

Elucidating Stakeholders' Perspectives on the Educational Accreditation of Teaching Hospitals: A Qualitative Content Analysis

Fariba Jokar¹ , Akram Sadeghian² , Maryam Avizhgan^{1*} 

¹Medical Education Research Center, Medical Education Development and Studies Management Center, Isfahan University of Medical Sciences, Isfahan, Iran

²Office of Medical Education Development, Isfahan University of Medical Sciences, Isfahan, Iran

*Corresponding Author: Maryam Avizhgan, Email: maryamavizhgan@gmail.com

Abstract

Introduction: The accreditation of teaching hospitals plays a pivotal role in advancing and preparing the clinical education environment. Each year, self-assessments and external evaluations are conducted in teaching healthcare centers. Although these processes constitute the initial steps of accreditation, gaining insight into the perceptions of key stakeholders (faculty members, students, administrators, and educational experts) represents the most effective approach for identifying impacts, challenges, and potential solutions. To this end, the present study aimed to elucidate stakeholders' perspectives regarding the educational accreditation of teaching hospitals.

Methods: This study was conducted in 2023 using an exploratory qualitative approach. The participants comprised stakeholders involved in the educational accreditation of teaching hospitals, including educational deputies, accreditation experts, students, and faculty members of teaching healthcare centers. Purposive sampling was employed and continued until data saturation was achieved (n=13). Data were collected through semi-structured interviews conducted using an interview guide. Data analysis was performed using conventional content analysis, encompassing the stages of data collection (including audio recording), data reduction, inference, and analysis.

Results: A total of 422 initial codes were extracted and categorized into six main categories and nine subcategories. The main categories included: "Accreditation and the Role of Education in the Hospital"; "Accreditation as the Hospital's Compass"; "Accreditation and the Preservation of Dignity"; "Structure and Process of Accreditation in the Hospital"; "The Dynamism of Evaluators and Accreditation Standards"; and "Integration of Educational and Clinical Accreditation".

Conclusion: Accreditation should not be confined merely to its implementation; rather, the outcomes obtained from each standard should serve as a guide for the operational planning of teaching hospitals. Given the constraints in resources (human and financial), expenditures must be purposeful and strategically allocated. Moreover, the educational domain within these hospitals should be emphasized based on relevant standards (e.g., the presence of an educational deputy and related structures) and strengthened in terms of its institutional authority and position. The cumulative effect of these measures will be the improvement and reinforcement of student education and, consequently, the enhancement of the quality of care delivery within the health system.

Keywords: Educational accreditation, Teaching hospitals, Content analysis, Accreditation standards

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Introduction

Health professions education constitutes a fundamental component of the higher education system, directly concerned with human life. Given that a substantial portion of the teaching-learning process in these disciplines takes place within teaching hospitals, failure to provide a high-quality educational environment may result in irreparable harm to community health (1). Concern regarding the quality of care is not a novel issue. One of the principal strategies for ensuring and improving care quality is accreditation. Accreditation serves as the cornerstone

for guaranteeing a minimum baseline level of quality and represents a powerful evaluative instrument (2).

By establishing rigorous standards, conducting continuous evaluation of educational programs, and promoting ongoing improvement, accreditation contributes to the training of health professionals capable of delivering effective and safe patient care (3). An institution or program attains accredited status after undergoing a comprehensive external evaluation process based on predefined standards and principles, demonstrating compliance with minimum requirements, and consequently achieving institutional



enhancement and excellence (4). Accreditation influences various dimensions of hospital educational processes, including governance, data collection and analysis, development and revision of policies and procedures, curricular reforms, continuous quality improvement, and faculty engagement in educational programs (5). Studies conducted in Qatar, Turkey, and the UAE have indicated that students perceive accreditation as having a positive and effective impact on the quality of their educational programs (6–8). The accreditation process fosters a culture of quality enhancement within institutional management. Through self-assessment, institutions identify areas requiring improvement, promote accountability, and collaboratively strive to deliver high-quality, safe, and patient-centered healthcare services (9,10). Furthermore, graduates of accredited institutions demonstrate high levels of competence (11).

Nevertheless, despite the growing global momentum toward the implementation of accreditation, the existing evidence supporting its role in fostering competent health professionals (12) and in ensuring continuous improvement of medical education programs remains limited and in its early stages, and significant challenges persist (2,13). These challenges include high direct and indirect financial and human resource costs (4), the necessity for precise and timely documentation, interdepartmental coordination, and the preservation of impartiality and independence in decision-making. Although accreditation facilitates the early identification of problems, it also requires a culture receptive to critique and feedback (5,10). Governments play a crucial role in promoting transparency and competition among higher education institutions, which may lead to enhanced quality assurance and increased stakeholder satisfaction within the education sector (14).

Annually, in teaching healthcare centers affiliated with medical universities across Iran, including those in Isfahan, self-assessments are conducted by teams of experienced and motivated faculty members. External evaluations have also been conducted on three occasions by faculty members appointed by the relevant ministry, providing descriptive accounts of the current status. Although these processes constitute the preliminary steps of accreditation, assessing the effects of accreditation requires examination of the perspectives of key stakeholders (faculty members, students, educational administrators, etc.), as observing educational impacts may facilitate the accreditation process and draw greater attention from health professions education policymakers and administrators.

In the domain of educational accreditation, given its inherently educational nature, the challenges associated with measurement, and the tendency toward qualitative inquiry, there is a clear need for an in-depth exploration of the perspectives and experiences of stakeholders involved in the education and accreditation of teaching hospitals. Moreover, accreditation is frequently subject to the critique that questions whether the financial and human resources expended yield sufficient returns. Therefore, given the nature of accreditation, it is essential to generate

evidence capable of informing meaningful change. Since accreditation is inherently a subjective process (based on expert judgment), accessing the perceptions of the principal stakeholders involved in the accreditation process appears to be the most effective approach for identifying its impacts, challenges, and potential solutions. Accordingly, the present study sought to elucidate stakeholders' perspectives regarding the accreditation of teaching hospitals, with particular emphasis on its educational effects.

Methods

Study Design

This study was conducted at Isfahan University of Medical Sciences in 2023 using an exploratory qualitative approach.

Participants

The research population comprised all stakeholders involved in the accreditation of teaching hospitals, including educational deputies, central and field accreditation experts, and students of teaching healthcare centers affiliated with Isfahan University of Medical Sciences, who were selected through purposive sampling (Table 1). The inclusion criteria consisted of individuals who were willing to participate and who possessed experience and a comprehensive understanding of various aspects of accreditation, enabling clarification and in-depth exploration of the subject matter.

Data Collection Methods

The data in this study were collected using semi-structured interviews conducted based on an interview guide. This approach enabled the researcher, within a face-to-face dialogue, to explore research questions from multiple perspectives while asking all participants identical core questions whose sequence and wording had been predetermined. Interviews were conducted with prior coordination in a quiet and appropriate setting, with the participants' consent for audio recording. The average duration of each interview was approximately 45 minutes. At the outset, to familiarize the participants with the topic and foster motivation, the study title, objectives, and rationale were briefly explained. Efforts were made to establish trust regarding confidentiality and to obtain informed ethical consent. Sample questions included: "In your opinion, what effects does educational accreditation have on students' education?" "In the hospitals where you have been involved in educational activities, what changes have you experienced?" Moreover, probing questions such as "why," "how," "for what reason," and "at what time" were employed to elicit deeper and more comprehensive responses. The phrasing of questions was adapted appropriately depending on whether the interviewee was a faculty member, student, or administrator. At the conclusion of the interviews, the participants were given the opportunity to present additional suggestions, critiques, and viewpoints.

Data Analysis

Conventional content analysis was employed,

Table 1. Demographic Characteristics of Participants

No.	Gender	Educational Level / Specialty	Current Hospital	Duration of Employment at Hospital
1	Female	Internship (Medical Trainee)	Al-Zahra Hospital	16 months
2	Male	Internship (Medical Trainee)	Al-Zahra Hospital	10 months
3	Male	Internship (Medical Trainee)	Al-Zahra Hospital	16 months
4	Female	Subspecialty in Nephrology	Al-Zahra Hospital	—
5	Male	Subspecialty in Cardiology	Chamran Hospital	20 months
6	Male	Subspecialty in Adult Gastroenterology and Hepatology	Khorshid Hospital	2 years
7	Male	Neurologist	Kashani Hospital	4 years
8	Female	Bachelor's Degree in Pure Chemistry	Beheshti Hospital	14 years
9	Female	Bachelor's Degree in Medical Records	Chamran Hospital	18 years
10	Female	Master's Degree in Business Administration	Omid Hospital	12 years
11	Female	Master's Degree in Health Economics	Feyz Hospital	4 years
12	Female	Master's Degree in Neonatal Intensive Care	Amin Hospital	13 years
13	Male	Master's Degree in Nursing	Kashani Hospital	16 years

encompassing the stages of data collection (including audio recording), data reduction, inference, and analysis (15). Interviews were fully recorded, transcribed word by word, and typed to facilitate systematic coding. Before starting the codification, researchers listened to each interview several times to become thoroughly familiar with the content, enabling immersion in the data and accurate extraction of core meanings. Coding and analysis commenced immediately after the first interview. This iterative process allowed researchers to refine subsequent interview questions based on emerging findings. Following the coding of each interview, codes representing shared concepts were grouped into subcategories. The process of categorization and continuous review persisted until the researchers reached consensus and were satisfied with the emerging categories. Subsequently, each category was assigned a title reflective of its underlying conceptual meaning.

Trustworthiness

To ensure the rigor of the data, the criteria of credibility, dependability, transferability, and confirmability proposed by Lincoln and Guba were applied (16). To enhance credibility, the researcher maintained prolonged engagement with the participants to build trust. During the study, interview transcripts, meaning units, and extracted codes were returned to the participants for verification and confirmation of consistency with their lived experiences (member checking). Maximum variation sampling was pursued in terms of experience, professional background, and gender. The research team, possessing expertise in qualitative research and accreditation, reviewed the interviews, initial codes, and categories. In cases of disagreement, issues were identified and discussed collectively until consensus was reached regarding the most appropriate code or category. To facilitate transferability, the characteristics of the study population and the research process were described clearly and precisely, allowing others to trace the methodological pathway. Confirmability was strengthened by bracketing researchers'

preconceptions, maintaining detailed documentation of the research process, ensuring transparency, avoiding bias, and refraining from extensive prior literature review that could influence interpretation.

Results

In total, 422 initial codes were extracted. After removing duplicate codes and merging similar ones, 399 primary codes ultimately emerged, which were categorized into six main categories and nine subcategories. The main categories included: "Accreditation and the Role of Education in the Hospital"; "Accreditation as the Hospital's Compass"; "Accreditation and the Preservation of Dignity"; "Structure and Process of Accreditation in the Hospital"; "The Dynamism of Evaluators and Accreditation Standards"; and "Integration of Educational and Clinical Accreditation". Each category is briefly described below:

Accreditation and the Role of Education in the Hospital

This category comprised two subcategories as follows:

Accreditation as the Path to Educational Advancement

The participants believed that accreditation, by emphasizing the role of faculty members in educational quality, implementing precise and coherent planning for proper educational delivery, and creating conditions for the effective involvement of residents in teaching students, leads to an intrinsic integration between accreditation and education. Moreover, standards and the obligation to comply with them to achieve accreditation status may serve as the principal framework for the hospital's operational plans. In this regard, Participant 3 stated, "*The hospital's educational deputy can use these accreditation criteria, most of which are appropriate and well-selected standards, for future actions. For example, when we want to define outpatient clinic conditions and specify that certain standards must be followed... in reality, they rely on accreditation criteria*". The role of standards in fostering an environment in which clinical education receives adequate attention cannot be overlooked. Accordingly,

Participant 1 stated, “So far, in three accreditation cycles, we have succeeded in properly laying the groundwork for fulfilling the role of accreditation. To some extent, we have also designed and implemented the necessary tools for continuing along this path”. External evaluators’ feedback and the scores obtained in each domain also guide educational improvement in another manner. Institutions thereby recognize which domains, based on priority and their influence on achieving a better accreditation status, require greater attention. Participant 4 noted, “In every accreditation cycle, beyond the feedback given to the hospital, there must also be follow-up demands, or for example, the EDC system should plan to improve scores. If a hospital has obtained a certain score, then it should be given a program to perform better the following year... If you failed to score in these items, within six months you must implement these changes in your system to improve”.

Accreditation and the Educational Identity of the Hospital

The participants believed that effective and coordinated internal and external communication leads to improved service quality, and that accreditation plays a significant role in organizing and directing these interactions. Within this framework, the position of the hospital’s educational deputy in the organizational structure, particularly in relation to the hospital director, has enhanced the authority and influence of this role. In many cases, the participants referred to the absence of a defined position and role for educational deputies before accreditation. For instance, Participant 2 stated, “The hospital’s educational deputy plays a completely formalistic role and has no real responsibility. The role is limited to gathering these indicators and preparing accreditation slides so that the required metrics are assembled”. On the other hand, communication with faculty members and obtaining their perspectives were among the concerns raised by the participants. Participant 8 remarked: “Hospital managers do not consider faculty members’ opinions about educational facilities to be very important. Faculty members themselves also do not have a clear perception of how useful their opinions could be. Sometimes they may not even express opinions because they feel unheard”.

Accreditation as the Hospital’s Compass

This category comprised three subcategories as follows:

Accreditation as a Guide for Hospital Development

The participants suggested that accreditation, by providing standards and enforcing adherence to them, such as equipping hospitals with educational support tools, expanding physical space, requiring the presence of accreditation representatives in hospital committees, and utilizing evaluation results, highlights areas of priority for those involved in clinical education. In this regard, Participant 12 stated, “In the previous accreditation cycle, we received the lowest score for the library. We then conducted a satisfaction survey, and after students expressed their concerns, requesting e-books, noting inadequate space,

and criticizing the condition of our halls and audiovisual equipment, exactly all of these issues were resolved. Now we have the highest satisfaction rate regarding our educational space and facilities”. Participant 10 noted, “Our previous accreditation score had dropped significantly because the educational accreditation expert had left, and no one was following up on accreditation. Before accreditation, our situation was very poor; no documentation had been compiled, and no one had pursued it. Perhaps our score was around 14–15, but now after accreditation, we are at least at 19”. Participant 1 further emphasized the extensive infrastructural changes made, “I am ready to swear that if you enter the hospital from the gate, we have worked meter by meter, and there is thoughtful planning behind each action. From installing speed bumps near the stairs, repainting, installing stainless steel railings, replacing grass with low-water-consumption plants, dividing the hospital’s water system into three sections... bringing electricity through three separate lines so that if one line fails, students’ education does not stop, their educational activities, cases, echocardiography, angiography are not disrupted, and the educational cycle is not disturbed. The prayer room, kiosks, cafeteria, cold food, ready meals, biscuits, these facilities are available around the clock...”.

A Culture of Reviewing Processes and Practices

The participants stated that accreditation standards create both the foundation and the acceptance for monitoring and controlling hospital processes. Participant 2 remarked, “In the accreditation standards, it is stated that the hospital director and the educational deputy must supervise faculty members’ activities. Appointments are issued by the department chair. Nowhere do the university president and department chair discuss this... Nowhere is the hospital director asked to provide performance reports of department heads to confirm that they are actually fulfilling their duties... How can a department chair supervise? Can the department chair ask the hospital director to submit reports of these individuals’ activities in the hospital, collect them, and present them to the university president? In theory, yes—but in practice, it never happens”. Participant 12 added, “Sometimes we now go to the hospital at night and conduct night visits. We even speak with the students at night and go to the emergency department. At times, students mentioned issues that we had not been aware of in many of our meetings; we even raised some of these topics in EDO sessions”.

Accreditation and the Preservation of Dignity

The participants believed that several accreditation standards pertain to regular patient satisfaction surveys and feedback loops directed to institutions. This mechanism facilitates a better understanding of patients’ experiences and leads to improvements through which hospitals more effectively safeguard individuals’ dignity and respect. Participant 1 explained, “When patients are about to leave here, they complete a checklist and receive some education about their illness... The checklist contains questions such

as: *Were you satisfied with this ward? How was the nurse's behavior? ... These checklists are collected again. Perhaps there are dozens of questionnaires that the statistics unit completes and analyzes each month, then presents in EDO meetings, and based on them, we make decisions*".

Structure and Process of Accreditation in the Hospital

From the participants' perspective, despite the managerial position of university authorities and central administrators in promoting accreditation, some officials adopt a merely formalistic view of educational accreditation, and meaningful interaction between the university and hospitals is lacking. Furthermore, the absence of trained experts, excessive workload among existing staff, lack of systematic monitoring, and insufficient documentation were identified as factors that disrupt the establishment of an optimal accreditation structure and process. Participant 2 stated, *"I strongly believe that at levels higher than the hospital's educational deputy, when we look at the accreditation process, it is viewed as something completely formal. The perspective that accreditation exists so that I can improve, but I do not know how to improve, that an evaluation comes and helps me improve, this attitude does not exist at higher levels beyond teaching hospitals"*. Participant 13 added, *"Accreditation is only one corner of my responsibilities, and I rarely have enough time to address it. Based on what I remember from accreditation, in many areas I move forward and act accordingly, but truly in some areas I fall behind, and it remains until I find time to compile the documentation and attend to it"*.

Dynamics of Evaluators and Accreditation Standards

This category comprises two subcategories as follows:

External Evaluators as the Core of Accreditation

The participants believed that the opinions and recommendations of external evaluators are highly influential for hospitals. Conversely, another group maintained that in educational accreditation, evaluators tend to adopt a top-down perspective, act subjectively in their assessments, pay greater attention to appearances rather than realities, compare hospitals inappropriately, and, in some cases, lack the necessary expertise. For example, Participant 11 stated, *"Since university evaluation teams are familiar with hospital environments, the likelihood of subjective behavior on their part is much lower. However, some external evaluators behaved subjectively. For instance, they compared our hospital to Chamran Hospital, which naturally has no spatial limitations because it is surrounded by open space. Or they compare us with a general hospital where, for example, the group is permanently stationed there... The university's policies have a significant impact on our scores"*. In contrast, Participant 10 asserted, *"Because I have experience with both educational and clinical accreditation, as well as with their evaluation methods and the feedback they provided during the assessment, it was not the case that they merely adopted a top-down view of the hospital. They genuinely intended to collaborate and, in a*

way, to contribute to resolving the hospital's problems. The suggestions they provided were truly based on the hospital's actual conditions. Although the hospital faces substantial challenges in terms of physical space and may not meet certain required educational and clinical standards, this did not negatively influence the evaluators' perspective or lead them to reduce the score.

Updating the Standards

The participants believed that accreditation standards have been developed primarily in accordance with the conditions of teaching hospitals in Tehran and are not aligned with the management systems governing other hospitals. Furthermore, compliance with certain criteria falls outside the scope of hospital authority. Accordingly, they regarded the updating of standards as essential. Participant 1 stated, *"The indicators should be upgraded from one cycle to the next. In the initial rounds, we intended to establish the groundwork, but once that foundation has been laid, the accreditation indicators should be elevated... For example, 'Does the hospital have fiber-optic infrastructure?' Well, 20 points. It does. You already came and saw this last year; now you should apply another quality screening criterion to that same fiber-optic system"*. Participant 4 remarked, *"However, the current educational accreditation being implemented does not align with the managerial framework of our university. In reality, we could prepare certain data in a fabricated manner and submit it in this format. But if we carefully examine the accreditation questions together to see what they entail, we realize that in practice, the hospital cannot respond to them; there is simply no possibility of being accountable for or providing answers to such items. Some data are exclusively under the supervision of the faculty or the EDC, and they are the ones who possess the facilities and access to this information... I can say that more than 60–70 percent of the items in the educational accreditation system of Isfahan are not compatible with that type of accreditation"*.

Integration of Educational and Clinical Accreditation

The participants suggested that authorities attach considerable importance to clinical accreditation. They emphasized that valuing educational accreditation to the same extent as clinical accreditation is crucial and that integrating the two is necessary. Participant 10 stated, *"For example, my question is why educational accreditation has not been unified with clinical accreditation, since many of these standards could be integrated. Why should an educational-clinical center undergo two separate accreditation processes? Why have our standards not been merged so that accreditation could be conducted once during the year?... If this were implemented, it would be much better. We could have both aspects together, viewed through a single perspective, without separating education from treatment"*. Similarly, Participant 1 stated, *"Once the hospital becomes engaged in clinical accreditation, and then again in educational accreditation! In teaching hospitals, clinical services should serve education. These should be*

integrated into a comprehensive accreditation program for educational centers, one that encompasses clinical services, education, and research. Research also has its own requirements, and using these same checklists, they could accredit teaching hospitals and assign rankings—Grade 1, 2, or 3—which would be a good initiative. Purely clinical hospitals could continue with their own annual clinical accreditation formula, which is also essential, appropriate, and very beneficial”.

Discussion

The present study was conducted in 2023 using a qualitative approach to elucidate stakeholders' perspectives on the educational accreditation of teaching hospitals affiliated with Isfahan University of Medical Sciences. The findings underscored the pivotal role of the accreditation of teaching hospitals in advancing and preparing the clinical education environment. In this regard, education, encompassing both the educational setting and its human components, has received heightened attention from hospital administrators, directing their focus beyond clinical service delivery toward the processes and quality of clinical education. The participants described accreditation standards as a guiding light that illuminates the correct pathway for improving the quality of education. By shedding light, this “lamp” facilitates the identification of weaknesses and promotes thoughtful, purposeful actions aimed at meeting established standards. Consistent with the present study, investigations conducted in Qatar, Turkey, and the UAE demonstrated that participants perceived accreditation as a positive and effective factor influencing the quality of their educational programs (1, 8). In this context, studies have also indicated that when hospitals achieve favorable accreditation outcomes, this reflects the existence of structured educational programs aligned with accreditation standards (17), greater access to educational resources and infrastructure, and enhanced opportunities for clinical education (18).

It is evident that corrective actions in education require specific instruments, such as procedural guidelines, operational manuals, and evaluation tools. The participants expected that university structures, such as the Educational Development Center (EDC), would assume an advisory, supportive, and collaborative role in this regard. The findings further revealed that accreditation has contributed to the recognition of the educational identity of hospitals, and that this identity has been acknowledged within both intra- and inter-organizational relationships. These relationships are ongoing, and accreditation serves as a mechanism for fostering strong and cohesive linkages that organize and direct such interactions. Owing to its capacity to influence and standardize the quality of educational programs, promote continuous curriculum development in alignment with societal needs, and enhance learning environments, accreditation can ultimately contribute to improved healthcare outcomes (19). Besides, managers play a decisive role in the success or failure of accreditation processes (20). Accordingly, the

participants' views suggested that accreditation encourages hospitals to invest in educational enhancement and facility improvement, potentially exerting upward pressure on budgets. Nevertheless, the potential for increased funding and enhanced reputation may generate long-term financial benefits that offset these expenditures. Furthermore, the meticulous documentation of hospital committee proceedings, monitoring, and evaluation of processes, such as the performance of clinical faculty members, workflow in various departments, and student performance monitoring, were identified as positive outcomes of adherence to accreditation standards in teaching hospitals. The necessity of staff training regarding accreditation standards was also recognized as a factor contributing to improved hospital quality and performance. To enhance program quality and identify solutions to existing challenges, the development of training at all staff levels and the encouragement of senior management engagement have been emphasized (21). Another study highlighted challenges in the implementation of standards, including ambiguity in the legal basis and processes of accreditation (22). Thus, the formulation of targeted programs, the development of organizational structure and culture, the provision of resources, and the empowerment of personnel are considered essential (23).

Accreditation of teaching hospitals encompasses a set of structures and processes, part of which is situated within the accrediting institution and part within the teaching hospitals themselves. One key finding of this study was the need to supply trained personnel for these structures, individuals who possess a clear understanding of the processes, including implementation, standards, and documentation. Hence, establishing an effective structure requires the attention of university officials and close collaboration between the university and the teaching hospital. This result aligns with the findings of Kaffashpour et al, demonstrating that executive and human factors exert the greatest influence on accreditation outcomes. Human factors include hospital staff, educational deputies, and hospital managers, all of whom play a critical role in accreditation results. Creating conditions for quality improvement within hospitals leads to enhanced accreditation outcomes (24). Similarly, Hakkak et al. emphasized structural reform and strengthening of education as essential strategies (25). In line with this, Joker et al. developed regulations, organizational structures, self-assessment guides, external evaluation protocols, accreditation standards, and ethical guidelines for program accreditation (26).

The participants in this acknowledged that the primary recipients of hospital services are patients, and attending to their physical and psychological needs is both essential and unavoidable. Accordingly, accreditation standards address this important aspect. Patient safety represents a core dimension of quality programs in healthcare and encompasses actions undertaken by healthcare organizations and personnel to prevent harm during the provision of care. Patient safety can be compromised due

to incorrect decisions, flawed reasoning, inappropriate policies, or deficiencies in hospital performance and structure. The findings of the present study are consistent with those of Ramezani et al, who demonstrated that accreditation results positively influence patient trust and improve care processes and clinical outcomes (27). Conversely, other studies have indicated insufficient hospital efforts regarding patient satisfaction and feedback mechanisms (24).

Accreditation relies on expert judgment, placing external evaluators at the center of the accreditation process. The critical role of these evaluators, alongside their training and selection process, was highlighted by the participants. A particularly important aspect of accreditation outcomes involves the evaluators' opinions and decision-making models, which can be influenced by subjectivity, inexperience, or disagreement among evaluators. Consequently, the selection and training of evaluators is of paramount importance (28). Accreditation evaluators should be flexible, discreet, humble, confident, courageous, and experienced in management. Identified criteria should guide their evaluation to enhance performance (29, 30). Previous studies have reported significant challenges for accreditation evaluators, including lack of oversight, absence of specialized teams in certain domains (31), inappropriate composition and number of evaluators (32), deficiencies in selection, training, and performance assessment (33), subjective judgments (34), insufficient knowledge of evaluation methods, and incomplete understanding of standards (35). Establishing detailed job descriptions and qualification criteria for hospital accreditation evaluators, along with professional training, is crucial for standardizing their perspectives and improving their effectiveness (36). A study conducted in Iran identified 44 evaluation criteria for hospital accreditation evaluators across six domains—personality, experience, knowledge, attitude, skills, and behavior. The study concluded that applying these criteria for evaluator assessment leads to better performance and, ultimately, enhances the overall credibility and outcomes of accreditation processes (30).

Reforming the attitudes of university officials and conducting meetings aimed at improving and advancing hospital accreditation are essential. Given that accreditation specialists are responsible for a large portion of process-related tasks, creating a dedicated position, such as an "Accreditation Specialist", would allow these individuals to participate in hospital meetings and provide input on enhancing hospital accreditation. Mahmoodian et al. found that effective management and leadership were considered strengths of accreditation from the staff's perspective (37). Conversely, other studies have highlighted that lack of support for hospitals and the absence of a consistent approach to accreditation represent significant challenges (38). Accreditation is most effective when it moves beyond a one-time evaluation and imposes continuous quality improvement. The participants in this study also emphasized the importance of updating indicators and standards and aligning them with the conditions of medical

universities outside the capital. This aligns with previous findings, which identified unclear indicators as a challenge in accreditation (25).

One of the opportunities highlighted by this study is that, as a comprehensive and effective evaluation method in higher education, accreditation requires continuity and feedback. Understanding stakeholders' perspectives encourages a sustained approach that considers organizational capacity, accountability, continuous monitoring, and improvement of accreditation processes. Enhancing transparency in accreditation procedures can strengthen trust among stakeholders and foster collaboration, accountability, and ongoing efforts to improve among students and staff. It should be noted that this study did not include interviews with accreditation evaluators. Their experiences could provide additional insights and guidance. Accordingly, future studies need to involve a broader scope, over a longer duration, and include teaching hospitals across the country. Such studies could offer a wider perspective and enable cross-cultural comparisons among educational centers.

Conclusion

Accreditation should not be limited to just doing it, but the results obtained in each standard should be used as a guide for the operational plan of teaching hospitals. Because despite the limitations in resources (human, financial), the accreditation of the Kurds must be purposeful. On the other hand, the field of education in these hospitals should be considered based on relevant standards (the presence of an educational vice president, etc.) and strengthened from the perspective of positional power. The result of the aforementioned will be the reform and strengthening of student education and, of course, the quality of care provided in the health system.

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Authors' Contribution

Conceptualization: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Data Curation: Fariba Jowkar, Akram Sadeghian
Formal Analysis: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Funding Acquisition: Maryam Avizhgan
Investigation: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Methodology: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Project Administration: Maryam Avizhgan
Resources: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Software: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Supervision: Maryam Avizhgan
Validation: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Visualization: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan
Writing—Original Draft: Akram Sadeghian
Writing—Review & Editing: Fariba Jowkar, Akram Sadeghian, Maryam Avizhgan

Competing Interests

None declared.

Ethical Approval

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