

Challenges and Strengths of Fourth-Generation Accreditation Standards from the Perspective of Nurses at Afzalipour Hospital in Kerman: A Qualitative Study

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Abstract

Background: Accreditation is a team effort to improve service quality. Nurses, as key members of the care team, play an important role in implementing accreditation standards. This study aimed to explain the challenges and strengths of the implementation of fourth-generation accreditation from the perspective of nurses.

Methods: The present study was a qualitative one conducted using content analysis. The research population included nurses of Afzalipour hospital in Kerman, Iran. Using purposive and snowball sampling, 5 nurses, 5 head nurses, and 3 supervisors were selected for accreditation. The data were collected through semi-structured interviews. The interviews were transcribed, coded, categorized, and analyzed separately. Then, using content analysis, the data obtained from the interviews were reduced and given a structure and system. Data analysis was performed using MAXQDA software (version 10).

Results: The most important challenges in this study were increasing nurses' workload and working pressure and weakening nurses' relationship with the patient. Moreover, there was no adequate infrastructure to implement accreditation. The strengths of implementing accreditation standards included increasing nurses' awareness, improving reporting and documentation, increasing patient safety, and improving organizational processes.

Conclusion: The results of this study emphasized the need to implement accreditation standards to integrate working methods and improve the quality of services and patient safety. Solving the existing challenges is a way to ensure the quality and continuous improvement of nursing services. In general, the results of this study provide useful information to policy makers and senior managers of the health system to reform the structure of hospital accreditation.

Keywords: Challenges, Strengths, Standards, Accreditation

Citation: Khodaei Goki M, Manzari Tavakoli H, Fatehi Rad N, Shokoh Z. Challenges and strengths of fourth-generation accreditation standards from the perspective of nurses at afzalipour hospital in kerman: A Qualitative study. *J Qual Res Health Sci.* 2022;11(4):246-252. doi:10.34172/jqr.2022.13

Received: July 17, 2021, **Accepted:** July 7, 2022, **ePublished:** December 31, 2022

Introduction

All public and private organizations need a system of performance evaluation and quality control to develop, grow, and sustain in the competitive arena today. Accordingly, they can improve the efficiency and effectiveness of their organization's programs, process, and human resources (1). Improving the quality of health care services has been the primary and ultimate goal of clinical science (2). Therefore, to achieve this goal, the accreditation standards were implemented with a focus on clinical and nonclinical services to provide high-quality, reliable, and safe services (3).

Since 2010, accreditation has been one of the most respected quality and safety assessment models in the health sector. Accreditation with the help of research infrastructure, particularly in the context of patient safety and health to improve the quality of services, is a new way to ensure proper functioning of health service provider organizations. Therefore, it is necessary to enforce

accreditation in all hospitals of the country (4).

Successful implementation of quality improvement programs depends on the activity of the participating staff. Besides, knowledge and attitudes of the employees are important parameters in the quality improvement management plan (5).

Nurses are the largest professional group in the health care systems. They make up 40% of the total staff of a hospital and 55% of the total costs are allocated to them (6). Moreover, according to the evidence, nursing is one of the key factors in hospital care quality. Nurses spend more than 90% of their time delivering health care to patients. For this reason, they are very likely to feel the effect of validating the quality of services (7). In addition, the nursing team plays a pivotal role in the accreditation process, research, education, and management of hospitals. Moreover, gaining awareness of their perspective on these fields can provide key information for policy makers and planners (8).



There are different views about accreditation. The findings of the study by Alkhenizan and Shaw showed that nurses have a lot of stress and anxiety in the accreditation evaluation process, as a time-consuming process and lack of sufficient knowledge and positive attitude among nurses are important factors causing stress and anxiety in nurses (9).

Job stress in nurses could have adverse effects such as reducing patient care quality, decreasing patient satisfaction with hospital services, and reducing hospital credibility (10). The study by Azami et al showed half of the studied population did not have adequate knowledge and attitudes about accreditation. However, most managers believed validation could lead to promotion of care quality (11).

The results of the study by Chaghary et al, conducted with the purpose of examining the motivation and training needs of nurses towards hospital accreditation, showed the nurses' knowledge and attitudes about hospital accreditation goals are insufficient (12). Besides, Hinchcliff et al, in a review study aimed at examining all perspectives and professional attitudes about accreditation, indicated accreditation is an effective way to improve the quality of the organization, patient safety, and staff satisfaction (13).

Nurses play a very vital and significant role in the implementation of accreditation in hospitals; however, there is not enough information available about the knowledge and attitude of nurses. Moreover, accreditation can have important impacts on increasing nurses' stress and anxiety and ultimately reducing the quality of patient care. According to the above and given the need for accurate knowledge and attitude of nurses towards the accreditation of clinical services, this study sought to explore the perspective and understanding of nurses of the challenges and strengths of accreditation. Each person's experiences shape the structure of truth for him/her and it is only by entering the world of people's experiences that one can discover the meaning of a phenomenon from their point of view. This goal is not achievable in quantitative researches due to the limitations of such studies. In general, the main purpose of this study was to explain the challenges and strengths of implementing fourth-generation accreditation and provide the necessary solutions to strengthen the motivation and cooperation of nurses, as a very important and effective group, in the implementation of accreditation.

Methods

The present study was a qualitative one conducted using content analysis in 2021. The purpose of this study was to explain the challenges and strengths of implementing accreditation standards from the perspective of nurses. Qualitative research, with its systematic and subjective nature, is a good method to reveal the opinions and

viewpoints of participants. The participants of this study were 13 nurses, head nurses, and supervisors of Afzalipour hospital in Kerman who were selected using purposive sampling. Moreover, using snowball sampling, the participants were asked to suggest other people for the interview, thus, more nurses were found. Through purposive sampling, the nurses, head nurses, and supervisors were preferably selected based on the purpose of the study provided that they had been familiar with the standards of validation (14).

The interviews were conducted in a calm environment and continued until data saturation i.e., when no new information emerged from further interviews. The participants participated in the study with complete satisfaction. Data were collected through semi-structured interviews each lasting 30 to 40 minutes. The objectives of the study were explained to nurses and head nurses, and the interviews started upon their willingness and satisfaction. The researcher first began the interviews by asking a general question, "What do you think about the implementation of accreditation in the hospital?" In this way, the researcher asked the participants to express their opinions about accreditation. The researcher also asked them to discuss the challenges and strengths of accreditation. Then, based on the interview framework, other pre-determined questions were asked as follows:

- How much do you agree with the implementation of accreditation standards?
- What are the benefits of implementing accreditation standards?
- What has been the effect of the implementation of accreditation standards on nurses' satisfaction?
- Has the implementation of accreditation standards affected the work of nurses?
- What is the impact of accreditation on business processes?
- What is the impact of accreditation on nurses' possible errors?
- What is the effect of accreditation on burnout and job stress?
- What is the effect of accreditation on the development of nurses' knowledge and awareness?
- Could you explain which area(s) has accreditation affected most?

During the interview, the researcher tried to control the interview direction and flow. To comply with ethical considerations, participation in the study was guaranteed to be voluntary and the participants were ensured the data would be kept confidential. Certain codes were used to express the exact statements of the participants. In the last three interviews, the researcher concluded that there was no new information and data collection seemed to have reached the saturation point. Therefore, the interviews were completed with 13 experts (5 nurses, 5 head nurses,

and 3 supervisors). One of the valid methods for data analysis in qualitative research is content analysis (15). Content analysis is a systematic method of coding and classifying data to discover large volumes of textual information and to determine and identify the process and patterns of words, relationships between words, structures, and communication discourses (16).

In content analysis, qualitative data are analyzed via two inductive and deductive approaches. In inductive approach, there is little information about the phenomenon of interest but in deductive approach, the analysis is performed based on the previous theories (17). In this study, content analysis method was used with an inductive approach. This method is important to reduce the volume of information. Therefore, the selected content may include all or part of the information extracted from the interviews. Content analysis was conducted in three phases of preparation, organization, and final report of the results. The validity of the data was investigated using Lincoln and Guba' criteria including credibility, transferability, dependability, and confirmability (18).

Credibility means ensuring the accuracy of the findings, which is similar to validity in quantitative research (18). In this study, methods such as long-term engagement and continuous observation were used to ensure credibility. In this way, the researcher established appropriate communication with the participants in the environment for one year and achieved a deep understanding of accreditation. To avoid the inherent biases of a single method, the researcher used a combination of methods such as careful selection of knowledgeable nurses and head nurses, increasing variety in samples in terms of age and place of work, use of repetitive questions, review of codes and classes by colleagues (peer review), and review of codes and classes by participants. The methods of analyzing the data and identifying the content were explained in detail. In this study, an attempt was made to gain the trust of the nurses to participate and cooperate in the research by establishing proper communication with them.

Dependability determines if the data have been collected correctly and can be repeated in similar situations (similar to reliability in quantitative research) (18). In this study, the data were collected through specific measures during the research process (reflecting the researcher's thoughts and perceptions when analyzing the data) and original concepts and metaphors as well as the codes related to body language were also extracted. Besides, note-taking was used and the methods of data analysis and identifying the content were explained in detail.

Confirmability refers to the researcher's neutrality and the extent to which the study findings are consistent with the participants' responses and not influenced by the researcher's interests and errors. To ensure confirmability in this study, sufficient time was allotted for each interview,

and the text of the analyzed interviews was reviewed and approved by the interviewees.

Finally, transferability indicates whether the findings are consistent with other contexts (similar to stability in quantitative research) (18). In the present study, the data analysis was detailed and extensive with in-depth and rich descriptions using some key citations. To analyze the data, MAXQDA software (version 10) was utilized.

Results

A total of 13 experts (nurses, head nurses, and supervisors) at Afzalipour hospital in Kerman participated in this study. The participants' demographic data are presented in Table 1.

In this study, content analysis was used with inductive approach in three phases of preparation, organization, and final report of the results. In the first stage or preparation, the semantic units were determined and the transcribed interviews were read several times. After rewriting the texts of the interviews and reading them carefully, for each sentence, a concept was identified that corresponded to the content of the sentences. In other words, the contents were tagged and 126 primary codes were identified.

In the second stage, the organization started with a continuous comparison of the extracted codes (the codes extracted from semantic units derived from the descriptions of the participants) and then the codes were categorized based on differences or similarities. At this stage, 6 main categories were identified and then, in the third stage or the final report, a conceptual map was developed by selecting two main categories and exploring their relationship with other categories.

The results of this study were classified into two categories including challenges of accreditation and strengths of accreditation each further divided into three subcategories (challenges/strengths related to patients, the

Table 1. The participants' demographic characteristics

Participant code	Gender	Age	Education	Service records	Occupation
1	Female	35	Bachelor's degree	15	Nurse
2	Female	29	Bachelor's degree	6	Nurse
3	Female	42	Master's degree	19	Nurse
4	Female	34	Bachelor's degree	13	Nurse
5	Female	35	Bachelor's degree	16	Nurse
6	Female	49	Master's degree	22	Head nurses
7	Female	52	Master's degree	24	Supervisor
8	Female	41	Master's degree	17	Head nurses
9	Female	45	Master's degree	21	Head nurses
10	Male	39	Bachelor's degree	16	Head nurses
11	Female	34	Bachelor's degree	14	Nurse
12	Female	52	Master's degree	24	Head nurses
13	Male	50	Bachelor's degree	18	Supervisor

staff, and the organization). In this study, 78 challenges were mentioned among which 6 were related to patients, 58 were related to the staff, and 14 were related to the organization. There were also 48 strengths among which 9 were related to patients, 21 were related to the staff, and 18 were related to the organization.

After analyzing the data, the main themes and subthemes related to the challenges and strengths of the implementation of the fourth-generation accreditation standards were identified (Table 2).

Staff-related challenges

The challenges of implementing accreditation related to the staff included increased workload and working pressure, increased documentation, increased work stress, decreased motivation, job burnout, decreased staff satisfaction, reduced commitment, increase in nurses' errors, and accreditation performed only by specific individuals.

Examples of some statements of the participants are provided.

One of the participants stated, "Increased documentation and shortage of nurses have led to an increase in the workload of nurses" (Participant 1).

One of the participants stated, "Accreditation increases

stress, especially at the time of evaluation. It also increases documentation which is very time-consuming. A nurse is willing to work for hours on patient's bed but reluctant to record a lot of documents accurately. However, head nurses, supervisors, and the evaluation team evaluate only on the basis of reports. A person may have good clinical performance but be poor at documentation. This will also reduce nurses' motivation." (Participant 2).

One of the participants stated, "Accreditation has increased strictness. As there is no systematic approach to accreditation, and due to the existing culture of blame, people are reluctant to work in these situations. Working pressure results in a lot of fatigue and burnout" (Participant 3).

One of the participants stated, "Lack of manpower imposes intensive shifts and forced overtime for nurses and increases their dissatisfaction" (Participant 4).

Patient-related challenges

Today, accreditation aims to create and promote a culture of patient safety and improve quality of patient care. In this regard, some of the challenges mentioned by nurses included decreased patient-nurse communication and decreased patient satisfaction.

One of the participants stated, "Reducing the number of

Table 2. Challenges and strengths of implementing the fourth-generation accreditation standards from the perspective of nurses

Main themes	Subthemes	Codes	Frequency	
Challenges	Staff-related challenges	Increased workload and working pressure	9	
		Increased documentation	8	
		Increased work stress	8	
		Decreased motivation	7	
		Job burnout	6	
		Decreased staff satisfaction	5	
		Reduced commitment	5	
		Increase in nurses' errors	5	
	Patient-related challenges	Accreditation performed only by specific individuals	5	
		Decreased patient-nurse communication	4	
Strengths	Organization-related challenges	Decreased patient satisfaction	2	
		Lack of necessary infrastructure to implement accreditation	14	
	Staff-related strengths	Increased awareness	6	
		Improved reporting	5	
		Error reduction	4	
		Increased commitment	3	
		Increased staff safety	3	
		Increased patient safety	4	
		Patient-related strengths	Increased satisfaction	3
			Knowledge	2
Organization-related strengths	Improved hospital processes	5		
	Improved error reporting	5		
	Improved hospital indicators	4		
	Implementation of educational accreditation for physicians	2		

nurses and increasing the workload and documentation (such as accurate registration of initial evaluation and nursing evaluations, accurate nursing reports, necessary documentation for any treatment such as blood transfusion, etc.) have separated nurses from patients” (Participant 5).

One of the participants stated, “The lack of nursing staff and the need for a lot of documentation have increased the workload and fatigue of nurses, and reduced patient satisfaction” (Participant 6).

Organization-related challenges

Accreditation will be successful when all the necessary constructions to implement it are provided. The interviewees mentioned items such as lack of infrastructure needed to execute accreditation as an organizational challenge for successful accreditation.

One of the participants stated, “There is no infrastructure to implement accreditation. Lack of manpower, equipment, supplies, etc. has caused wear and tear. A lot of time is spent on the system to prepare or repair supplies and equipment, and this causes dissatisfaction among patients and staff” (Participant 7).

One of the participants stated, “Accreditation is useful when the supervisor has no concerns other than the patient in his or her working shift. Worn-out equipment and facilities, lack of credit to purchase and improve facilities, lack of construction standards, and inadequate organizational structures can pose challenges to nurses and supervisors” (Participant 8).

Staff-related strengths

The strengths of implementing accreditation related to the staff included increased awareness, improved reporting, error reduction, increased commitment, and increased staff safety.

One of the participants stated, “Accreditation emphasizes safety and identifying steps in related processes, such as blood transfusion, and this has reduced errors and increased patient safety” (Participant 9).

One of the participants stated, “With emphasis on registration of initial assessment, vital signs chart, and accurate documentation of all services in the patient file, accreditation has improved reporting, and increased awareness and care of nurses in providing services to patients” (Participant 10).

Patient-related strengths

The strengths of implementing accreditation included increased patient safety, increased satisfaction, and improved patient knowledge.

One of the participants stated, “Accreditation has improved patient education in various groups (especially in mothers regarding awareness of infant care) by emphasizing on-arrival, in-hospital, and out-of-hospital

education and this has increased patient satisfaction” (Participant 10).

One of the participants stated, “Accreditation is useful and necessary and has increased the awareness of nurses and patient safety by improving hand washing, the processes of hemovigilance, blood transfusion and blood products, patient’s initial assessment, and organizational processes” (Participant 11).

Organization-related strengths

The strengths related to the organization included improved hospital processes, improved error reporting, improved hospital indicators, and implementation of educational accreditation for physicians.

One of the participants stated, “According to the frequent evaluations conducted by the head of the department, supervisor, management team, etc., and according to the precise communication between the supervisory units and the departments, all the errors are identified, so the person who made mistakes prefers to report the errors before others find the error” (Participant 12).

One of the participants stated, “Implementing educational accreditation has made physicians more critical and more cooperative. Before, they did not accept that we were talking about patient rights” (Participant 13).

Discussion

Although there have existed four periods of accreditation, it still has blind spots or challenges. Other countries are benchmarking this program, regardless of these challenges with the hope to reach the highest standards. The provision of the necessary infrastructure to implement accreditation is costly. Lack of accreditation infrastructure is considered as an organizational weakness or challenge for accreditation. Preparing the infrastructure for this program and its implementation require a lot of time and human resources (especially experts in the field of accreditation).

Organizations are facing a shortage of experienced and knowledgeable human resources in the field of accreditation. This has led to increased workload, increased work stress, and reduced motivation and satisfaction in the employees. These challenges have been pointed out by numerous studies.

Yar Mohammadian et al, in their study, divided the challenges of accreditation into two categories including staff-related challenges (increasing workload and lack of manpower, creating stress in staff due to difficult and time-consuming work) and others (increase in costs, uncertainty about the effectiveness of the program, conflict between quality assurance and quality improvement, using a single set of standards to evaluate the organization and programs in different environments, promotion of administrative bureaucracy). They stated

that these challenges in the accreditation program hinder the proper implementation and achievement of the purpose of accreditation in organizations (14).

Some studies have shown that accreditation has a negative impact on performance and service delivery. Raiesi et al and Mosadeghrad et al stated in their studies that accreditation is a time-consuming task which leads to administrative bureaucracy, increases workload, and creates stress in the staff (19,20). In the accreditation program, issues such as increased workload, shortage of human resources, and increased documentation are encountered. Accreditation seems to place an additional burden on the staff. Studies by Yar Mohammadian et al and Manzari Tavakoli et al also expressed the same issues (14,21). The results of this study showed that the registration of documents related to treatment measures by nurses has increased the distance between the nurse and the patient.

On the other hand, it has improved the reporting situation and increased the awareness and accuracy of nurses in providing services to patients. It is also very helpful in the root cause analysis as well as in analyzing patient file documentation. Accreditation has led to an increase in public awareness of their rights which has increased the number of patients' complaints from different groups working in the hospital. Careful documentation will ensure that nurses can defend themselves if they refer to regulatory and judicial institutions.

Considering that one of the measures of public nursing care is planning to eliminate excessive documentation in accordance with the notification laws of the Ministry of Health, hospitals need to redevelop and update their policies and procedures and redesign staff training programs. It should be noted that planning in the field of training and increasing the level of awareness of accreditation have led to improving the level of awareness of the staff. The nurses participating in this study believed that accreditation is done by certain individuals and is mostly imposed on supervisors, experts, consultants, and especially middle managers. The same issue in Michigan led to the failure of organizations to achieve the goals of the accreditation program as reported by Thielen (22).

Sack et al also stated that accreditation requires three years of work and three full-time staffs to implement the accreditation program 24 hours a day (23). It seems that the implementation of accreditation had no effect on patient satisfaction and nurses' work commitment. The study by Greenfield and Braithwaite showed that accreditation standards had little effect on clinical performance indicators (24). The findings of the study by Mosadeghrad and Nabizade demonstrated that managers believed accreditation had no effect on physicians' participation in improving work processes and reducing errors and risks (25). However, the results of the present study indicated that accreditation improved the reporting of errors and

reduced errors. Moreover, by defining and clarifying hospital processes, it reinforced hospital indicators. The interviewees stated that accreditation had a positive effect on services through process standardization.

By implementing accreditation, the organization begins to make corrections and changes. The participants in this study believed the quality of services has improved due to the documentation of activities and the implementation of accreditation. Developing an information and reporting system reduces errors and improves effective services. This was also pointed out in the study by Karimi et al (26). One of the most important points is the implementation of accreditation of patient education, which improves relationships and quality of services.

The results of this study showed the implementation of measures related to the promotion of health education increased patient awareness. Karimi et al in a similar study, referred to this as one of the strengths of accreditation (26).

Due to the qualitative nature of the study, it had some limitations including lack of generalizability of the results (to reduce which sampling continued until data saturation) and lack of cooperation of the staff due to intensive work shifts and large number of patients. On the other hand, Afzalipour hospital was the center for caring for patients with COVID-19 and some other limitations were also imposed like delayed interviews due to the affliction of people with COVID-19, restriction in the presence of people in the hospital to prevent the spread of the disease, and limits on coordination with interviewees. Therefore, to overcome these limitations, an attempt was made to interview people during non-shift hours and in cleaner areas such as outside the hospital, administrative wards, and libraries.

Conclusion

Given that qualitative research reveals the ambiguities and inner feelings of the interviewees, the results of this study can lead to improved methods of care and treatment standards. In this regard, it is suggested that the structure and accreditation of education be reformed. The measures of structure modification include involving all hospital staff, paying attention to the creativity and innovation of the staff in the organization, developing a new culture for the implementation of accreditation criteria, continuous monitoring of the implementation of regulations, encouraging and thanking the staff for the proper implementation of accreditation, integrating relevant hospital management committees for time management, selecting managers based on scientific and managerial criteria, using management graduates in the Ministry of Health, continuous imperceptible monitoring, and integrating educational and therapeutic accreditation to increase the commitment and cooperation of physicians. The measures related to education include continuous training of the staff in a practical way, making

attempts to translate the concepts of accreditation theory into operational concepts, raising staff knowledge with accreditation concepts, and defining accreditation course for all disciplines in the universities of medical sciences.

Acknowledgements

The authors would like to thank the management and nursing team of Afzalipour Hospital in Kerman for their sincere cooperation and all those who helped in this research particularly the head nurses and nurses of the hospital for answering the questions patiently despite their heavy workload.

Conflict of Interests

The authors had no conflict of interest in conducting the present study.

Ethical Issues

This research was approved by the Kerman University of Medical Sciences under the ethics code IR.KMU.REC.1400.193.

References

- Ebrahim Z, Nasiripour AA, Raeissi P. The impact of structure, process and output on the establishment of an accreditation system in social security hospitals in Tehran. *Int J Health Stud.* 2017;3(3):5-8. doi: [10.22100/ijhs.v3i3.257](https://doi.org/10.22100/ijhs.v3i3.257).
- Vanoli M, Traisci G, Franchini A, Benetti G, Serra P, Monti MA. A program of professional accreditation of hospital wards by the Italian Society of Internal Medicine (SIMI): self- versus peer-evaluation. *Intern Emerg Med.* 2012;7(1):27-32. doi: [10.1007/s11739-011-0684-6](https://doi.org/10.1007/s11739-011-0684-6).
- Greenfield D, Pawsey M, Hinchcliff R, Moldovan M, Braithwaite J. The standard of healthcare accreditation standards: a review of empirical research underpinning their development and impact. *BMC Health Serv Res.* 2012;12:329. doi: [10.1186/1472-6963-12-329](https://doi.org/10.1186/1472-6963-12-329).
- Nasiripour AA, Jafari S. The relationship of quality improvement and patient safety with performance indicators in Shahid Beheshti University of Medical Science teaching hospitals. *Payavard Salamat.* 2016;10(4):311-9. [Persian].
- Sivasankar P. Employees attitude towards the implementation of quality management systems with special reference to KG Hospital, Coimbatore. *Int J Manag Res Bus Strategy.* 2013;2(4):121-8.
- Hakimzadeh R, Javadipour M, Mansoubi S, Ghorbani H, Fallah Mehjordi MA, Ghafariyan M. Nurses' educational needs assessment by DACUM method: a case study. *Quarterly Journal of Nursing Management.* 2014;3(1):45-54. [Persian].
- Sheikhy-Chaman M, Faghisolouk F, Mobaderi T, Miankoohi E, Hasanzadeh E. Accreditation of hospitals affiliated to Iran University of Medical Sciences: nurses perspective. *Payesh.* 2020;19(6):693-7. doi: [10.29252/payesh.19.6.693](https://doi.org/10.29252/payesh.19.6.693). [Persian].
- Hassanzadeh E, Daastari F, Soltani Z, Sheikhy-Chaman M. The impact of accreditation on the quality of hospital services from the perspective of nurses in Tehran. *Nur Midwifery J.* 2021;18(10):805-795. [Persian].
- Alkhenizan A, Shaw C. Impact of accreditation on the quality of healthcare services: a systematic review of the literature. *Ann Saudi Med.* 2011;31(4):407-16. doi: [10.4103/0256-4947.83204](https://doi.org/10.4103/0256-4947.83204).
- Lotfi Hadi Biglo SY, Maleki K, Bahadoria A, Hosseinzadeh R. Assessment nurses knowledge, attitude, and comment on hospital accreditation and its impact on patient care quality in Imam Khomeini hospital, Sarab. *J Sabzevar Univ Med Sci.* 2021;28(3):329-37. [Persian].
- Azami-Aghdash S, Sadeghi Bazargani H, Ghasemi B, Mirzaei A, Aghaie MH. The existing barriers and infrastructures to implement accreditation from the perspective of hospitals' managers in East Azerbaijan hospitals: a mixed method study. *Depiction of Health.* 2013;4(2):35-42. [Persian].
- Chaghary M, Ameryoun A, Ebadi A, Saffari M. Training and motivational needs of nursing staffs about the hospital accreditation standards. *Journal of Nurse and Physician Within War.* 2015;2(5):217-24. [Persian].
- Hinchcliff R, Greenfield D, Moldovan M, Westbrook JI, Pawsey M, Mumford V, et al. Narrative synthesis of health service accreditation literature. *BMJ Qual Saf.* 2012;21(12):979-91. doi: [10.1136/bmjqs-2012-000852](https://doi.org/10.1136/bmjqs-2012-000852).
- Yar Mohammadian M, Shukri A, Ziari N, Kurd A. Blind spots in the accreditation program. *Health System Research.* 2014;9(11):1158-66. [Persian].
- Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs.* 2008;62(1):107-15. doi: [10.1111/j.1365-2648.2007.04569.x](https://doi.org/10.1111/j.1365-2648.2007.04569.x).
- Grbich C. *Qualitative Data Analysis: An Introduction.* SAGE Publications; 2012.
- Graneheim UH, Lindgren BM, Lundman B. Methodological challenges in qualitative content analysis: a discussion paper. *Nurse Educ Today.* 2017;56:29-34. doi: [10.1016/j.nedt.2017.06.002](https://doi.org/10.1016/j.nedt.2017.06.002).
- Lincoln YS, Guba EG. *Naturalistic Inquiry.* SAGE Publications; 1985.
- Raiesi A, Sharbafchizade N, Mohammadi F. Challenges of the third generation of hospital accreditation program from the perspective of accreditation officials in Isfahan city, Iran. *Health Information Management.* 2021;18(2):53-9. [Persian].
- Mosadeghrad AM, Shahebrahimi SS, Ghazanfari M. Exploring the relationship between accreditation and hospital performance: using data mining approach. *Journal of School of Public Health and Institute of Public Health Research.* 2018;16(1):33-50. [Persian].
- Manzari Tavakoli H, Fatehi Rad N, Shokooh Z, Khodaei M. Designing and presenting the accreditation model of public hospitals. *Journal of Healthcare Management.* 2021;12(2):7-16. [Persian].
- Thielen L. *Exploring Public Health Experience with Standards and Accreditation.* Robert Wood Johnson Foundation; 2004.
- Sack C, Scherag A, Lütke P, Günther W, Jöckel KH, Holtmann G. Is there an association between hospital accreditation and patient satisfaction with hospital care? A survey of 37,000 patients treated by 73 hospitals. *Int J Qual Health Care.* 2011;23(3):278-83. doi: [10.1093/intqhc/mzr011](https://doi.org/10.1093/intqhc/mzr011).
- Greenfield D, Braithwaite J. Health sector accreditation research: a systematic review. *Int J Qual Health Care.* 2008;20(3):172-83. doi: [10.1093/intqhc/mzn005](https://doi.org/10.1093/intqhc/mzn005).
- Mosadeghrad AM, Nabizade Z. Evaluation of Iranian hospital accreditation system. *Payesh.* 2018;17(6):617-29. [Persian].
- Karimi S, Gholipour K, Kordi A, Bahmanziari N, Shokri A. Impact of hospitals accreditation on service delivery from the perspective views of experts: a qualitative study. *Payavard Salamat.* 2013;7(4):337-53. [Persian].