

Challenges and Potential Drivers of Accreditation in Iranian Hospitals

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Abstract

Background and Objectives: Accreditation is a widely used mechanism to keep organization adherent to the established standards. The aim of this study was to identify barriers towards promotion of accreditation in Iranian hospitals, and exploring the potential overcoming strategies.

Methods: A qualitative study design was adopted. Data were collected using a questionnaire with open questions about barriers to and potential solutions of accreditation implementation in Iranian hospitals (N= 116). Thematic analysis was used to extract the major concepts.

Findings: Limited knowledge of the personnel, inadequate training of the staff and lack of commitment of managers and physicians were identified as the most important challenges towards the successful implementation of accreditation. The respondents enumerated extensive training, involvement of chief managers, and adapting the hospital's organizational culture as the potential drivers of accreditation in Iranian hospitals.

Conclusions: The three categories of barriers to accreditation as well as the suggested overcoming strategies are interconnected, all of which pointing to the need for extensive training for developing the required infrastructure, at least in terms of human resources, for promotion of accreditation in Iranian hospitals.

Keywords: Accreditation, Hospital, Training, Hospital management, Organizational culture

Background and Objectives

As one of the essential institutions providing health and medical services [1], hospitals play an important role in individuals' mental and physical health recovery, medical studies and training skilled workforce needed in the health and medical sector [2]. Health services quality leads the hospitals to fulfill their long-term goals [3]. It consists of the principles required to observe in order to not only improve the services but also increase access to desirable services for individuals regarding suitable quality assessment methods [4]. This assessment includes a decrease in non-urgent admissions, decrease in the hospitalization period and medical consultations, as well as increase in the in-

patient bed occupancy rate; all of which will eventually increase patient safety [5, 6]. As new institutions including health care centers, especially hospitals, are formed and expanded during the time, numerous performance assessment models and tools have been employed [7-10]. The majority of health care system managers and policy-makers consider the use of quality assessment, control and improvement models inevitable to increase the health services responsiveness [11-13]. Among these models, accreditation has drawn the attention of governments, health-care providers, medical societies, managers, insurance companies and other interested organizations [14].

Accreditation, as a process, is usually considered a non-governmental procedure distinguished from the health-care mechanism. It will assess and evaluate the health-care system if bearing a set of requirements (standards) designed to enhance care quality and safety. Accreditation, as a qualitative assessment and managerial tool, has attracted the attentions

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from all over the world [15, 16]. Nowadays governments and the public are increasingly expecting more health-care accountability and provision, especially hospitals quality and safety [17]. Desirable accreditation cannot be performed by the state; rather accreditation groups are required to comprehensively assess the hospitals [4]. Generally, it can play an important role in quality improvement via providing motivation to compete, determining quantitative indexes of quality and presenting suitable models to promote poor performance; thus, the way will be paved for healthy competition [8]. However, there were some challenges to successful executing of quality improvement programs, specially accreditation standards such as lack of enough knowledge, managers' commitment and financial issues [18-20].

On the one hand, despite its importance, efficiency and basic role in enhancing health care services, accreditation was ignored earlier in Iran. Thanks to the recent continuous efforts and long-term planning by the Ministry of Health, accreditation started to be executed in 2012 [21]. In order for any changes to occur in organizations, CEOs' support along with identification of challenges is essentially required. Since accreditation in Iranian hospitals is considered a drastic change, CEOs can contribute to successfully bringing this change through identification of challenges. The current study aimed to identify both challenges and strategies proposed by the managers and authorities of Tabriz and Ardebil Universities of Medical Sciences to execution of accreditation in Iranian hospitals.

Methods

The current qualitative study was carried out in Tabriz and Ardebil Universities of Medical Sciences. The population consisted of the two hospitals' CEOs and treatment deputies of vice-chancellors who bear the responsibility to execute the accreditation plan of 10 and 4 teaching hospitals of Tabriz and Ardebil Universities of Medical Sciences, respectively. As many as 10 CEOs including the hospital chair, hospital manager, administrative affairs manager, hospital affairs' expert, nursing manager, educational supervisor, two clinical supervisors, chief of quality improvement and clinical governance as well as the chief of emergency ward were selected from each hospital. The treatment deputies taking part in the study included 10 treatment monitoring experts and accreditation experts. A consensus sampling was taken during which 140 hospital CEOs and 20 treatment deputies were selected. Data gathering was carried out using an open-ended and

Table 1 Accreditation challenges from the participants' perspective

Theme	Subtheme
Human resource management	Human resources shortage
	Low motivation
	Lack of physicians' and specialists' contribution
Education	Intensive work shifts
	Lack of accreditation concept educated to the managers
	Lack of awareness of top managers about the importance and necessity of accreditation
Financial resources	Failure to held necessary training for staff
	Hospital budget shortage
Management	No independent financial resources for accreditation
	Accreditation is not a priority for managers
	Insufficient support of top managers
	Lack of proper strategic and action plan
Organizational culture	Week monitoring of accreditation implementation
	Defectiveness of current processes
	Physicians' governance and week compliance with accreditation
	Lack of responsiveness culture
Physical resources	Lack of acceptance and resistance against accreditation
	Insufficient medical equipment
	Inappropriate physical structure of hospitals
Others	Limited time
	Failure of pervious quality improvement programs
	No independent office for accreditation in hospitals
	Centralized health system
	Lack of a responsible to response the uncertainties

researcher-made questionnaire validated by 10 accreditation professors and experts. The three items contained in the questionnaire were a) potential challenges to execution of accreditation in Iran's hospitals, b) strategies to cope with the challenges, and c) current capacities of the hospitals and health-care systems to execute the plan. Due to the fact that two posts were held by the same person in some hospitals, 150 questionnaires were distributed out of which 116 questionnaires were filled out and returned. For the ethical code to be observed, the consent of all participants

was obtained during the study. They were both briefed with the aims of the research and assured of the confidentiality of information. Content analysis was used for data analysis. The results were assessed through data check methods for coding and the confirmation by research colleagues to increase the reliability and scientific accuracy.

Results

Nearly half of the participants were women. Eleven of the participants had degree, 22, MS, and 83, BS. Content analysis of the participants' responses is reported in Tables 1-3.

Potentials of Iranian hospitals as reported by the participants are given in Table 3.

Discussion

Based on the results, the most noticeable challenges, according to the CEOs, to execution of accreditation were a) insufficient awareness and knowledge of the health and medical service providers, and b) the poor commitment and contribution of CEOs to execution of accreditation. The results indicated that the CEOs considered insufficient knowledge of hospital staff as well as health and medical services providers as the major hindrance to the execution of accreditation. This result is consistent with the findings of Azami *et al.* who investigated the Eastern Azerbaijan's infrastructures and challenges to effective implementation of accreditation by the hospital managers [19]. According to the results from the current study and those of Azami *et al.*, the managers, employees and other authorities dealing with accreditation implementation held poor knowledge regarding the issue. It is, indeed, expectedly true since accreditation is considered to be a newly proposed subject in Iran. Thus, not only accurate educational planning needs to be developed but also the individuals should get familiar with the different aspects, objectives and functions of accreditation. The limitation to achieving this goal is lack of information resources and research results requiring some planning to be applied. Studies suggest that managers and staff empowerment and training are the primary requirements to the successful implementation of accreditation in the health and medical centers [18, 20].

Another challenge to accreditation execution, according to the participants, was the CEOs' poor commitment and lack of contribution. In the study carried out by Azami *et al.*, 54% of the participants believed that their CEOs did not appreciate the importance

Table 2 Successful implementation of accreditation solutions

Theme	Subtheme
Human resource management	Establishment of a proper motivation system
	Recruitment of expert staffs
	Employing policies to support staff initiatives
Education	Top managers training about accreditation goals and change management
	Staff training about implementing the standards
Financial resources	Budget allocation for accreditation
	Budget allocation for staff development
Management	Establishing process-driven view in top managers
	Involvement of the managers and faculty members in the results
	Employing managers with the related academic education
	Accreditation committee development in hospitals
Organizational culture	Creating competition culture
	Coordination of the initiatives with the infrastructures
Others	Resources improvement (logistic)
	Creating an independent private office for accreditation

of accreditation [22]. Regarding the importance of the CEOs' support for plans similar to accreditation, changing their attitude and winning their support as well as filling them with commitment can count as effective strategies to the successful implementation of accreditation.

Furthermore, the participants in the present research reported the lack of qualitative and quantitative workforce as another challenge accreditation as another barrier to accreditation implementation. Due to the fact that health and medical services are highly

Table 3 Iran hospitals potentials to implement accreditation

N	Theme
1	Motivated, efficient and expert human resources
2	High level of hospitals staff education
3	Existence of young managers with health services management academic education
4	Willingness to quality improvement
5	Government support to provide necessary resources

dependent on workforce, their qualitative and quantitative insufficiency can cause serious damage to the services. Literature review revealed that accreditation has led to increase in workload [23]. This is of high importance since it may make accreditation plans fail; as it did in Michigan [24]. Thus, the guidelines and strategies need to be re-checked and re-issued while the staff must be provided with training programs to properly manage the processes and plans. In addition, lack of resources in hospitals and health and medical sector would also challenge accreditation, according to the participants. Based on the results from Azami *et al.*, half of the participants believed that Iranian hospitals lack necessary resources and infrastructures required for accreditation [19]. Brasure *et al.* (2000) stated that lack of resources and financial problems were major hindrance to successful implementation of accreditation standards [25]. Therefore, it can be concluded that hospitals are not yet sufficiently and suitably provided with the conditions and infrastructures requiring seriously practical measures to be taken. A standard assessment system is considered to be the main pillar both to protect patients' and other people's right, and keep the health-care system integrated [26]. Successful execution of accreditation can result in service quality improvement and patients' right protection. This study provided the CEOs with some information to identify and respond to the effective accreditation execution challenges using the potentials and strong points discussed.

Conclusions

The following can be inferred regarding the results:

- Different factors influence the effective execution of accreditation; they can act as either driving or restraining forces regarding the authorities' planning and control. For instance, once the CEOs' commitment and contribution are assured, they can act as a driving force; they will be considered as a serious restraining force, otherwise.

- Human workforce is uniquely the best asset of an organization since other resources can be supplied similar to other organizations. Thus, workforce is the critical success factor of every institution. As efficient and motivated workforce and young managers with relevant education are considered as potentials, and poor management of the workforce is one of the major challenges as reported by CEOs, more attention to workforce management, as a success factor, can ensure the effective implementation of accreditation.

- Regarding the simultaneous execution of clinical governance plan throughout the country and its emphasis on staff training as well as the ideas of CEOs

taking part in the study, training is considered as a necessity to success.

Competing Interests

The authors declare no competing interests.

Authors' Contributions

AAS and SM jointly designed the study. YKH, AAS, and SM collected, refined and analyzed the data. TJS, SM, and AAS contributed to the interpretation of the results. YKH prepared the draft manuscript. YKH and SM revised and finalized the manuscript. The final manuscript was read and approved by all authors.

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