



2528-9705

Örgütsel Davranış Araştırmaları Dergisi
Journal Of Organizational Behavior Research
Cilt / Vol.: 3, Sayı / Is.: S2, Yıl/Year: 2018, Kod/ID: 81S2354



DEPLOYMENT OF QUALITY IMPROVEMENT MODELS IN IRANIAN HEALTH CARE CENTERS FROM EXPERTS' PERSPECTIVES: A QUALITATIVE RESEARCH

Shirin ABBASI¹, Mohammad H YARMOHAMMADIAN^{2*}, Shahin SHOOSHTARI³, Shahram TOFIGHI⁴

¹ Ph.D. Student of Health Management in Disaster, Isfahan University of Medical Sciences, Isfahan, Iran.

²Professor, Health Management and Economics Research center, Isfahan University of Medical Sciences, Isfahan, Iran

³ Associate Professor of Department of Community Health Sciences Max Rady College of Medicine Rady, Faculty of Health Sciences University of Manitoba, Canada

⁴Assistant Professor of Health Management Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran

***Corresponding Author**

Email: yarmohamadian@mng.mui.ac.ir

ABSTRACT

Introduction: Health care organizations strive to achieve quality as a principle source of competitive advantage by using quality improvement models. These models provide adequate tools for assessing hospital's performance. The present study aimed to review the expert's viewpoints on using quality improvement models in Iranian health care centers. Method: This was a semi-structured qualitative study conducted in 2016. The population of study included experts in the field of quality improvement in Iran selected using purposeful sampling (n = 15). Face-to-face interviews were performed to gather information. Each interview was transcribed, coded and systematically extracted based on the content analysis method. Data analysis was conducted via MAXQDA software (2010). In addition, data validation was confirmed by the research team. Findings: Data were mainly categorized and reported into two themes: 1) quality improvement models proposed in health centers and their common features 2) five main categories for advantages and disadvantages of using quality improvement models, recommended strategies, achieving organizational objectives, focusing on results and 16 sub categories. Conclusion: Our findings revealed that it is necessary for hospitals to implement quality management system models. Quality improvement models, as a powerful tool, can promote the quality and clinical effectiveness; however, there are some advantages and disadvantages in the implementation process. In addition, our results suggest that paying attention to organizational structure, development of an appropriate organizational structure and consequently patient's safety improvement can be helpful and contributing in the deployment and maintenance of the quality improvement models in health care centers

Keywords: Quality Improvement, Health Care, Research, Quality Management

INTRODUCTION

Nowadays, there is an increasing global need and attention to the quality of health care (Shaw, 2004). In this regard, understanding and interventions for the quality and safety of health care are continuously influenced by the ideas, trends and plans of many developing countries (Sollecito & Johnson, 2013). To achieve quality as a source of competitive advantage, organizations need some systematic tools and procedures to implement it (Farzianpour et al.,

2011; Vituri et al., 2010). The application of quality in health services has a significant impact on patient satisfaction and behaviors including integrity and reputation of health organization (Suifan, 2010). Thus, the management process for achieving a rational and strategic view of quality, along with decisions to Continuous improvement of processes, provided care services, and performance assessment, is an important issue that needs to be addressed (Vituri et al., 2010). As a result, health care organizations seek to promote a wide range of organizational monitoring and improvement strategies, quality management and health services safety through the application of supported mechanisms including performance assessment (Cunningham et al., 2012). Inadequate training, lack of proper definition of indicators and evaluation standards due to the qualitative nature of services and absence of professionals and counselors in the health sector are among the most significant challenges of performance assessment in the health sector (Farzianpour et al., 2011). There are several models for hospital performance management, each with strengths and weaknesses focusing on specific aspects in the hospital. These models assess the organization from different aspects and provide suitable tools for evaluating modern performance with multiple indicators (Hashemzahi et al., 2011). A review of the studies shows that most of these standards-based models make use of a voluntary and independent approach aimed at intra-organizational development either in self-assessment or compulsory form to achieve their meta-organizational assessment (Aimola et al., 2016; Øvretveit, 2001). According to the World Health Organization, the dominant approach to assessing hospitals, improving the quality of services and efforts to promote the effectiveness and efficiency of services is based on the use of quality improvement systems including accreditation, ISO standards and European Foundation for Quality Management (World Health Organization, 2006) Statutory inspection, accreditation, ISO and European Foundation for Quality Management (EFQM) are among the four models offered in the Americas, Europe, and Australia for assessing medical standards (Shaw, 2000). In Iran, there has been increasing emphasis on the provision of high quality care in hospitals as one of the main goals of the healthcare system. In this regard, several efforts have been made to implement quality improvement plans in hospitals including Total quality management, clinical guidelines, internal audit and staff training (Ravaghi, 2014). In addition, some studies have been conducted to investigate the status of quality improvement models in Iranian health systems. For example, the results of a case study examining a variety of performance assessment systems and self-assessment approaches in the health sector showed that organizational EFQM, clinical governance, ISO and balanced scorecard are the most commonly used standards in hospital centers (Hashemzahi et al., 2011). Furthermore, in another study by Shaw, the accreditation standards, ISO, EFQM and clinical governance have been mentioned as the popular methods used in health care centers (Shaw, 2004). In spite of the importance of using the models proposed in the health care system, the implications of using these models and their evolutionary pathway are ambiguous and there remain different views regarding the compatibility or incompatibility of the models in the health care system. The present study aimed to investigate the understandings and concerns of expert's perspectives regarding the deployment of quality improvement models in Iranian healthcare centers.



METHOD:

Research strategy:

This was a descriptive and exploratory study based on the qualitative approach which was performed using content analysis in a period of nine months from July 2015 to April 2016.

The panel of experts included members of board specializing in health services management and quality improvement experts. These participants were selected on the basis of their direct experience and knowledge with Social Security Organization, Hospitals affiliated to Social Security Organization and Medical Sciences Universities. The population of the study included principals and hospital managers, quality improvement representatives and faculty members of the university. Theoretical sampling method was firstly used for the selection of hospitals. Then, snowball sampling was undertaken for identifying other participants in the target population and sampling selection was continued until saturation was reached (Yilmaz, 2013). Eventually, 15 participants were included in this project.

Inclusion and exclusion criteria:

Inclusion criteria for hospitals were as follows: Having one of the ISO-related certifications, accreditation, clinical governance and *European Foundation* for Quality Management (EFQM) from the social security hospitals in Isfahan. Additionally, the inclusion criteria for participants of the study included: having a management or occupational experience in the desired field, being interested in providing information and experiences, graduates of M.A and Ph.D. Exclusion criteria were the lack of willingness to cooperate at every step of the study or response distortion.

Data collection

The data were collected using a interview guide consisting of a guideline, general items on the *socio demographic* characteristics of the participants and specialized items regarding the quality improvement models in the health care system. Furthermore, an informed consent form was provided by the researcher and given to the participants. In order to elicit potential drawbacks within the interview, a pilot interview was firstly conducted with one of the senior managers of Social Security Organization. In-depth semi-structured interviews based on open-ended questions were used to extract data. The interviews lasted between 24 to 100 minutes. Then, one member of the research edited the participant's responses for finding possible errors without changing the original content. The official interview was recorded with the participant's consent and each interview was then transcribed. In addition, some letters were utilized to identify the participants at the end of each interview ("P" for participants, "H" for hospital, and "U" for university).

Data extraction

This study used a content analysis methodology with a qualitative approach design. In content analysis methodology, the words containing in a text are classified or coded into various manageable categories based on their theoretical importance (Strauss & Corbin, 2009). In the present study, coded and categorized data were directly extracted from the collected data and MAXQDA 2010 software was used to manage the data. After forming the basic concepts and categories, the corresponding categories were combined together and the similarities and differences within the concepts were then extracted by comparing the codes. The same themes were combined again and the final themes were extracted and created. The researcher



performed the primary coding and classification in order to ensure the credibility of data. Then, the level of consensus among the other members of the research team regarding the codes and categories was reviewed and necessary *changes have been made based on the feedback from them*. In this study, the individual team members analyzed the validity of the relevant texts, codes, and identified concepts and confirmed their validity. To achieve the conformability, the combined codes were also sent for two faculty members of University of Medical Sciences who were fully acquainted with qualitative research in order to ensure the relationship between the selected code and relevant sentence.

FINDINGS:

According to the findings, about 73% of participants had a Ph.D. degree. Only 13% of participants were female. 80% of the participants were employed in the medical and education sectors and only 20% in education field. Two themes emerged during the analysis of participants' experiences: 1) quality improvement models in health care systems, and Common aspects involved in quality improvement models2), five main categories and sixteen sub categories. Figure 1 shows the status of the themes and their primary and secondary categories developed.

Theme 1: Proposed quality improvement models in health centers

The main theme in this category was extracted after analyzing the viewpoints of the interviewees. This theme analyzes the selected quality improvement models, including EFQM model, clinical governance, accreditation, and ISO. These models assess the quality status of health centers *whether mandatory or optional*. The three main categories extracted from this theme included “certain advantages”, “disadvantages for implementing quality improvement models” and “recommended strategies”.

One of the participants interviewed believed that quality improvement models can be defined as reminder management systems that help managers to handle their affairs properly, think about their system inputs, assurance resources, process improvement and product realization "(PU12).

[...] Models used in our health care centers are divided into two categories. ISO standard and EFQM *excellence* model categories are not specific or designed for use in health and medical centers; however, hospitals have focused their attention on using them in order to provide health services with better quality. Another category which is especially designed for use in healthcare is related to the clinical governance and accreditation models. Nowadays, the hospitals are needed to pursue and deploy accreditation standards in their healthcare settings (PU15).

Another participant emphasized the point that "each of these models has an applied nature and should be utilized by health centers while they have acquired a degree of organizational maturity and readiness in order to be able to select activities with added value. Therefore, it is necessary for health centers to implement the special indicators embedded in the quality improvement models to achieve the organizational agility "(PU8). [...] Accreditation and clinical governance models are specially used in health centers. Although EFQM and ISO standard models were not specifically intended for use in hospital and medical centers, social security hospitals are keen on implementing these models within their own medical settings.



Additionally, the university has required these hospitals to deploy and implement the accreditation standard (PH5).

Advantages of implementing quality improvement models

The application of quality improvement models in the studied hospitals had some accomplishments, including "focusing on staff qualifications and training, developing processes, policies, operational programs, resource management, establishing a monitoring and measurement system, defining organizational structure and increasing senior management commitment "(PH1). One of the interviewed participants pointed to the advantages of the systems including "access to specific job templates, quality improvement, development of an integrated system through converting inputs into the appropriate output through proper processing, finding specific missions, and accurate elaboration and implementation of processes "(PH3). Other points emphasized by various interviewees were as follows: "Assessing the implementation of quality improvement plan within the organization and significance of community based on the EFQM model" (PH10); "Evaluation of customer satisfaction outcomes, clinical effectiveness, and patient's safety and quality improvement and presence of an incentive system scheme for communicating failure in clinical governance plans" (PU11); "presence of a compulsory model in hospitals, paying attention to risk management and crisis management, ministry and organizational support, and close attention to the spirit of the management system quality of accreditation system " (PH13) "and emphasis on top management commitment, development of process approach, information registration system, third party audit, non-conforming product identification and risk management in ISO" (PH4).

Disadvantages associated with implementing quality improvement models

The second main category related to the quality improvement models is to analyze performance problems associated with these models in health care centers. one interviewed believed that "some problems *can cause* some obstacles for the implementation of these models, such as: lack of consistency or mismatch between offering training for deployment of systems and service providers, rapid development of the model within the organization and their abandonment after a while, ignoring some standard clauses due to their time-consuming nature for implementation within the organization and competitive process for obtaining a certificate from the company "(PH6).

[...] I believe that the main problem with each model can be due to the presence of some barriers and challenges facing in their implementation within the organization and failure to complete them rather than their inherent and latent defects (PH12).

In this regard, some interviewees mentioned some of the problems and views involved in the application of the models: " Focusing on external customers and placing less importance on *internal* customers, lack of sufficient opportunity to compare both *internal and external* aspects of the *organization's* functioning, paying much attention to the project outcomes rather than organizations at EFQM "(PH5). " Employees lack trust and enthusiasm about the implementation of clinical governance due to incorrect and inaccurate translations in Iran and consequently, inappropriate and inefficient management and deployment of models" (PH10). "Less focus on the operationalization and writing process, customization in auditing by raters, lack of active stakeholder engagement including insurance, high expenditures of deployment and standard development as well as deployment of models before



providing adequate accreditation " (PH3), " lack of official organization in hospitals, more focus on obtaining ISO standard as a certification of appreciation and honor in the organization, competitive certification process, increased engagement in bureaucratic red tape and expectations among staff and customers "(PH7).

Suggested strategies for implementing proposed quality improvement models in health care centers

Recommendations suggested by the participants in the study were reviewed in accordance with the previous categories. The major points were: improvement of management decisions at the macro and micro level within the organization, resources management and required credits, modification of current procedures and providing a proper framework for models before their implementation. One of the interviewees emphasized the point that: [...] The most important requirement for the development of the proposed models is to provide an appropriate organizational structure if there is no quality improvement unit in the organizational chart as well as absence of professionals specializing relevant to tasks. The measurements performed were purely formal. In addition, the development of a strong and integrated organization directs the staff to attach more importance and value to the model and incorporate it to their job descriptions template (PH2). [...] Currently, the aim of proposed models is solely at gaining a competitive privilege within the hospital, and it seems that the effectiveness of these models is dependent upon their correct and optimal role in making organizational decisions based on the models, providing individuals with specialized training as quality improvement representatives and application of cascade training for other employees. Further, changing the overall attitude toward the organization is crucial and the use of models should not be solely limited to specific individuals and gaining competitive privileges in the hospital (PH4). [...] Furthermore, developing a competitive attitude toward the quality improvement models in the health markets play a positive and effective role in several aspects. For example, enhanced reputation of the hospital and obtaining various certifications will increase patient satisfaction, improve the quality of health care and organizational self-esteem, and thus help the hospital achieve its goals (PH1).

Theme 2: Common aspects involved in quality improvement models

Based on the participant's viewpoint, the common aspects involved in the quality improvement models were analyzed as the second theme. The two main categories related to this theme included achieving goals, improving organizational performance, and focusing on the outcomes. The participants identified "the possibility for the organization to realize its specific goals, the possibility for assessing and reviewing the plans, taking into account the outcomes of the activities" (PH13), "human resources management, paying attention to the effectiveness and efficiency of the system and meeting the requirements of the organization" (PU12) as some of the common features including in hospital improvement models. One interviewee pointed out: "Our hospital earned ISO certification and is now operating based on the accreditation model. These models have been found to generate an overlapping pattern, and their ultimate goal is to improve business processes, customer's responsiveness and satisfaction "(PH9).

Achieving goals and improving organization performance

One of the interviewees working as a supervisor in hospitals stated that: [...] However, each of these listed systems shared some features including: they helped hospitals to achieve their objective in a more efficient and simple way, they qualified as a brand, they improved the



services provided by documentation of their activities as well as they led to the enhancement of job descriptions (PH14). One participant explained that "One of the most tangible features of the models is related to the some measures which are taken to eliminate non-conforming products in different ways. He added that improving patient safety and reducing risks to patients and employees are among the goals which can be pursued using these models "(PH2). Another *supervisor* to a *management position* said that: "when deploying these systems in the hospital, some measures have simultaneously been taken to identify the risks and opportunities and plan for some changes, which generally could lead to improved quality and offering better services to the patients (PH10).

[...]One of the components of interest in these models is the application of the information registration system which can be found almost in the entire proposed model for controlling the documents. Hospitals are currently using the correct recording system, which helps them to assess the performance of their health center (PU15).

RESULTS

The last major category created in the second theme was attributed to the results. These items included: "trust building and meeting the organization's requirements" (PH14), "establishing an appropriate relationship between employees and management and paying attention to the organization's external setting" (PU8). One participant maintained that "these models allow us to prove that events occurring inside the organization are the product of planning and actions. In addition, there has been an increased emphasis on the outside environment and paying attention to the society and other organizations as a factor for added value creation in the organization "(PH7). Moreover, one interviewee pointed out "an important issue that the proper utilization of common features involved in these models can bring some benefits for the organization including improved service quality, making an effort to promote effectiveness and efficiency, cost management, satisfaction of stakeholders together with meeting their demands and requirements" (PH14).

DISCUSSION

This study aimed to assess the status of quality improvement models among the Iranian health centers. According to the findings of previous studies, accreditation standards, ISO standard, EFQM, and clinical governance have been cited as the popular methods used in health care centers (Shaw, 2004; WHO, 2006). In addition, the results of a case study examining a variety of performance assessment systems and self-assessment approaches in the health sector showed that organizational excellence model, clinical governance, ISO and balanced scorecard are the most commonly used standards in hospital centers (Hashemzahi et al., 2011; Semnani & Asadi, 20016).

Participants' viewpoints on the benefits of using models were analyzed in this study. Despite the fact that the successful implementation of quality management systems depends on the application of managerial practices and creative innovations (Vituri, 2010) , some studies have found the effectiveness of deploying models and their positive effects in achieving hospital goals, standardizing processes, focusing on customers, improving productivity, promoting service quality, increasing job satisfaction and enhancing organizational learning (Wagner et



al., 2014; El-Jardali et al., 2008; Tsai et al., 2012; Oliveira & Matsuda, 2016), which are consistent with the results of the present study. As stated by interviewees and summarizing the themes, the present study also addressed the problems related to the implementing the proposed models. The findings of the study by Wagner in three countries revealed that the implementation of quality management systems has had no positive effect on the promotion of activities undertaken in pursuit of quality assurance objectives despite the development of the cycle of quality improvement activities among the studied hospitals (Wagner et al., 2006). The findings of some studies suggested barriers to organizational culture, turnover, lack of institutionalization of elements of the quality management system in the hospital, impossibility of analyzing the outcome indicators, lack of continuous and sustainable improvement in the quality of services, and lack of efficiency of health organizations in applying the models as the major obstacles faced by organizations in the implementation process of suggested models (El-Jardali et al., 2008; Oliveira & Matsuda, 2016, Kurcgant & Massarollo, 2005; Babakian et al., 2015; Mosadeghrad, 2014).

The results of the interviews with the participants led to the presentation of the proposed strategies and the participants expressed their point of view in this regard.

In the study by Sluijs, the proposed strategy was to examine the reasons for the decline in progress in quality management activities at national levels in medical centers (Sluijs & Wagner, 2003). The results of some recent studies suggested the use of assessment systems including the internal and external auditing process (Sharma, 2012), focus on the resource management (Tsai et al., 2012), process management (Mosadeghrad, 2014), customer focus after the establishment of the quality management system (Ibn et al., 2013) and use of new process standards (Abbasi & Tavakoli, 2013) as the strategies for the effectiveness of quality improvement models. In another study by Saadati, some strategies have been suggested regarding the successful implementation of accreditation including employee training, developing a *process-oriented approach* in managers, coordination between *planning and operation of* infrastructure, culture of society and organization, manpower management and financial resources (Saadati et al., 2015).

The results of our study showed that quality management systems used in centers shared some aspects on achievement of goals, improvement of organizational performance and outcomes.

Andersson reported in his study that quality improvement models are the same in terms of origin, methods, tools and effects (Saadati et al., 2015). Besides, based on the findings of the study by Bohigas, the attention of all models should be focused toward developing basic information and generating documentation (Bohigas & Heaton, 2000). According to the results of some studies, deployment of assessment models at the centers with taking into consideration the values and principles, education and culture, paying attention to different sources, collecting information and sharing them, can provide a useful platform for planning, development, monitoring and evaluation resulting in the realization of defined goals (Semnani & Asadi, 2016; Adibi et al., 2012). Suciú also indicated that the establishment of quality systems improves community responsiveness, promotes decision making at macro and micro levels, enhances the performance of managers and agents as well as facilitates the prediction of future needs (Suciú & Borza, 2010), which were in congruent with those results of our study. However, the findings of the study by Schyve are in contradiction with our results suggesting that accreditation standards are specially designed for application in medical centers and



patients should receive special attention in these centers; while this is not the case for ISO and EFQM models (Schyve, 2000).

CONCLUSION

This study examined the results of implementing quality improvement models and their common aspects in Iranian health centers from the point of view of the experts. According to the above descriptions, it is necessary for hospitals to implement the models of quality management system. These models can assist the organization to advance its goals and provide a national strategy for the health system by developing an appropriate structure for monitoring and evaluating performance, implementation of quality improvement programs and achieving standards. According to the results, the establishment of an internal and external assessment system at the center, focusing on the customer, paying attention to functional outcomes for the patient, staff, organization and community, and clinical effectiveness are among the most important achievements in the deployment of the models. However, the use of quality management systems can face organizations with some challenges including the obstacles ahead, lack of commitment of top managers in the organization to maintain the system, lack of full recognition of the appropriate model for the organization and mere emulation from other organizations as advertising tools, using inappropriate methods for deploying and implementing quality models, increasing bureaucracy and lack of employee and stakeholder engagement. Therefore, our study concludes that focusing on organizational priorities, culture building, changing attitudes in the organization, creating an appropriate organizational structure, paying attention to infrastructure and resource management, and ultimately attention to improving patient safety can be regarded as contributing factors for deploying and subsequently maintaining models in the centers.

Research limitations

The lack of doing extensive studies on HICS in the world is the most important limitation for the present study.

Suggestions for further research

Presenting a model for assessing HICS with the use of the results obtained from the implementation of HICS with restriction of related problems as well as doing investigations for stating knowledge and deeper attitudes toward the system in the future research is valuable.

SH A contributed in the conception of the work, conducting the study, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work; PM contributed in the conception of the work, drafting and revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work.

SH contributed in the conception of the work, conducting the study, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work; SH T contributed in the conception of the work, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work.

Financial support and sponsorship

Nil.

Conflicts of interest

The authors have no conflicts of interest.



Authors' Contribution

- SH A contributed in the conception of the work, conducting the study, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work PM contributed in the conception of the work, drafting and revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work
- SH SH contributed in the conception of the work, conducting the study, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work
- SH T contributed in the conception of the work, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work

References

- Abbasi, S. H., & Tavakoli, N. (2013). External evaluation of four hospitals according to health care management standards. *Indian Journal of Fundamental and Applied Life Sciences*, 3(1), 24-32.
- Adibi, H., Khalesi, N., Ravaghi, H., Jafari, M., & Jeddian, A. R. (2012). Development of an effective risk management system in a teaching hospital. *Journal of Diabetes & Metabolic Disorders*, 11(1), 15.
- Aimola, L., Jasim, S., Tripathi, N., Tucker, S., Worrall, A., Quirk, A., & Crawford, M. J. (2016). Impact of peer-led quality improvement networks on quality of inpatient mental health care: study protocol for a cluster randomized controlled trial. *BMC psychiatry*, 16(1), 331.
- Andersson, R., Eriksson, H., & Torstensson, H. (2006). Similarities and differences between TQM, six sigma and lean. *The TQM magazine*, 18(3), 282-296.
- Babakian, P., Agoush, L., Foshtamy, S. S., & Rajabi, M. (2015). Benefits of ISO 9001-2008 Quality Management System on the Change of Quality Indexes Effectiveness in the Case of Three Iranian Regional Hospitals. *Biomedical and Pharmacology Journal*, 8(1), 213-218.
- BOHIGAS, L., & HEATON, C. (2000). Methods for external evaluation of health care institutions. *International journal for quality in health care*, 12(3), 231-238.
- Cunningham FC, Ranmuthugala G, Plumb J, et al. 2012. Health professional networks as a vector for improving healthcare quality and safety: a systematic review. *BMJ Qual Saf* 21: 239–249.
- El-Jardali, F., Jamal, D., Dimassi, H., Ammar, W., & Tchaghchaghian, V. (2008). The impact of hospital accreditation on quality of care: perception of Lebanese nurses. *International Journal for Quality in Health Care*, 20(5), 363-371.
- Farzianpour, F., Aghababa, S., Delgoshaei, B., & Haghgoo, M. (2011). Performance evaluation a teaching hospital affiliated to Tehran University of medical sciences based on baldrige excellence model. *American Journal of Economics and Business Administration*, 3(2), 277.



- Hashemzahi, A., Iran Nejad Pazrizi, M., Tabibi, S. J., & Hashemzahi, M. (2011). Related factors on the effectiveness of performance measurement systems in teaching hospitals of Tehran from perception of their managers in year 2010 and providing a model. *Journal of Birjand University of Medical Sciences*, 18(2), 134-144.
- Ibn El Haj, H., Lamrini, M., & Rais, N. (2013). QUALITY OF CARE BETWEEN DONABEDIAN MODEL AND ISO9001V2008. *International Journal for Quality Research*, 7(1).
- Kurcgant, P., & Massarollo, M. C. K. B. (2005). *Cultura e poder nas organizações de saúde. Gerenciamento em enfermagem*. Editora: Guanabara Koogan, Rio de Janeiro.
- Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality, *international journal of health policy management*: 2014, 3(2), 77–89
- Oliveira, J. L. C. D., & Matsuda, L. M. (2016). Benefits and difficulties in the implementation of hospital accreditation: The voice of quality managers. *Escola Anna Nery*, 20(1), 63-69.
- Øvretveit, J. (2001). Quality evaluation and indicator comparison in health care. *The International journal of health planning and management*, 16(3), 229-241.
- Ravaghi, H., Mohseni, M., Rafiei, S., Zadeh, N. S., Mostofian, F., & Heidarpour, P. (2014). Clinical governance in Iran: Theory to practice. *Procedia-Social and Behavioral Sciences*, 109, 1174-1179.
- Saadati, M., Yarifard, K., Azami-Agdash, S., & Tabrizi, J. S. (2015). Challenges and potential drivers of accreditation in the Iranian hospitals. *International Journal of Hospital Research*, 4(1), 37-42.
- SCHYVE, P. M. (2000). The evolution of external quality evaluation: observations from the Joint Commission on Accreditation of Healthcare Organizations. *International Journal for Quality in Health Care*, 12(3), 255-258.
- Semnani, F., & Asadi, R. (2016). Designing a Developed Balanced Score-card Model to Assess Hospital Performance Using the EFQM, JCI Accreditation Standards and Clinical Governance. *J Bus Hum Resour Manag*, 1(005).
- Sharma, K. D. (2012). Implementing quality process in public sector hospitals in India: The journey begins. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 37(3), 150.
- SHAW ,CH.(2004).The external assessment of health services; *WORLD hospitals and health services MANAGEMENT: EXTERNAL ASSESSMENT*. Vol.40 No.1.pp24-27 5:222–231
- Shaw, C. D. (2000). External quality mechanisms for health care: summary of the ExPERT project on visitatie, accreditation, EFQM and ISO assessment in European Union countries. *International journal for quality in health care*, 12(3), 169-175
- Sluijs, E. M., & Wagner, C. (2003). Progress in the implementation of Quality Management in Dutch health care: 1995–2000. *International Journal for Quality in Health Care*, 15(3), 223-234



- Sollecito, W. A., & Johnson, J. K. (2013). The global evolution of continuous quality improvement: From Japanese manufacturing to global health services. *McLaughlin and Kaluzny's Continuous Quality Improvement in Health Care*, 3-48.
- Strauss A, Corbin J. Basics of qualitative research. Thousands Oaks. CA: Sage. Straus, EE (2009). Unequal pieces of a shrinking pie: The struggle between African Americans and Latinos over education, employment, and empowerment in Compton, California. *History of Education Quarterly*. 1998;49(4):507-29.
- Suciu, A., & Borza, A. (2010). Achieving Competitive Advantage in Service Industry. *Managerial Challenges of the Contemporary Society*. Proceedings, 206.
- Suifan, T.S., 2010. Quality of health services provided to Iraqis at Jordan red crescent health centers. *J.Soc. Sci.*, 6: 170-178. DOI:10.3844/jssp.2006.170.178
- Tsai, T. P., Chen, H. C., & Pai, J. Y. (2012). The evaluation of implementing the international organization for standardization (ISO) 9000 quality management system in medical setting: A study from a teaching hospital. *African Journal of Business Management*, 6(26), 7779
- Vituri, D. W., Cacciari, P., Gvozd, R., Kuwabara, C. C. T., & Cardoso, M. G. P. (2010). Indicadores de qualidade como estratégia para melhoria da qualidade do cuidado em um hospital universitário. *Cienc. cuid. saude*, 9(4), 782-90.
- Wagner, C., Groene, O., Thompson, C. A., Klazinga, N. S., Dersarkissian, M., Arah, O. A., ... & Lombarts, M. J. M. H. (2014). Development and validation of an index to assess hospital quality management systems. *International Journal for Quality in Health Care*, 26(suppl_1), 16-26.
- Wagner, C., Gulacsi, L., Takacs, E., & Outinen, M. (2006). The implementation of quality management systems in hospitals: a comparison between three countries. *BMC health services research*, 6(1), 50.
- World Health Organization. (2006). *The world health report 2006: working together for health*. World Health Organization.
- Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education*, 48(2), 311-325.



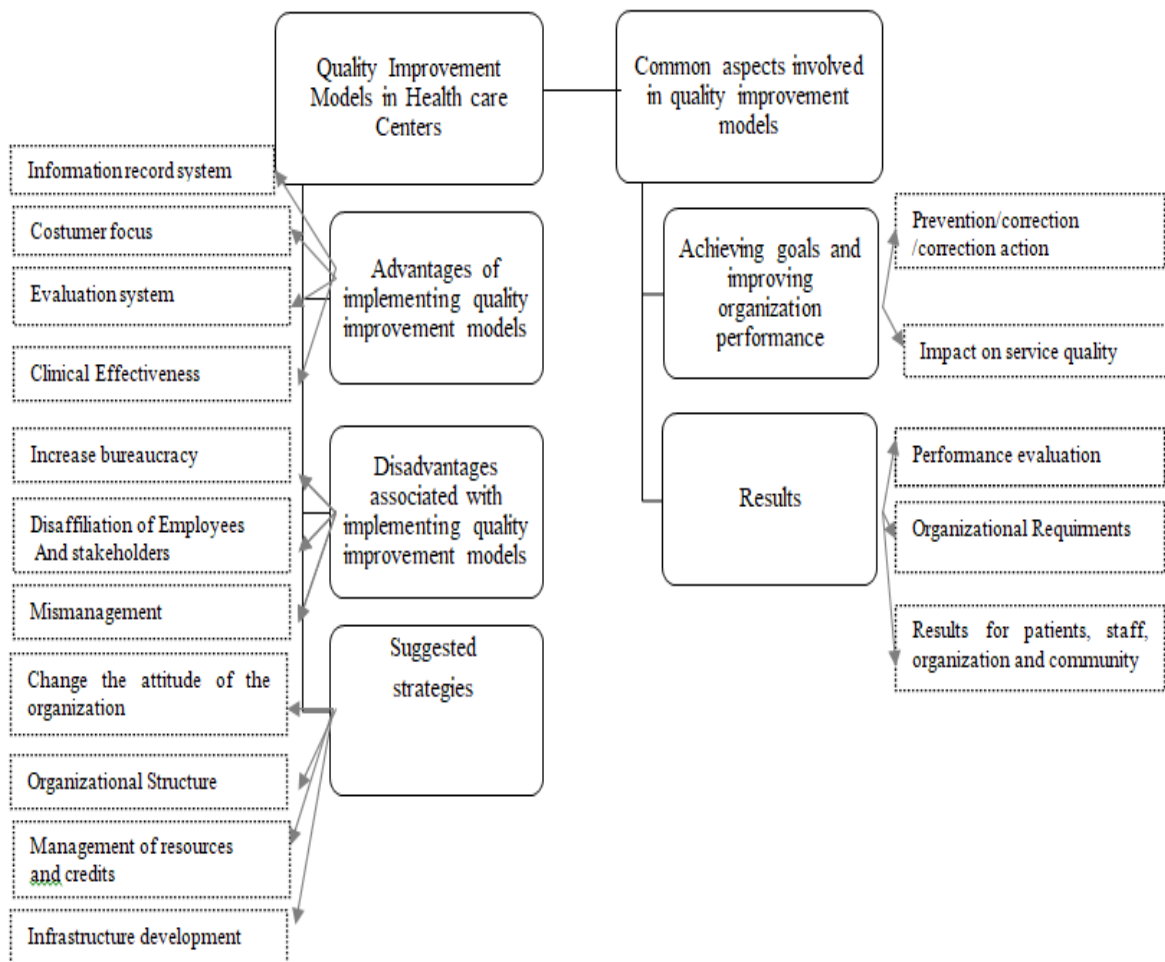


Figure 1: Themes, main categories and subcategories created from the Experiences of participants

