME accreditation office employees are exclusively conducted by the MOHME training unit. These courses are part of an annual program; no additional training courses are provided outside the MOHME training unit's system and programs.

Upon analyzing the educational calendar, it was noted that the annual educational programs placed less emphasis on priority concerns related to the job field, current scientific advancements, and specialized and novel subjects. The unit managers do not evaluate and analyze the employees' in-service training program. Instead, it is only assessed as part of the overall planning of the MOHME's training unit. Similarly, like other units, the training program for employees in this unit is also evaluated. One of the interviewees stated:

"Experts using objective criteria must regularly evaluate the performance of the accreditation unit's human resources. The evaluation results serve as criteria for determining whether employees should be retained or replaced, as well as for delegating authority and making appointments" (J).

4.5. Information Management

The MOHME accreditation office has developed software and hardware tools for documentation and ensuring compliance with copyright laws in data collection. These tools protect the electronic information technology system from hacking and virus infection. Additionally, the office trains employees on information protection and is responsible for maintaining and updating the electronic information technology system. Nonetheless, a systematic strategy or framework for information administration was absent, including the essential data, procedures for acquiring and evaluating it, and standards for its usage in a specified manner. There was a lack of defined policy, instruction, or method for utilizing the submitted information to enhance customer satisfaction and fulfill their requirements. Furthermore, the documentation pertaining to addressing customer requirements through the available information was absent. However, in a broader sense, data was utilized to fulfill information needs and facilitate decision-making. Analysis of monthly and annual reports is uncommon. Statistical information on comprehensive notifications and document updates was not available. Instead, specific cases were communicated verbally and monitored. One of the experts stated:

"Gathering, analyzing, and utilizing the data appropriately is essential to enhancing the accreditation goals. The data-gathering stage has greater challenges than the other stages, as it requires a thorough understanding of our expectations and the meticulous collection of accurate and genuine data. The data-gathering method and infrastructure need to be adjusted. It is important to establish the specific information, the responsible party, and the platform or format via which the organization will get the data for planning purposes" (I).

4.6. Survey and Client Management

The MOHME's accreditation office establishes its clients' identities and records, including those of hospitals and other healthcare organizations. Subsequently, evaluations are conducted transparently, adhering to a

predetermined schedule. Finally, the outcome of the accreditation evaluation is provided as feedback to the organization being evaluated. According to ISQua requirements (26), the entity responsible for the accrediting program must address the shortcomings and difficulties faced by its clients. The program lacked systematic and evidence-based problem-solving activities, as well as accurate and reliable documentation. Overall, the system in this area lacked a comprehensive perspective and inadequate communication and information sharing between the assessing institution and the healthcare provider organization. Experts were not granted access to scientific and statistical sources, and most of them lacked a proper comprehension of program evaluation and monitoring indicators. The training of hospital staff responsible for implementing standards was not conducted in a continuous and needs-based manner. The evaluation results regarding the organization's level of achievement in meeting the accreditation standards are not presented in the form of a comprehensive report. Instead, a report card is issued for hospitals, which includes the hospital's overall rating, the safety rating, and the rating for each level (one, two, and three) in each dimension separately. One of the interviewees admitted:

Hospitals are not given a comprehensive report including strengths, weaknesses, and corrective solutions to implement the standards as best as possible. However, universities provide written reports to hospitals in periodical evaluations every six months using a selected number of standards (H).

Another interviewee stated:

Hospital fees are based on the accreditation rating, which is one element that has reduced the effectiveness of the accreditation program. Public hospital managers don't worry, but those in the private and social security sectors are under greater strain (A).

4.7. Granting of Accreditation Approval

As per the ISQua requirements (26), the entity responsible for the accreditation program must publicly disclose the name, specialization, and level of the hospitals that have been granted accreditation. Regarding this matter, the accrediting standards specifically highlight the requirement to display the hospital rating notice at the door of the admission and discharge units. However, the public dissemination of hospital ratings is not considered. If there is a lack of agreement regarding the evaluation's result, a straightforward procedure exists for the evaluated facility to request reconsideration. The decisions regarding accreditation approval are not fully independent and are susceptible to political, economic, and social influences. Furthermore, the criteria for approval are not consistently and reliably applied. The MOHME's reliance on hospital tariffs as a source of income, along with many hospitals' mandated accreditation and instructional focus, results in a lack of autonomy in rating

assessments. Experts argue that basing hospital charges on hospital rankings is a systemic problem. One interviewee acknowledged that:

“The rate received from patients and insurance organizations increases as the hospital’s rank increases. Consequently, reducing the hospital’s rank would result in a decline in the hospital’s income, the affiliated university, and, ultimately, the Ministry of Health” (K).

One of the interviewees believed that:

“Economic, political, and social considerations influence hospital rankings in Iran. Due to financial constraints, hospitals’ rates are set by their level of accreditation, and the Ministry of Health relies on hospital revenue. Social pressure is such that if a hospital receives a grade of two or three and, conversely, is designated as the center hospital for a province, city, or even a metropolis region, its reputation will be damaged. Fewer services will be provided, making approval impossible” (F).

In compliance with ISQua requirements (26), a continuous monitoring structure must be established to guarantee that healthcare centers maintain adequate performance and quality following approval. This need has been covered to some extent during universities’ frequent accrediting visits every six months. However, some respondents stated that hospitals’ performance has not consistently met the norms after passing rigorous evaluations. One of the interviewees says:

“It took more time to comply with the standards and incorporate them into work processes in the first few years after they were announced. After nearly ten years of this program in Iran, it is reasonable to assume that the standards have been internalized and are influencing how the various departments and sections of the hospital operate. Simultaneously, accreditation is visible in most of the country’s hospitals and is only followed up during the thorough review” (I).

The current condition was enhanced based on the identified issues, utilizing the insights of managers and key informants. Table 2 displays solutions organized into five distinct groups.

4.8. Macro Policy Reform

This section discusses solutions to the macro policies of the accrediting organization. It is anticipated that numerous challenges associated with implementing the accreditation program will be resolved by formulating and implementing these policies. These challenges primarily stem from structural, implementation, and governance issues linked to the organization’s governance and dependence. Suppose the country’s regulations dictate that a semi-independent non-profit organization under government supervision oversees the accreditation program. In that case, it can be concluded that additional issues pertaining to the subcategory, such as obtaining the necessary funding, lack of human resources, and other cases, should also be addressed. Most interviewees thought the evaluation should be conducted by an impartial evalua-

tion agency not affiliated with the Ministry of Health. If it is not feasible to establish a semi-independent non-profit organization, or if it is delayed due to the lack of necessary infrastructure, certain challenges can be mitigated by making policy modifications. For instance, establishing an accreditation council with the participation of diverse stakeholders and implementing effective financial policies can be beneficial. By establishing scientific committees and delineating the organization’s objectives into discrete committees and groups with distinct yet coordinated responsibilities and jurisdiction, the program is anticipated to advance cohesively, and numerous existing issues will be resolved. One of the experts in the field of accreditation admitted:

“The current status of our accreditation program is flawed. We are now operating in violation of legal regulations and must establish an accrediting council similar to those in other nations. A council of service providers, insurers, representatives of service recipients (people), and the government. The government should oversee and formulate the norms and frameworks, and the monitoring responsibility should involve elected officials and insurance firms” (C).

One of the members of the accreditation office’s expert panel stated:

“The accreditation council ought to possess multiple sub-committees. Establishing various committees, including an evaluator training committee, a system committee, and a committee dedicated to addressing protests and complaints, can achieve organizational independence. However, when an office takes on multiple tasks, the overall quality of the work diminishes” (L).

One of the interviewees stated:

“At the Ministry of Health’s accreditation office, all actions are carried out concurrently, without regard for their priority. Universities are divided among specialists, with each expert overseeing all affairs and concerns related to their respective university. However, this arrangement is deemed erroneous. It is advisable to segregate missions rather than universities” (B).

4.9. Resolving Implementation Challenges

Medical science universities must not only supervise but also take on a more active role in enforcing standards in hospitals and assisting them in supplying the necessary personnel and medical equipment and making essential modifications to physical structures. According to a health management expert:

“Successfully adopting standards relies on backing organizations further up in the hierarchy. It is essential to understand that hospitals and their teams may not always be able to execute these standards. The university’s participation and support significantly influence the ease of implementing accrediting requirements. However, it is evident that in most cases, universities primarily serve as evaluators, and their support role is limited. Hospitals often raise the concern that universities only request work and assessment without pro-

viding any solutions, particularly in supplying equipment and addressing issues related to doctors' lack of cooperation and inadequate provision of human resources. Hospitals are the sole entities responsible for implementing these requirements" (D).

4.10. Establishing Appropriate Interactions

The accrediting program relies on the active involvement and collaboration of various internal and external stakeholders to advance toward its objectives effectively. These interactions aim to facilitate communication and derive advantages from companies, both internal and external, as well as from institutions, units, specialists in the field of accreditation, doctors, and academic staff members. To address the issues of the program, it is imperative to arrange focused and structured meetings involving specialists in accreditation and doctors' representatives. This will help prevent disorganized and independent efforts. Inviting representatives from different stakeholders to specialized meetings and doing thorough analysis and investigation of problems might result in solutions that have been carefully evaluated from several perspectives and are more likely to be successfully implemented. Experts also highlight the importance of contact and information sharing between the MOHME's accreditation office and hospitals regarding the accreditation program.

"Since educational accreditation is done separately from treatment accreditation, and physicians have little involvement in implementing accreditation standards in hospitals, considering the incentive benefits for physicians and using physicians in the evaluation team can be helpful" (K).

One of the experts in the field of accreditation stated:

"During several standards editing sessions, colleagues and experts who were knowledgeable and interested in specific aspects of the standards were present. Consequently, substantial valuable content was generated and documented in that particular standard area. If specific dimensions lack standards due to the absence of competent specialists, it implies that the existing standards were not formulated reasonably and suitably" (C).

4.11. Human Resource Management

This section outlines the recommended solutions, emphasizing the need for an adequate number of human resources with essential knowledge, competence, and experience in the organization responsible for the accrediting program. It is recommended that the organization provide specialized in-service training programs that align with its goals and current knowledge. Experts and managers should evaluate these training courses, and the performance of employees should be included in the work plan. One of the experts in the field of accreditation stated:

"Sufficient training for managers is not carried out at the level of medical sciences universities, and there is no educa-

tional needs assessment and continuous training of hospital staff in the program" (F).

The lack of engagement by physicians has caused issues with applying standards related to physicians. According to one of the interviewees:

"In many cases, doctors are less aware of the necessity and importance of accreditation and do not cooperate in implementing standards. Many measures, especially important measures related to patient safety, should be carried out by doctors, but it is very difficult to get their cooperation" (E).

4.12. Evidence-Based Decision Making

As per the solutions outlined in this part, it is imperative to implement measures to establish a systematic perspective within the business. By prioritizing the scientific and objective data collection, statistical reports, and other papers, we can analyze and utilize them to enhance the current condition. Corrective measures in this field include preparing monitoring reports, assessing program effectiveness, implementing interventions, and developing an efficient information system.

5. Discussion

This study examined the obstacles encountered in the seven domains comprising the executive processes of Iran's hospital accreditation program: Accreditation granting, governance, risk management, human resource management, information management, evaluation and customer management, and strategic, operational, and financial management. Subsequently, corrective measures were implemented to address these challenges, such as policy reforms, establishing appropriate interactions, human resource management, and evidence-based decision-making.

It is essential to focus on the implementation processes of the accrediting program to advance and enhance the program. As per the requirements outlined by ISQua (26), the program's executive and governance sector must adhere to a set of principles that encompass various aspects such as governance, strategic management, operational and financial management, human resources management, risk management, information management, evaluation, customer management, and accreditation approval. These principles should be integrated into the program's structure and processes, with appropriate standards and the facilitation of evaluator training.

The accreditation agency in low-income or middle-income nations relies on the government for support. The accrediting bodies in England, France, Italy, Lebanon, and Scotland are government-affiliated, but the certification scheme is privately managed in the United States and Canada. The accreditation body in Malaysia has been established through collaboration between the Ministry of Health, the Private Hospital Association, and the Medical Association (14). Most interviewees expressed that it is imperative for a semi-autonomous non-profit organization,

subject to government oversight, to undertake the certification program. The results of the study by Mosadeghrad et al. also indicated that the Accreditation Office is not sufficiently independent (27).

Privatization or complete independence of the organization in charge of the accreditation program was not approved by all the interviewees, and one of them admitted in this regard:

“The solution is not only to make the organization in charge of accreditation completely independent because there are countries like England where the government evaluates hospitals but does not interfere for its own benefit. Do we have the capacity in Iran to have an independent accreditation program organization? Is our private sector doing its job properly? So, we have to come and fix what we have, that is, establishing a semi-independent office” (C).

In the study of Mosadeghrad et al., it is stated that the independence of the accreditation office should be functional, and the structure and governance of the accreditation office should be such that it prevents any pressure and conflict of interest. Most of the managers participating in that study were of the opinion that accreditation should be done by the MOHME (29), which is consistent with the results of the present study. Both studies emphasize the direct supervision of the MOHME and the lack of complete independence of the accreditation organization. A panelist from the accreditation office stated:

“Private organizations operate without restrictions, while public organizations experience heightened conflicts of interest that favor public hospitals at the expense of the private sector. Conversely, the public sector possesses restricted capability, workforce, and financial resources. If the organization cannot be incorporated into the state, it should leverage its non-state attributes to operate flexibly, efficiently, and independently from state management” (C).

The private sector in Iran lacks the technical and financial capacity to conduct hospital accreditation. Iran's economic, political, and social conditions also present significant barriers. The involvement of the private sector in accreditation imposes substantial costs on hospitals. Moreover, due to the profit-driven nature of private accreditation institutions, there is a risk of using minimal standards and not adhering to proper evaluation principles (30). Karimi and colleagues assert that accreditation has failed to fulfill its responsibilities adequately, citing issues such as managerial instability, political interference, lobbying, and insufficient documentation within the institution (31).

Since accreditation is state-governed, it will be subject to various political shifts, and the model's continued existence may be at risk. Therefore, the fact that the model is non-governmental might be regarded as a superior qualification (32, 33). Greenfield et al. demonstrated that the involvement of a non-governmental group can yield favorable outcomes (34). The World Health Organization (WHO) identified the lack of an independent agency as a contributing factor to the difficulty faced by the Eastern

Mediterranean member nations in implementing accreditation systems (35).

The voluntary aspect of the accreditation is a significant characteristic since it entails organizations willingly enhancing their quality to get recognition and establish confidence with society. Conversely, the compulsory aspect of the accrediting program contradicts the accreditation definition (36, 37). Voluntary accreditation is more likely to be pursued by hospitals that excel in providing high-quality services and can achieve established requirements. Conversely, hospitals needing development are less inclined to undergo accreditation (28). One interviewee stated:

“There is no emphasis on the voluntary aspect of the accrediting program. Given the prevailing conditions in our country, including the administrative, organizational, and employee culture, it is more rational to enforce a mandatory accreditation requirement. This is particularly true given it is now the sole system in place. The assessment of the country's hospitals is contingent upon accreditation, which cannot be undertaken voluntarily. Many hospitals may choose not to volunteer for evaluation due to resource constraints, including limited financial and human resources” (G).

A study has indicated that when deciding whether to implement an accreditation program voluntarily or mandatorily, several factors should be considered, including management status, funding, government leadership, and coordinated implementation (28). These findings align with the results of the current study, as the interviewees believed that considering the prevailing conditions in the country's health system and hospitals, it is imperative to maintain mandatory accreditation. The position is further supported by the research conducted by Yousefinezhadi et al. (14).

Nevertheless, if a nation aims to enforce mandatory accreditation, it must establish specific prerequisites and regulations for hospitals to ease the adoption of accrediting standards. Failure to address this matter may pose substantial obstacles in meeting hospitals' accreditation standards (38). One of the experts admitted:

“For hospital accreditation, it is essential to include representatives from various stakeholders, such as insurance organizations, hospitals, professors, accreditation experts, and service recipients. This ensures the implementation of diverse mechanisms and the formulation of unbiased policies for accrediting the hospital” (H).

Numerous stakeholders are currently participating in implementing accreditation; nevertheless, their involvement is disregarded in executing this program (39). Insurance organizations, colleges of medical sciences, and medical and nursing groups are crucial stakeholders with significant potential to impact the implementation of accreditation (14). Establishing a partnership between the MOHME and scientific experts and consulting with stakeholders is crucial to implementing accreditation effectively and selecting the most suitable approach to achieve the desired goals (40). The experts stressed:

“There is a need to organize dedicated meetings to address the identified problems and create appropriate solutions for implementing the accreditation program” (E).

Policy makers, planners, and payers support the accreditation program, whereas physicians view it as a group of stakeholders as a bureaucratic task that distracts them from their primary activities (12). Therefore, it is necessary to involve various stakeholders in activities such as policymaking, performance evaluation of the accreditation program, development and updating of standards, development of accreditation protocols and educational guides, selection and training of accreditation assessors, implementation of the accreditation process, and handling complaints and suggestions from users of the standards. This is crucial considering their influence, susceptibility, scientific and professional background, and their level of engagement with the accreditation program (29).

According to the experts, the accreditation office is a subordinate division of the Ministry of Health and lacks independence. Currently, the existing accrediting office does not have the authority to handle problems such as monitoring program revenues and expenses, ensuring the timely provision of financial resources, and conducting financial performance audits. Solutions were offered in this regard, pointing out that the challenges brought on by the organization's lack of financial independence may be partially eliminated. For instance, certain situations may require the acquisition of additional revenues or allocating specific budgetary provisions for current expenditures. Gharibi et al.'s study demonstrated the importance of an accrediting program that generates cash and leverages the benefits for the recipients (41). According to a study, the absence of appropriate equipment, the lack of funds for the program's implementation, and the scarcity of capital and resources are the main obstacles to accreditation implementation. They have stated that money and basic supplies are required for the accrediting program to accomplish its objectives, which results in indirect hospital expenses (42). One of the issues mentioned by the WHO (35) is the absence of financial management of the certification systems in the member nations of the area. The study results showed that medical centers and institutes expressed concern about the costs associated with the accreditation program (43). According to Ramezani et al., the government's and officials' collaboration in providing enough resources is one of the variables impacting the execution of accreditation (44). Many businesses have refused to execute the accrediting program because of its high expenses, which are identified as a weakness and the primary cause of its failure (20).

Financial provision and cost reimbursement for implementing accreditation programs are among the challenges facing the Ministry of Health in Iran. Since hospital managers are responsible for covering the costs

of implementing the accreditation program, they must perceive accreditation as beneficial. This means that the implementation of the program should justify the expense. Therefore, reforms such as employing competent assessors and providing detailed consultation and feedback to hospitals should be considered to improve the quality of services, making the cost of implementation justifiable (45). Roughly 80% of the country's hospitals are government-owned or semi-governmental. Therefore, the necessary capacity and infrastructure must be provided for implementing accreditation standards in these hospitals. Hospitals face significant constraints in resource provision. Implementing some structural standards requires financial resources for constructing and procuring equipment (46). Implementing an accreditation program can be a demanding process that requires substantial resources (12).

On the other hand, the effectiveness of implementation and achievement of program objectives is significantly impacted by the number and caliber of the accrediting organization's human resources. The organization in charge of the accreditation program must choose and hire human resources through an objective and equitable method in compliance with ISQua requirements (26), after which the induction program must be implemented. Before launching the employee in-service training program, a needs analysis should be conducted using a suitable procedure. Afterward, the employee training program should be assessed. Finally, corrective interventions arising from analyzing human resource performance should be planned and implemented. The performance of human resources must be routinely assessed by professionals using objective criteria. According to educational needs and level, most interviewees stressed that national and international training should be used for various levels of the certification body. According to one of the interviewees:

“It is necessary to regularly evaluate the performance of the accreditation unit's human resources by experts, and the results of the evaluations should be used as criteria for permanence, replacement, delegation, and appointments” (J).

Raiesi et al. identified the limited number and lack of expertise among accreditation department employees and inadequate employee training as challenges in implementing accreditation. These findings align with those of the current study (47) and are supported by Gharibi et al.'s study (41).

One of the respondents admitted:

“We require additional training and experience to achieve global standards. It is vital to offer accreditation unit staff opportunities to expand their knowledge and gain experience” (P).

An effective external evaluation program should prioritize establishing communication with other programs, ensuring coherence and two-way communication, and minimizing rework and inspection costs. This approach

will result in continuous quality improvement over time, enabling the program to demonstrate effectiveness (48). One expert believed:

“We must gather, evaluate, and utilize data effectively to utilize information and data for accreditation objectives and to enhance quality and safety in hospitals. The data analysis phase is comparatively less challenging than the data collecting and utilization stage. To enhance the certification program, it is imperative to consider the data collection methodology and the essential infrastructure required for data generation” (I).

Karimi et al. have identified the need for more sufficient knowledge and background as a significant barrier to the successful implementation of accreditation (31). Gharibi et al. recognized that the accreditation program cannot be effectively implemented without establishing evidence-based decision-making. They also emphasized the importance of using transparent indicators and valid and reliable data and information (49). The accreditation program’s overseeing body must routinely receive reports on the programs’ and interventions’ efficacy and monitoring and identify the potential for quality improvement through stakeholder interaction. It is vital to assess the performance and efficacy of the organization’s programs and activities using key performance indicators and then use the indicator results and program effectiveness to improve the situation.

The training of health service providers should be designed to adequately prepare them for accreditation and address any deficiencies and weaknesses before the examination. A health management specialist asserted:

“The successful implementation of the standards relies on the endorsement of the upstream organizations, and it is essential to acknowledge that a hospital and its team may only sometimes have the capacity to execute these standards. The university’s cooperation and assistance significantly impact the smooth application of accrediting standards. However, it is observed that in most situations, universities just serve as evaluators, lacking their supportive function” (D).

Kabir et al. demonstrated that adhering to standards and carrying out accreditation is primarily characterized by collaboration and interaction. An organization’s assessment, conducted by its personnel and based on their perspectives, significantly contributes to its growth and knowledge acquisition (50).

The interviewees agreed that choices about giving accrediting approval should be made entirely independently, based on external review outcomes, and free of political, economic, and social pressure. Bahmaei et al. have shown that the constraints of adopting accreditation in Iran include political manipulation, as well as structural, strategic, and management issues (42).

Patients and the community must be aware of hospitals’ accreditation status and make informed choices when selecting a healthcare provider (51). Raising public awareness regarding the accreditation program and hos-

pital rankings catalyzes improved efforts and adherence to accreditation criteria, increasing the demand for hospital services (46).

The Ministry of Health’s Accreditation Office must first gather reliable, accurate, and logical data corresponding to the hospitals’ circumstances. Subsequently, it should formulate and execute guidelines promoting quality and handling challenges, guaranteeing dependable and meticulously recorded data. Accreditation is a management technique for determining the strengths and shortcomings of the healthcare system. Accreditation data is valuable for politicians, managers, and healthcare providers since it can improve service quality, patient safety, satisfaction, and resource management. As a result, it is critical to monitor and detect existing challenges as soon as possible and then take appropriate action to solve them, thereby improving the program and attaining its objectives.

5.1. Limitations of the Study

The challenges identified in this study are based on interviews with managers and current staff at the Ministry of Health’s Accreditation Office, as well as materials submitted to the researchers.

5.2. Conclusions

The hospital accreditation program in Iran faces numerous challenges in its executive procedures, with one of the primary issues being the accreditation office’s dependence on the Ministry of Health. Assigning the national hospital accreditation program to a semi-independent, nonprofit entity under government oversight could effectively address a significant portion of these challenges. However, if establishing such an organization is not feasible or is delayed due to insufficient infrastructure in future Ministry of Health projects, certain issues can be mitigated by adjusting specific regulations. The hospital accreditation program can be strengthened and made more coherent by forming a High Council of Accreditation, assigning specific missions to its subcommittees, involving stakeholders and accreditation experts, and implementing efficient financial procedures. While the hospital accreditation program in Iran has made considerable progress, it has yet to fully achieve its objectives, including enhancing the quality of hospital services and ensuring patient safety. As a result, it risks losing its credibility in hospitals. Therefore, managers and policymakers must prioritize the reformation of the implementation procedures of the accrediting program, as it is crucial for ensuring success and preventing program failure.

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Authors' Contribution:

T. P. is a graduate student in the field of Health care management, who has been actively engaged in each step in the research process. L. S. and F. G. H. was involved in the conception, design of the whole research and interpretation of findings. A. M. was involved in the interpretation of findings. All authors have read and approved the manuscript.

Conflict of Interests:

The authors declare that the research was conducted in the absence of any commercial or financial relationships.

Data Reproducibility:

The data that support this study will be shared upon reasonable request to the corresponding author.

Ethical Approval:

The research purpose and methodology were reviewed and approved by the Internal Research Ethics Committee of Shahid Beheshti University of Medical Sciences (IR.SBMU.SME.REC.1401.018). <https://ethics.research.ac.ir/ProposalCertificateEn.php?id=264951>

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