Challenges of Implementation of Accreditation Standards for Health Care Systems and Organizations: A Systematic Review

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Abstract: The study aimed to identify the challenges of implementation of accreditation systems and their target and audited standards in healthcare systems and organizations respectively. This study was conducted by searching the electronic databases of ScienceDirect, EBSCO, PubMed and Medline for the challenges, by using a combination of the related keywords. 24 documents were selected for the review among 120 primarily retrieved ones. The review of literature showed that the challenges can be divided into two main categories: program and organization. The program challenges are factors related to outside of health care systems. The organization challenges refer to the internal issues of health care organizations. Program challenges have been classified into (i) support of regulatory initiatives (including four factors of legal support; independent or dependent accreditation entity; sustainable resourcing; and voluntary or mandatory accreditation program); and (ii) encouraging drivers (including two factors of financial incentives; and accreditation marketing); (iii) professional requirements (including four factors of perception of accreditation standards; standards development; and reliable surveying practices). Organization challenges have been classified into: (i) management and organization; (ii) human resource; (iii) financial and facilities resources, and (iv) quality improvement. According to our review, the most frequently stated challenges are financial incentives and perception of accreditation standards, while most papers stated independent or dependent accreditation entity; standards development; management & organization and human resources as the main challenges. Hence, both the program and organization challenges should be considered by policy makers before establishment of accreditation systems.

Keywords: Challenge, Barrier, Hospital, Health Care Systems, Health Care Organizations, Implementation of Accreditation standards

Introduction

Accreditation systems, run by non-governmental organizations (NGOs), usually enjoy established and objective standards. The aim of standards is to encourage continuous quality improvement (Rooney & Van Ostenberg, 1999). In healthcare, such quality improvement activities, triggered by accreditation programmes, may include patient safety efforts and the related initiatives to decrease medical errors. The audit standards, usually revised on certain intervals, focus on optimal measures. Standards may be classified in three levels including structure, process, and outcome (Myers, 2011).
Based upon the literature, (Nandraj et al., 2001) the lengthiest experience of the development of accreditation systems has been in high-income countries, such as the USA, that have strong central control over the accreditation agencies as well as the health care systems. In 1953, hospital standards were published by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for health care providers (www.jointcommission.org; 2013). Then, Canada and Australia implemented accreditation programs for hospitals in 1952 and 1974 respectively (Jaafaripooyan, 2011). Establishment of healthcare accreditation programs was accelerated across the world in the 1980s and through Europe in the 1990s as national and regional strategies to enhance health care quality (Shaw et al., 2010). Mandatory programs in addition to voluntary ones have also been started in France, Italy and Scotland (Shaw, 2004) and some developing nations (Hashjin et al., 2014).

Accreditation implementation has not been successful in all countries. There are common challenges to transfer these standards that should be eliminated according to the principles, policies and organizations of individual countries (Shaw, 2004). The purpose of this review is to identify challenges related to the implementation of accreditation standards. Theories around the challenges of implementation of accreditation standards are not convergent. For example while Hinchcliff and coauthors suggest four groups of challenges for implementation of accreditation standards, including system, program, organizational and individual-levels (Hinchcliff et al., 2013), others categorize factors that affect the implementation of accreditation standards into the internal and external (Braithwaite et al., 2012). On the other hand, Buetow and Willingham (Buetow & Wellingham, 2003) declared that the accreditation process is faced with at least three challenges to its acceptance, implementation and usefulness (Shaw et al., 2010). Believe that the main conflicts related to the support of accreditation could be the size of market, policy support consistency, financial incentives that aim to encourage healthcare institutes to apply for accreditation. Meanwhile, some others explain that factors that might influence the accreditation programs’ implementation and their possible implications are divided into the internal strengths and weaknesses of the organization, as well as external market opportunities and threats (Ng et al., 2013). Hence, owing to the scattered theories in the field, this study reviewed and categorized the existing theories systematically. Therefore, this review was aimed to recognize the challenges related to the implementation of accreditation standards from different stakeholders’ perspective, including the healthcare organizations, accreditation bodies, accreditation agencies, and governments and then classify them according to the two areas, program and organization.

**Materials and Methods**

This was a systematic review of the literature.

**Search strategy:** In this review the combinations of the key words “challenge”, “barriers”, “health care system”, “hospital”, “implementation of accreditation standard” were used on ScienceDirect, EBSCO, PubMed and MEDLINE databases to search evidence published from January 1960 to March 2014. Gray literature (including technical reports from governmental agencies or scientific research groups, working papers from research groups or committees and white papers, theses and conference proceedings) as well as the bibliography of the related papers were searched. Communication with known authors and handsearching of the key journals were also taken into account.

**Selection criteria:** This study was included original research, reviews or perspectives related to the challenges of implementation of accreditation standards in health care systems and hospitals from different stakeholders’ perceptions, such as health care organizations, accreditation bodies and agencies, governments, patients and payers. Guidelines around implementation of national accreditation standards were also considered. Finally, the international guide booklet in the field of implementation of accreditation programs in the hospital sector of the International Society for Quality in Healthcare (ISQua) were examined. This search strategy was retrieved 1252 documents in English language, among which 120 were selected primarily after examining the title. Study of the abstracts caused reduction of the remaining papers to 38, among which 24 were selected for the final review after screening their full text, this is showed in Figure 1.

showed in Figure 1.
Results

Twenty-four studies were investigated the challenges of implementation of accreditation standards in health care systems and organizations (Table 1). Six studies were qualitative using in-depth interviews, focus groups with stakeholders, document analysis and field visits from health care organizations (Hinchcliff et al., 2013; Ng et al., 2013; Bouchet et al., 2002). Five studies were quantitative using questionnaire surveys to get information from national and international healthcare accreditation organizations, health care professionals in hospitals, nationally registered accreditation surveyors as well as hospital owners, administrators and patients (Nandraj et al., 2001; Shaw et al., 2010; Braithwaite et al., 2012; Pongpirul et al., 2006; Aryankhesal & Sheldon, 2010). Two studies had used mixed method, in which literature review, interviewing key informants and surveying state and local public health agency representatives were employed (Aryankhesal & Sheldon, 2013; Davis et al., 2009). One study was a systematic review on the advantages and disadvantages of health care accreditation models (Tabrizi et al., 2011). Ten more studies were commentators having used review of scientific literature, successful accreditation programs, analysis and discussion around international experiences, report of approaches, methods and steps taken by staff and consultants of Partners for Health Reform plus [PHR] and quality improvement directors of the Ministry of Health and Population [MOHP], World Bank and WHO colleagues, surveyors, experts, university professors and managers of hospitals, healthcare accrediting organizations, professionals in related fields, public health leaders in different counties (Shaw, 2004; Buetow & Wellingham, 2003; Nolan et al., 2007; Organization, 2003). The key findings of the included studies are presented in Table 1.
Table 1. Key findings on challenges of implementation of accreditation standards in health care organizations

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<th>Authors</th>
<th>Key findings</th>
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<td>Nandraj, 2001</td>
<td>The most important challenges of accreditation implementation are: government financial commitment to finance accreditation in poorly resourced settings; government commitment to realize potential benefits of accreditation to the health of the population; introducing accreditation as a signal of quality to society; development of standards based on simple structural and community priorities; pilot projects of accreditation implementation before more widespread programs.</td>
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<td>Organization WH, 2001</td>
<td>The major challenges in implementing hospital accreditation are: change of government and the necessity for national independent commission on hospital accreditation; the role of public or private social security and private health insurance contracts as an instrument to ensure quality of care for the clients of these institutions; the application of minimum standards instead of optimum standards; standards for all hospital services instead of for a few units; giving numerical score for assessment instead of consensus; misuse of utilization indicators; confusing licensing with accreditation; incentive factors for a sustainable accreditation program; the leader supports for accreditation implementation; the role of consultation inspection of surveyors instead of bureaucratic ones; assessment teams (generally include a physician, nurse and an administrator).</td>
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<td>Bukonda, 2002</td>
<td>The most important challenge related to accreditation implementation were deficiency in below factors: technical assistance; supervisory and educational surveyors role; continual supportive system for hospitals; quality assurance policy; encouraging policies; legal independent accreditation entity; incentives and compensation packages for the surveyors; real and achievable standards; problems in the data base of accreditation; giving feedback on survey results to hospitals; long-term budget for accreditation; a key scheme for creating financial ability in the program and creative approaches such as benchmarking before the examination and training.</td>
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<td>Bouchet, 2002</td>
<td>The challenges of quality assurance program in accreditation standards implementation in Zambia included: lack of integration of QA, uncoordinated standards; weak methods of standards communication; poor measurement of compliance with clinical care standards; constraints on the work of the quality improvement teams; and inconsistent support systems.</td>
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<td>Buetow, 2003</td>
<td>The accreditation process is faced with at least three challenges to its acceptance, implementation and usefulness that include: Managing uncertainty regarding its effectiveness and cost effectiveness; managing concerns regarding decrease in professional autonomy; and elucidating and promoting the circumstances under which it is appropriate to practice accreditation.</td>
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<td>Organization WH, 2003</td>
<td>The challenges to accreditation are divided into two groups: first technical challenges in the fields of setting and measuring against standards and second social and managerial challenges which is related to making suitable changes. So the most important recommendations are: Strengthening legal support; establishing a multi-institutional and independent national accreditation body; ensuring participation of the private and insurance sectors; ensuring use of minimum standards; ensuring application of standards to all hospital services; basing accreditation on consensus rather than numerical scoring; differentiating between licensing and accreditation, ensuring sustainability of a national accreditation program; clarifying the role of surveyors.</td>
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<td>Organization WH, 2003</td>
<td>Practical routes towards change to improve the quality of health care services (like accreditation) are: Information (feedback on performance; benchmarking with peer groups); Staff support (avoiding blame; providing training); Incentives (motivating for improvement); Systems (re-configuring; re-engineering towards population and patient needs); Public involvement (obtaining support for change through consultation and transparency).</td>
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<td>Shaw, 2004</td>
<td>Transferring the technology of accreditation to some countries does not necessarily result in the same benefits. Key findings shows 10 challenges which included lack of: Clarity of objective, proper technology, quality culture, motivation, autonomy, range of responsibilities, clear relationships, impartiality and honesty, sustainable resources and foreign technical aids.</td>
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<td>Pongpirul, 2006</td>
<td>The main factors were considered in implementing quality management system in</td>
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<td>Cited Author and Year</td>
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<td>Rafeh, 2006</td>
<td>Key findings related to accreditation implementation are: the need for commitment and support of the hospital director; internal incentives based on a desire to improve, instead of financial incentives; pilot study accreditation in different hospitals for increasing credibility; surveyors quality; the role and participation of university and teaching hospitals to introduce accreditation standards to hospitals; political support for a sustainable oversight body.</td>
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<td>Shaw, 2006</td>
<td>The important factors in accreditation implementation are: creating and developing accreditation standards along with measurable criteria; planning an effective surveying practices by employment, training and the evaluation of surveyors; providing suitable evaluation method and informing hospitals by evaluation guide, the determination of prize system; pursuing accreditation process and providing educational programs.</td>
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<td>Schieber, 2006</td>
<td>The necessity of government regulations on accreditation standards implementation by controlling have good influence on the practice of health care systems because the regulations monitor go into the market and make sure quality of standard at minimum and also it could prepare continuing governing pressure for improvement in the indicators of accreditation standard.</td>
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<td>Nolan, 2007</td>
<td>Primary subsidy for units which do not have adequate resources for accreditation implementation; continual evaluation of the program to create incentive for organizations; voluntary accreditation program instead of obligatory; using positive incentives instead of strictness; designing a widespread plan for developing standards and evaluation process including employment, training, the approve of survey team work and the decision-making process management of accreditation board which lead to create trust in the program and incentive for more cooperation of participants.</td>
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<td>Bateganya, 2009</td>
<td>The main perceived factors to the implementation of hospital accreditation standards are: shortage of resources, staff, drugs, supplies and physical space; the need for technical assistance; increase staff stress and demoralize staff related to have little control on resources; necessity of rewards rather than penalties in motivating staff; the need for continuous professional education; necessity two-way partnership between the MOH and the local hospital; and the need of acceptance and ownership of standards by stakeholders.</td>
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<td>Davis, 2009</td>
<td>One of challenges of accreditation implementation is related to encouragement Incentives like: financial incentives to preparing for the process of accreditation and for organizations which have been accredited; providing support for supplying the infrastructures required for quality improvement; providing technical help for the organizations to prepare them for the process of accreditation; identifying the areas which are in need of quality improvement and eventually, recognition of accredited organizations by the counterparts.</td>
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<td>Shaw, 2010</td>
<td>The principal challenges to sustainable accreditation appear to be: market size; consistency of policy support; program funding; financial incentives for participation. But the greater challenge is to pay a high price for an unproven service.</td>
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<td>Aryankhesal, 2010</td>
<td>The accreditation system lacked public dissemination of the results and so did not influence patients’ and general physicians’ choice of hospital. The accreditation systems should consider suitable methods for release of hospitals’ performance.</td>
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<td>Purvis, 2010</td>
<td>LMICs economy accreditation programs have had very limited success because they face more challenges compared with HICs e.g. some of threats to their sustainability, included: improbable timescales and business planning; delay or failure of financial incentives for hospitals to contribute; early end of main international donors funding; academic institutions resistance to contribution; government and policy change. Low middle income countries compared with High income countries, accreditation programs face more challenges and have had very limited success.</td>
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<td>Tabrizi, 2011</td>
<td>Accreditation processes and basic standards must be designed with respect to the requirements and expectation of each country; kinds of health system, level of care it wants to provide, national rules and social, cultural, religious and political requirements.</td>
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<td>Braithwaite, 2012</td>
<td>Sustainability of accreditation program, regardless of country features, is affected by continuing government policy support; adequate large market size of healthcare; stable funding of the program; encouraging participation of health care organizations in accreditation by diverse incentives; the continual improvement and modification in accreditation agency activities and program delivery.</td>
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</table>
Challenges of accreditation implementation are in 4 levels which include: first, system-level (support of regulatory initiatives and financial incentives); second, program-level (collaborative and valid program of accreditation with relevant standards); third, organizational-level (refer to characteristics and infrastructure of healthcare organizations for accreditation implementation); forth, individual-level (refer to healthcare experts’ views on the advantages and disadvantages of accreditation standards implementation).

The audited standards in the accreditation system were challenged and criticized by hospitals and professionals for their lack of both content and face validity and also superficial standards. Study participants accused the auditors for easy-going policy about public hospitals.

The factors that influence the accreditation program implementation and their possible implications are divided into the internal strengths and weaknesses of an organization, as well as external market opportunities and threats.

Strengths: increased communication and personnel participation, change of culture in organization positively, improved leadership, increased staff understanding related to CQI and enhanced teams of multidisciplinary.

Weaknesses: increased personnel responsibility, confrontation in organization related to change, shortage of measures regarding to performance consequence, not enough training of personnel and collaboration for CQI, absence of appropriate accreditation standards related to local use and Little knowledge regarding to CQI.

Opportunities: Increased patient safety, recognition of areas which need improvement, further funding, perception of public, and market gain.

Threats: shortage of encouragements related to contribution, opportunistic actions, a regulatory method to compulsory contribution, and funding cuts.

Accreditation system could benefit from different mechanisms to influence hospitals to follow the audited standards, however it enjoyed only pay for performance mechanism. Improving public and professionals’ information and attitudes about the accreditation system was a big challenge for the authorities.

According to the findings of table 1, the challenges were classified into key areas, the program and the organizational challenges. The program challenges are ones that healthcare systems face when trying to have the accreditation programs established, while the organization challenges refer to the internal factors of healthcare organization, when they try to pass the certain requirements necessary for getting accredited (Hinchcliff et al., 2013; Braithwaite et al., 2012; Ng et al., 2013).

Program challenges

could be divided into three levels:(i) support of regulatory initiatives, (ii) encouraging drivers, and (iii) professional requirements (Shaw et al., 2010; Hinchcliff et al., 2013; Braithwaite et al., 2012; Ng et al., 2013; Purvis et al., 2010)

Support of regulatory initiatives: Policymakers are constantly searching for the best standard methods in order to provide them for the hospitals to protect the health and safety of the patients. Yet alongside such policies, the important issue is constant legal support for these programs (Hinchcliff et al., 2013). According to literature, this challenge refers to four factors which follows:

- legal support from accreditation programs: accreditation programs will have very limited success when there is a lack of political support from the government that is essential to be constant (Shaw, 2004; Hinchcliff, 2013; Braithwaite et al., 2012; Ng et al., 2013; Rafah & Schwark, 2006; Organization, 2001; Organization, 2003).

- Independent or dependent accreditation entiy: Establishing accreditation agency with a defined relationship to government is another issue, which should be considered in each country individually. For example, establishing independent accreditation body beyond the government body has the benefit of being relatively less affected by government politics, the health ministry’s policies and political changes (Shaw et al., 2010; Ng et al., 2013) although dependence might guarantee the government’s political support from accreditation organizations. The evidence shows that there were only a few number of independent accreditation organizations supported by governmental strategies. However, all governmental and mixed organizations (independent agency with government representation) were supported by governmental strategies in order to maintain safety and quality in healthcare organizations (Shaw et al., 2010; Shaw, 2004; Braithwaite et al., 2012; Ng et al., 2013; Aryankhesal & Sheldon, 2014; Bukonda et al., 2002; Aryankhesal & Sheldon, 2013; Purvis et al., 2010; Organization, 2003).
Sustainable resourcing for accreditation programs: one of the main challenges to the continuation of accreditation programs is the issue of financing the program in a sustainable manner (Nandraj et al., 2001; Shaw et al., 2010; Shaw, 2004; Braithwaite et al., 2012; Ng et al., 2013; Bukonda et al., 2002; Nolan et al., 2007; Rafeh & Schwark, 2006; Shaw, 2006; Schieber et al., 2006; Organization, 2003).

Voluntary or mandatory accreditation program: Mandatory accreditation program may be as a control measure for the government to supervise hospitals and guarantee a minimum standard of hospital accreditation and can potentially provide ongoing regulatory pressure for improvement. But this may be considered only as a formality for completion of accreditation and it will lead to superficial behaviors in implementing the process of accreditation with no effectiveness. On the other hand, in voluntary programs of accreditation, healthcare organizations can have the choice to participate in implementing the accreditation and use financial encouragements and grant programs which are obvious. So the healthcare organisations are more prone to be those with higher quality services and the ability to fulfill necessary standards (Shaw, 2004; Braithwaite et al., 2012; Ng et al., 2013; Nolan et al., 2007; Schieber et al., 2006).

**Encouraging drivers:** The high costs of sustaining accreditation programs and the absence of incentives can serve as obstacles during the implementation of accreditation. So lack of incentives for participation and high expenses of sustaining such programs were threats to accreditation. According to the literature, this challenge refers to two factors:

- Financial incentives regarding the accreditation implementation: the strongest motivation for hospital accreditation could be the promise of additional funding offered by the governments and insurance agencies (Hinchcliff et al., 2013; Aryankhesal & Sheldon, 2014; Aryankhesal & Sheldon, 2013; Organization, 2001). The relationships between the various healthcare providers and purchasers must be defined, and the Ministry of Health must coordinate with private insurance firms to determine the most suitable models to provide financial support. Furthermore, special contracts (e.g. Medicare in US) with organizations which have been accredited can also play a major role in stabilizing the programs (Shaw et al., 2010; Hinchcliff et al., 2013; Braithwaite et al., 2012; Ng et al., 2013; Bukonda et al., 2002; Tabrizi et al., 2011; Nolan et al., 2007; Organization, 2001; Organization, 2003).

- Accreditation marketing: Introduction of accreditation to the public by government and policymakers, in a way that releasing the accreditation results represent quality of services at audited organizations, will help consumers of healthcare services to select a hospital based on this criterion and thus, this issue will lead to increase competition among hospitals to attract more patients, and so bigger share of the market (Nandraj et al., 2001; Braithwaite et al., 2012; Ng et al., 2013; Aryankhesal & Sheldon, 2014; Aryankhesal & Sheldon, 2010; Organization, 2003).

**Professional requirements:** The accreditation standards will be implemented more successfully when they are accepted by professionals of healthcare organizations, relevant standards (suitable) have been used for the hospitals and the program could be collaborative and reliable. These are professional needs and requirements that Ministry of Health’s policies should consider before forcing hospitals to participate in the accreditation program (Hinchcliff et al., 2013; Pongpirul et al., 2006). In this regard, three factors could be considered as follows:

- Perception of accreditation standards by health care professionals: Explains that one of the factors affecting the implementation of hospital accreditation programs is the acceptance of accreditation standards by professionals, in terms of professional and cultural norms across the local region. Collaboration among universities and teaching hospitals and their mutual role in introducing the concepts of accreditation standards and continuous improvement are vital for encouraging healthcare experts to realize the necessity of professional standards which are audited thorough the accreditation programs (Shaw, 2004; Hinchcliff et al., 2013; Ng et al., 2013; Bateganya et al., 2009; Bukonda et al., 2002; Aryankhesal & Sheldon, 2013; Aryankhesal & Sheldon, 2010; Nolan et al., 2007; Rafeh & Schwark, 2006).

- Standards development based on each nation’s setting: Accreditation standards will be implemented more successfully when standards are designed and adapted for the national circumstances, not just copied from other inappropriate settings (Nandraj et al., 2001; Shaw, 2004; Hinchcliff et al., 2013; Ng et al., 2013; Bukonda et al., 2002; Bouchet et al., 2002; Tabrizi et al., 2011; Tabrizi et al., 2011; Purvis et al., 2010; Shaw, 2006).

- Reliable surveying practices: The validity of accreditation program is, to a great extent, determined by the validity of auditing and auditors. Therefore, assessors’ lack of confidence in the process of assessment and their inability in implementing the assessment programs lead to discontinuation of cooperation between frontline healthcare professionals and managers. Thus, using a clear assessment process and competent assessors is of particular importance (Shaw, 2004; Hinchcliff et al., 2013; Bukonda et al., 2002; Aryankhesal & Sheldon, 2013; Pongpirul et al., 2006; Nolan et al., 2007; Organization, 2001; Organization, 2003).
Organization challenges

According to the literature, organizational challenges could be grouped across the following four aspects: management and organization, human resource, financial and facilities resources, and quality improvement.

Management and Organization: These challenges refer to two groups of factors as follows:
- Knowledge, skills and commitment of hospital managers concerning the implementation of accreditation standards (Shaw, 2004; Hinchcliff et al., 2013; Ng, 2013; Bateganya, 2009; Pongpirul et al., 2006).
- Prioritizing the activities in the hospitals for the implementation of accreditation owing to that implementation of related standards should be done step by step (Shaw et al., 2010; Shaw, 2004; Bateganya et al., 2009; Organization, 2001; Organization, 2003).

Human resources: In this section there are three group of challenges as categorized as follows:
1. “Staff efficiency” due to the heavy workload of responsibilities that the personnel have for documentation, recording and following up the activities (Ng et al., 2013; Bateganya et al., 2009; Pongpirul et al., 2006);
2. “Creating motivation” for the personnel who participate in the implementation of accreditation standards (Hinchcliff et al., 2013; Ng et al., 2013; Bateganya et al., 2009; Aryankhesal & Sheldon, 2013; Rafeh & Schwark, 2006; Organization, 2003);
- “Education and technical assistance” for the staff to increase their knowledge and skills regarding how to implement accreditation standards (Burow & Wellingham, 2003; Ng et al., 2013; Bateganya et al., 2009; Bukonda et al., 2002).

Financial and facilities Resources: lots of patients, limited physical space in hospitals, inadequate supplies, limited drugs and scarcity of resources were impediments of accreditation standards implementation. So one of factors which can enable accreditation standards implementation to be successful, is increasing resources allocated to Continuous Quality Improvement (CQI). (Shaw, 2004; Ng et al., 2013; Bateganya et al., 2009; Bukonda et al., 2002; Pongpirul et al., 2006; Organization, 2003).

Quality improvement: In this section, there are four subjects necessary for quality improvement through accreditation standards:
- “Knowledge and skill about Quality Improvement (QI)” that is essential to acquire internal and external objectives (Ng et al., 2013);
- “Integration and utilization of information” regarding how the information system in health care systems could be integrate and the utilization of information to make concentration on the areas that need improvement (Ng et al., 2013; Bouchet et al., 2002; Pongpirul et al., 2006);
- “Participation of the personnel and relationships between the sectors” which is essential to continue the process of implementation in health care systems (Ng et al., 2013; Bukonda et al., 2002; Bouchet et al., 2002; Pongpirul et al., 2006);
- “Balance between the internal and external organizational objectives” which will lead to sustain concentration on improvement in quality of health services rather than just receiving a certificate to satisfy the expected objectives (Hinchcliff et al., 2013; Pongpirul et al., 2006).

The organization and program challenges and their sub themes mentioned in the reviewed studies are summarized in Table 2.
According to our review, the most frequently stated challenges are financial incentives and perception of accreditation standards which are program challenges and related to the governance. It means that without financial incentives and a clear perception of accreditation standards for health care professionals, the accreditation systems and standards have very little chance to have successful implementation. While most papers stated independent or dependent accreditation entity; standards development; management & organization and human resources as the main challenges. Hence, both the program and organization challenges should be considered by policy makers before establishment of accreditation systems.

Literature analysis shows that challenges of implementation of accreditation standards are controversial regarding different aspects. However, lack of an appropriate infrastructure makes the policymakers disregard the necessary elements for implementing such standards, which results in malfunction of accreditation systems.

In fact, it is necessary; that firstly, the health policymakers plan the governance programs of accreditation taking into consideration the above-mentioned challenges at the program level. Before implementing accreditation programs, governments should provide the necessary foundations such as: support from accreditation programs, sufficient funding for the accreditation institutions, justifications around obligatory or voluntary nature of the accreditation programs, incentives for healthcare organizations to apply for accreditation certificates, as well as making the health care professionals and the public aware of the accreditation programs. Furthermore, designing these standards should be based on the hospitals’ needs in both private and public sectors, and more importantly, the assessment process has to be undertaken without any personal prejudice or in a bureaucratic manner in order to engender confidence between all stakeholders.

Establishment of accreditation systems needs empowerment of hospitals in terms of resources and knowledge. Lack of efficient management, sufficient human and financial resources, and the related knowledge and skills in hospitals that are affected by accreditation systems, can make them fatigued, depressed and even bankrupt and cause serious dysfunctional consequences (Aryankhesal et al., 2015; Mannion & Braithwaite, 2012).

As the final implication, when implementing the accreditation systems, attention should be made to both internal and external contexts of healthcare organizations. The action plan and its implementation methodology should also be noted in the governance structure as well.

### Table 2: Frequency of accreditation standards implementation challenges

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<td>Program challenges</td>
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Conflict of interest

The authors declare no conflict of interest

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