OPEN ACCESS

ISSN: 2676-7473

RBMS.2024;29(1):e9

ORIGINAL RESEARCH

Good Governance Dimensions in Teaching Hospitals in Iran: A Thematic Analysis

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Date Received: July, 2024 *Date Accepted: August, 2023* *Online Publication: June 15, 2024*

Abstract

Objective: Teaching hospitals have the main role in the health system in developing countries to achieve universal coverage and health equity. This research was aimed to identifying the dimensions of good governance in teaching hospitals in Iran.

Materials and Methods: This research was a qualitative study using thematic analysis. The study population were included managers, leaders and policy makers, Service providers and experts and faculty members of teaching hospitals. Sampling was done purposefully and with the convenience method. Data collection was done using a semi-structured interview. The Brown and Clark method was used in data analysis. To ensure and trustworthiness of the qualitative findings, external audit, long-term involvement in the data, peer check, and participant respondent were used. Data analysis was done using Max.qda 22 software.

Results: Fifteen main themes, 41 sub-themes and 145 codes were extracted from qualitative data analysis. The main themes identified include transparency, management of conflicts of interest and corruption, social accountability, legal factors, social political participation, determining the role and functional area, how to implement policies, policy evaluation factors, educational challenges of the hospital, fulfilling the goals of stakeholders, ethical factors and values, economic accountability (financial factors), educational indicators, service delivery indicators and the rule of law indicators.

Conclusion: Transparency in educational hospitals is the main issue in good governance, so attention should be paid to transparency of costs, transparency of revenues, transparency of payments and even transparency of incentive mechanisms.

Keywords: Hospital, Governance, Health system, Iran

Introduction

Good governance is formed by the partnership of the government, civil society and the private sector and provides equal opportunity for people's participation in decision-making, transparency and accountability. Good governance has three main dimensions: economic, political, and administrative (Iyoba, 2015). Good governance is proposed with the aim of achieving sustainable human development. And in the way of achieving long-term educational and health goals, improving the governance situation can be considered one of the musts for developing countries. (Moradian and co-workers, 2013).

The current increase in the prevalence of lifestyle-related diseases and the growing number of chronic patients require hospitals to move towards providing diverse services for patients and employees.

The hospital affects the health of the society by affecting the health of its patients and employees. (Estebsari and colleages, 2014; Zarei and colleages:2013). Hospitals are not in a good position to face the challenges of population aging, increasing hospital admissions, and lack of coordination in providing patient-centered services. People's health needs are complex, and hospital services must be organized in such a way that they can respond to all aspects of health, such as physical, psychological, social-supportive, and spiritual. (Evans,2013: Anning and colleagues,2011). In Iran, the lack of medical manpower in proportion to the population caused the health of people to be exposed to many risks in different parts of the country, especially in deprived areas.

In 1362, the integration plan was presented by the Supreme Council of Cultural Revolution, and it was approved in 1364 after making reforms. Most of the discussions have been related to the separation or integration of medical education and service provision. However, one of the topics that has received less attention in the discussion of integration is the topic of educational hospitals and their management. Educational hospitals have a very valuable position and a very heavy responsibility in the country's healthcare service delivery system. These centers pay attention to vital matters and the provision and guarantee of society's health depends on their correct and responsible performance. (Esmaeili, 2015).

The social mission of medical schools and the mission of the service delivery system will not be realized unless the near-sighted cooperation of these two efforts is reflected as another supplement in the policies and plans of each of them. This concept is known in the form of educational hospitals in the educational and health structure of the country (Entezari and coworkers, 2022). The initial thought of educational hospitals was formed in developing countries and the first experiences in this regard were reported in countries such as Egypt and Sudan and a number of African countries. This social necessity is realized in the best way when the management of these types of hospitals takes into account all aspects of education and treatment. Therefore, in short, medical education and care delivery are highly interdependent. (Boelen, 1995).

According to some experts, medical schools could not fulfill their social responsibility for various reasons. At the regional and international level, it has been recommended many times that the educational system and the health service delivery system should cooperate based on clear mechanisms. All these efforts are made so that educational hospitals can fulfill their responsibilities, which many experts believe have been neglected (Pauli and colleagues 2000).

The role of educational hospital in the integrated health system in universities of medical sciences is different from the role of these hospitals with the conditions of the health system before the establishment of the Ministry of Health. This means that in addition to training human resources, these centers bear the main burden of providing inpatient medical services in the public sector, both in terms of the number of beds and the importance of the departments in them, and in terms of the efficiency and effectiveness of the human resources working in them, in terms of quality and quantity, and the equipment installed. Therefore, the governance of these centers has a direct and major impact on the health system. Considering the high volume and number of educational hospitals in the country and taking into account the financial and economic problems in Iran, the high cost of building hospitals, the high cost of their equipment, and also in order to prevent the wastage of resources

and the need to cover a wide range of healthcare and treatment services in the country, the efforts of all managers and planners should be made in order to make maximum use of the available facilities, and the role of good governance is very prominent in this. Considering the limitations of studies regarding good governance models in educational hospitals and using the experiences of the integration project of medical science education and administration of educational hospitals in Iran, this research aims to identify the dimensions and components of good governance in educational hospitals in the country.

Materials and Methods

This research is a qualitative study that uses thematic analysis method to identify the dimensions of good governance in educational hospitals in Iran. Thematic analysis as an independent qualitative descriptive approach is mainly described as "a method for identifying, analyzing and reporting patterns (themes) within data" (Braun and Clarke 2012). The society studied in this research includes managers, leaders and policy makers; Service providers and experts and faculty members were educational hospitals. In this study, sampling was done in a purposeful way and with the available method, in such a way that people were selected who were knowledgeable and informed about the phenomenon in question and, in addition to their willingness, were able to share with the interviewer the details of their experimental information about the phenomenon under study. In this study, interviews were continued until saturation was reached. The theoretical saturation limit in this study was 15 people.

The method of data collection was using a semi-structured interview guide that was conducted in person. The qualitative interview guide contained 3 basic questions as follows:

1. What is the concept of good governance from your point of view?
2. How is good cooperation in educational hospitals?
3. What have been the consequences of implementing good governance in educational hospitals?

Braun and Clarke (2012) method was used in data analysis. Based on this, to perform thematic analysis, the following steps were performed:

The first stage - getting to know the data: in this stage, it is by repeatedly rereading the data and actively reading the data (searching for meanings and patterns); At this stage, the researcher tried to find a correct understanding of the content of the subjects and also the theoretical literature of the subject by re-reading the texts several times and moving back and forth between the contents and to create maximum compatibility between the contents.

The second stage - extraction of meanings and conceptual propositions: in this stage, various propositions were studied, and primary codes were extracted from the data.

The third stage - searching for themes: this stage includes the classification of different sub-themes in the form of sub-themes and sorting the summary of themed data in the form of sub-themes. At this stage, the researcher formed the sub-themes by placing the sub-themes close to each other in one category. The important point at this stage is the integration between minor-contents and sub-contents and both of these with theoretical foundations, which the researcher solved this problem by going back and forth between data and theoretical foundations.

The fourth stage - review of themes: this stage begins when the researcher has created a set of themes and reviewed them. This stage includes two stages of reviewing and refining themes. The first stage includes a review at the level of thematic summaries and in the second stage, considering the validity of the themes about the data set. If the theme plan works well, then you can move on to the next step, but if the plan does not match the data set well, the researcher should go back and continue the thematization until a satisfactory theme plan is created. At the end of this stage, the researcher should have enough knowledge of what the different themes are, how they fit with each other, and the whole story they tell about the data. After finishing the analysis of the texts, the researcher once again examined all the minor- contents as well as the sub- contents in order to ensure the integrity and thematic sequence between them. The researcher considered this point that the minor-contents and sub-contents counted are in the direction of answering the research questions.

The fifth stage - defining and naming the themes: this stage starts when there is a satisfactory plan of the themes. In this stage, the researcher defines and revises the themes presented for analysis and then analyzes the data inside them. By means of definition and review, the nature of what a theme discusses is determined and determined which aspect of data each theme contains. At this stage, the researcher tries to define the relationship between different sub-contents by categorizing the sub-themes into the main ones. Going back and forth between different sub-themes as well as repeatedly reviewing the research questions and objectives gave the researcher the opportunity to get closer to designing the final research model.

The sixth stage - preparation of the report: The sixth stage begins when the researcher has a set of fully explored themes. This stage included final analysis and report writing.

For reliability and trustworthiness of qualitative findings, using observer confirmation, long-term engagement in data, peer validation and participant evaluation were used. Data analysis was done using Max.qda 22 software.

Results

The demographic findings of the participants in this research are shown in Table 1.

Educational degrees	Number	Position of organization
Specialist doctor (2) Professional doctor (2)	4	Managers and policy-makers
Specialist doctor (3) Professional doctor (2) Specialist(1)	7	Manager and provider of service
Specialist doctor (3)	4	Opinionated

Analysis of the obtained qualitative data showed that the main components governing good governance in educational hospitals have 15 main themes, 41 sub-themes and 145 codes.

Theme and sub-theme of good governance of educational hospital in Iran

Theme titles	Sub-theme	Code
Transparency	Financial transparency	The importance of cost transparency/suitability of operational accounting/transparency in the field of operation/non-transparency of financial profitability/hospital for professors from the aspect of education
	Transparency of decision making	Transparency of members' participation in governance/clarification of policies/transparency of attentive and inclusive relations/transparency in performing the duties of good governance/transparency of managers/transparency about why and how to make this decision
Management of conflict of interest and corruption	Conflict of interest in decision making	Requirement of non-existence of conflict of interests/no ownership of hospital managers/no ownership of the Ministry of Health/headquarters area over hospitals/no selection of the head of the hospital from the educational group due to being a beneficiary
	Management of conflict of interest and corruption in implementation	Fulfilling the responsibilities of managers without having conflict of interests/the hospital head being more academic than the non-academic faculty in educational hospitals/making decisions based on the interests of certain people/dependency of the interests and losses of the responsible person in proportion to the interests and losses of the patient
Social accountability	Consensus of opinions	The importance of consensus among people involved in the organization/achieving organizational goals by establishing consensus/the importance of emphasizing inclusion in terms of distributive justice
	Justice orienting	Injustice in dealing with and difference between faculty members/types of injustice in the field of educational hospital in the field of provider and receiver.
	Compilation and implementation	Codification of appropriate law according to the fundamental values of organization
Legal factors	Implementation challenges	Absence of judicial security tools for enforcing the law/circumventing the law by individuals
Social political participation	Coordination and participation of resident human resources	The importance of the participation of faculty members, treatment board, etc./participation of faculty members and other personnel and departments/participation of faculty members, staff, management, doctoral students, nursing departments in governance
	Participation	The impact of different hospital departments on governance/establishing communication between different departments/relationships between groups/relationships between group members and learners/definition of a standard structure for consensus-based decision making in the hospital/cooperation of hospital and faculty officials/faculty participation in decision making/interaction between the faculty and the dean and vice presidents/attentive information about the treatment process of the patient treated by the resident/difficulty of participation of different groups in the educational hospital/aligned interaction between department managers and faculty
	Democratic management	Collaborative management/flat structure instead of vertical
Determining the role and functional area	Teaching roles	The role of nursing departments in governance / the role of faculty members, medical staff in governance / the importance of the educational and therapeutic role of faculty members / the importance of providing the necessary training to the general public / the activity of education and research in educational hospitals
	Determining the functional area	Determining the functional scope of different parts/Clarifying the operation of the hospital from the point of view of financial providers/Determining the detailed description of the duties of the department/The role of management in coordinating and supporting educational affairs.
	Prerequisites for policy implementation	Interdepartmental management for the implementation of policies/the importance of applying appropriate leadership in good governance/specifying the input and output information system/supporting the directorate and management of the hospital from educational activities
How to implement policies	Policy implementation requirements	The importance of decentralization/independence of the hospital from the headquarters/how to implement integrated processes
	Policy implementation planning requirements	Specifying the strategy to achieve the organization's goals and values/specifying the perspective and achievement/planning to achieve the goals
	Challenges of policy implementation	The holding of Syrian committees and lack of influence on participation as good governance/lack of strong implementation of hospital laws despite the state of sanctions/improper way of applying the law and weak implementation of laws
How to implement policies	Skills needed by managers of non-educational hospitals	Communication skills of teaching faculty members/acceptability and eligibility to accept teaching faculty members/choice of a manager with competence, interest and previous experience/the need for a full-time educational hospital manager/management experience in educational hospital managers/employing the president and manager according to the desired indicators
	Ability of hospital staff	Skills of hospital training unit personnel Skills of hospital training unit personnel
Policy evaluation factors	Evaluation of policies	Appropriate monitoring and monitoring by the hospital of governance principles/performance evaluation of the required governance tools/determining the scientific output of hospitals/the importance of scientific productions
The challenges of being an educational hospital	Employment challenges of the workforce	Employment type of faculty member/ existence of notification with job description
	Service delivery challenges	The importance of faculty independence and discretion in choosing an assistant
The challenges of being an educational hospital	The challenges of accepting responsibility	Non-commitment of the faculty member, assigning the work to the resident/conducting the treatment process by the general practitioner instead of teaching alongside the patient in the educational hospital/many discrepancies in the aspect of responsibility in the hospital/lack of responsibility due to the role of different groups involved in the treatment of the patient
	Responsiveness challenges	Accountability of faculty members, officials, service providers/silence in the field of accountability/lack of transparency and accountability due to lack of law enforcement
Achieving the goals of the stakeholders	Achieving the goals of internal stakeholders	Faculty member's lack of proper understanding of the purpose of the educational hospital/the importance of achieving the goals of the stakeholders in governance
	Achieving the goals of external stakeholders (patients)	Patients' satisfaction with the provision of services/better quality of services in pursuit of better hospital governance/importance of honoring clients/accountability from a single person in educational hospitals/professor's responsiveness to patient issues and problems/importance of education to the community by educational hospitals/teaching health promotion activities for patients/not being accountable and blaming other people
	Achieving the goals of external stakeholders (participants)	Providing a platform for learning to students / The importance of an active teaching assistant with educational thinking / Comprehensive responsibility with the professor / The importance of student education alongside the professor instead of being treated by the student
	Service delivery values	Transferring the responsibility to the resident due to the reduction of financial resources for attendance at the hospital/training/permanence of lawlessness in the organizational culture/lack of justice in the staff dimension

Moral factors and values	Management values	Clarity of the fundamental values of the hospital in governance/reliable environment/lawlessness of people
	Patients' values	Treating patients from a material aspect/respecting the rights of the service recipient/justice for the patient
	Educational values	The importance of ethical standards in inclusive education/failure to create a sense of responsibility in inclusive education
Economic accountability (financial factors)	Hospital revenues	Generating income in educational hospitals/ the role of manager and director in attracting financial participation by using relationships
	Hospital expenses	The higher cost and waste of the educational hospital in terms of consumables/preventing the waste of resources/receiving the hospital officials' fees according to the type of financial performance of the hospital in each period
Educational indicators	Educational input indicators	The number of admitted students as the hospital entrance index/definition of professors' effectiveness index
	Educational process indicators	The need to separate the education system from the evaluation system/the importance of proper interaction between the trainer and the evaluator
	Educational output indicators (comprehensive academic level)	Determining the production of the hospital from the educational aspect / measuring the level of comprehensive theory / evaluating the comprehensive performance at the end of the course based on the specified criteria / the number of post-graduates as the output and outcome of the hospital / the number of comprehensive articles / the pass rate in promotion tests

Service delivery indicators	Service delivery process indicators	Non-use of treatment processes by Etand in a more economical way
	Service delivery output indicators	Ranking of hospitals according to the level of participation/comparison of the level of patient satisfaction according to the type of educational and non-educational hospitals
Law governance indicators	Law governance input indicators	The presence of strong documentation in the hospital
Law governance indicators	Law governance output indicators	Not considering the level of law enforcement and processes by members in their promotion, rights and performance/failure to assess the level of compliance with the law by faculty members and other hospital staff/weak supervision in hospitals
	Efficiency and effectiveness indicators	Determining indicators of efficiency and effectiveness in official employment/proportionality of payment according to performance/lack of goals to measure effectiveness and efficiency/lack of definition of indicators for evaluating the performance of people's responsibilities/lack of attention to effectiveness and efficiency in educational hospitals/lack of proper understanding of effectiveness and efficiency by hospital officials/lack of appropriate indicators of hospital effectiveness

Theme 1: Transparency

Transparency is defined as a situation in which the information, qualifications, behaviors and functions of the institutions involved are exposed to the access and use of interested parties or the general public or regulatory authorities at the right time and with the right quality. In other words, considering the transparency of information, it should be available sufficiently and in an understandable manner, and on the other hand, making decisions and implementing them must follow certain rules and regulations. This main theme included two sub-themes of financial transparency and decision-making transparency.

Financial transparency: The results of the interviews regarding financial transparency showed that due to the development of tax regulations, there is an acceptable transparency in the field of resource allocation. Because the hospital must be responsible for the allocation of resources and clearly state the purpose for which the resources have been allocated. An example of the expert's quote was as follows:

"...we usually conduct transactions based on tenders of tax regulations. There is a lot of transparency in the allocation of resources. In my opinion, there is not much transparency in the field of operations, but there is a lot of transparency in the financial field due to the fact that we moved the type of accounting of our hospitals to operational accounting..." (P5)

But it seems that there is no clear approach regarding the results of these expenditures, and no report is compiled on the results of the expenditures made and the resulting consequences:

"...people should be informed about different groups, one is in the cost part, there is no clear approach, neither the university nor any other place for the educational hospital. If you have so many educators, you are so comprehensive, you will benefit so much, the one who has less will benefit so much, that is, in neither of these two cases, we have a clear approach for hospitals..." (P2).

Transparency of decision-making: The second sub-theme extracted in the main theme of transparency was transparency of decision-making. According to the interviewees, one of the problems in educational hospitals is the lack of evidence-based decision-making and the person-centeredness of the decision-making method. In addition to the existence of this decision-making method, other stakeholders will not receive information about the reason for these decisions. An example of qualitative quotes was as follows:

"...the main problem of our hospitals is transparency in the way of decision-making, that is, usually the decisions are taken by a certain person or a certain mindset is taken to protect the interests of a certain group, or the managers, now I don't say a bus, but those who have a better relationship with each other come so that they are more effective when they are together. This issue of transparency is because

a decision is made and almost a few people know why this decision was made, and the rest know why and how it is done, how to make decisions and even They don't know how to do it..." (P12)

Theme 2: Management of conflict of interest and corruption

A conflict of interest involves a situation where a public servant conflicts between his public duties and his personal interest, such that his personal interest can improperly affect his public duties. Corruption happens when government employees use their position and authority not to achieve public goals, but to gain personal benefits for themselves and their relatives. Corruption is closely related to conflict of interest and management of conflict of interest will be one of the main solutions to reduce corruption. This main theme includes two sub-themes of conflict of interest and corruption in decision-making and management of conflict of interest and corruption in implementation.

Conflict of interest and corruption in decision-making: The interviewees believed that the existence of examples of conflict of interest among managers of educational hospitals has a significant effect on their decision-making. In a way that can lead to abuse of power and eventually corruption. According to experts, among the various examples of conflict of interest, the two jobs of hospital decision makers and their being doctors are the most important causes of corruption in hospital decisions. Having two jobs means the simultaneous employment of a manager in both the private and public sectors at the same time. It should also be noted that simply being a doctor does not mean that he is not qualified to be in hospital management positions. Rather, if the doctor is in the management position of the hospital and performs the processes and actions related to his practice, this simultaneity can create adverse effects on the decisions and the way the hospital is managed.

"... in my opinion, the head of the educational hospital and its manager should not be beneficiaries in that hospital and they themselves should work in the same hospital, they should not be people who, as the famous saying goes, only lead the hospital in their own field. It seems that it is better for the hospital managers and doctors who are beneficiaries to try not to be directly involved in the management work, and this may be the key for educational hospitals to have better governance..." (p8).

Theme 3: Social accountability

The importance of consensus among people involved in the organization/achieving organizational goals by establishing consensus/the importance of emphasizing inclusion in terms of distributive justice. Also, Injustice in dealing with and difference between faculty members/types of injustice in the field of educational hospital in the field of provider and receiver.

Theme 4: Legal factors

The use of legislative mechanisms is one of the main factors affecting good governance in educational hospitals. Any action he wants to take in the hospital should have a legal basis. This legal support includes law in a specific sense (approved by the legislature) and general (specific law, by-laws and approvals) both are acceptable. This main theme includes two sub-themes of drafting and implementing the law and the challenges of implementing the law.

Drafting of the law: the respondents believe that the drafted laws are not in line with the needs of the organization. Therefore, many of the laws developed regarding the good governance of educational hospitals are practically not used by managers.

"...The implementation of the law is usually avoided. In my opinion, the law is avoided for two reasons, that the fact that the law was not written from the beginning based on fundamental values and organizational nature means that it does not fit with my organizational nature..." (p12)

Law enforcement challenges: On the other hand, respondents believe that law enforcement is also facing problems. Incorrect organizational culture and the desire to make laws do not allow the correct implementation of laws and regulations in educational hospitals.

"... in the application of the law, that this law does not actually exist in the form of judicial security tools for the law to be applied. One is that a person has a conflict of interest, so that he can circumvent the law..." (P4)

Theme 5: Social political participation

People's participation in all social and political activities is accepted in all societies today and its importance is increasing day by day. Because participation is a human right and it shows people's freedom and trust in the

government, and on the other hand, it is a tool for mobilizing and playing a role of the human masses to achieve the society's goals. This main theme included three sub-themes of coordination and participation of resident and non-hospital human resources, participation and democratic management.

Coordination and participation of resident and non-hospital human resources: the interviewees say that good governance can be expected to be established in the educational hospital when the managers and policy makers of the hospital from all the interested groups in the hospital such as faculty members working in the hospital, employees, students, various nursing departments, etc., play a role in the decision-making of the hospital and the decisions made are transparently heard and heard by all stakeholders.

"...good governance is when in our educational hospital we can use the participation of the faculty members working in the hospital as well as the staff and students of specialized doctorates as well as different departments of nursing to manage them together and with the necessary transparency and by determining and formulating the functional areas of each of these and also the influence of each of these on each other, we can witness a good governance in educational hospitals..." (P11)

Participation: since it may not be possible to reach the collective opinion of all the stakeholders in some decisions, experts say that participation and the gathering of selected opinions of the stakeholders should be used.

"...some decisions, if they want to wait for consensus, managers actually lose many opportunities. Therefore, consensus is reached in some issues, for example, in the provision of medical advice, 5 doctors sit down and reach a consensus to do something about the patient. This is effective in service and good governance, but reaching a consensus should not prevent us from taking the management decision we want to make late..." (P1).

Democratic management: The respondents believed that moving towards democratic management and reducing bureaucracy in the hospital structure can play an important role in increasing political and social participation.

"...in educational centers, people usually know that they are entering a government center. It is different from the showcase of a private hospital. One of the things that people pay attention to and the attraction towards the hospital is discipline and discipline. If this component is paid attention to in our hospitals, the respect of the patient and the satisfaction of the patients will usually happen. On the other hand, we should reduce access and hierarchical structure and turn tall structures into flat structures. The relationship between these people at the educational levels should be done with minimal communication and the constant presence of professors. In the educational fields, along with the trainees, I think these can help a lot..." (P3)

Theme 6: Determining the role and functional area

The functional areas of the hospital are actually the set of roles and expectations that must be implemented in the hospital. According to their nature, educational hospitals will have a different role than non- educational hospitals. Managing these roles and coordinating them with good governance is one of the important measures that hospital decision makers should consider. This main theme includes two sub-themes of teaching roles and determining functional areas.

Training of roles: according to the interviewees, training of teaching and research roles to faculty members and students of educational hospitals is one of the most important actions that should be done in these two groups. In this regard, it is necessary to have a strong management to implement these programs.

"Actually, educational hospitals have two additional processes, which are the main and basic processes, one is the discussion of education, and the other is research, which are placed together. Education is because they are faculty members and students, and more capable employees are usually accepted as employees. Consequently, the person who must manage this organization must have more ability and different skills, whether it is dealing with the faculty or in terms of scientific and technical discussions. want to determine educational and scientific priorities, can make decisions" (P4).

Determining the functional area: Another important point is to determine the functional area. In educational hospitals, the functional

area of different groups involved in the education and treatment process should be specified. In addition to defining the activities, it is also necessary and important to pay attention to the role of different groups.

"In hospitals that have an educational role, because of the transparency that we must have in the relationships and the precise definition of the duties of the emergency physician, it is unfortunately lost. I was talking to one of the doctors. He said that the emergency physician does not know who comes to the emergency room and what happens, all the work is done by the resident (P9)."

Theme 7: How to implement policies

Although a policy is well formulated and based on evidence, until it is not implemented, it is nothing more than a piece of paper and has no value or importance. In many cases, policy implementation is not an issue in itself. Rather, how policies are implemented is very important. Sometimes well-designed, evidence-based policies will produce negative results due to poor implementation. This main theme includes six sub-themes: prerequisites for policy implementation, policy implementation requirements, policy implementation planning requirements, policy implementation challenges, skills needed by managers of non-educational hospitals, and greater ability of hospital teaching staff.

Prerequisites for the implementation of policies: The interviewees believe that for a good implementation of a policy, the prerequisites for its implementation must be met. The necessary infrastructure for the implementation of a policy, including information sources, interdepartmental cooperation, communication between interested groups, clarity of inputs, processes, and outputs are all considered as prerequisites of a policy.

"Let's do this, one thing is that for the management of the implementation of these policies, it means that he does not want to implement them himself, but the framework of how these policies are to be implemented and an inter-departmental management can do it, that is, if we need to implement this between different departments, coordination and communication should be done, he can predict all this (P2)"

Requirements for the implementation of policies: according to experts, after providing the necessary infrastructure for the implementation of policies, changes should be made in the organizational structure and culture. Things like downsizing the organization, fostering a culture of transparency and integrating processes are all of this type.

"The most important place where we don't have clarity is, what are all these integrated processes that everyone wants to use in the first place?" (p6)

Requirements for policy implementation planning: Policy is not implemented in a vacuum, and for its implementation, it is necessary to plan based on the fundamental values of the organization, as well as pay attention to the functions and goals of an organization. According to the researchers of educational hospitals, they should pay attention to the existence of these governance tools.

"I strongly believe that a governance must have fundamental values. It cannot carry out other functions without fundamental values. Therefore, in my opinion, an educational hospital must define for itself what it is looking for? And then use governance tools. The governance tools are to be able to monitor well, perform performance evaluation, be able to validate, and be able to issue certificates to people who can actually regulate activities based on them (p15)"

Challenges of policy implementation: According to the interviewees, policy implementation itself has challenges. The unrealistic and non-functionality of the held committees is one of these challenges.

"Now the state of participation of some partnerships is Syrian, which means that we are obliged to hold hospital committees, those which are Syrian, practically, it does not play its role in good governance, it does not create what we need" (p2)

Required skills of managers of non-educational hospitals: Another important point from the perspective of experts is the skills required for managers in educational hospitals. Considering that these hospitals also have educational contacts, faculty members must have significant educational skills.

"But in educational hospitals, since one of our main audiences are faculty members who are at high levels of knowledge, we need very high communication skills and persuasive power, because our audiences are those who are involved in education, and they themselves

have these high skills, in addition to all expertise, knowledge, and technical ability, acceptability, that is, to be qualified to be accepted by others, to be accepted and accepted by others as a head, so that he can have a better governance easily. (P1)"

The ability of the most of hospital teaching staff

"As a rule, the skills and competence of hospital staff are important issues that should be considered. Management and leadership skills for the management team and employees should have technical and communication skills. And the selection of personnel should also be based on the competence of people (P8)."

Theme 8: Policy evaluation factors

Policy evaluation in Iran's civil-political system is not only a systematic research about the effects and results of policies, but includes any kind of review and report about the performance and results of policies. This main theme had a sub-theme of policy evaluation.

Policy evaluation: According to the interviewees, monitoring, performance evaluation, validation and finally setting activities are among the main tasks expected from the evaluation system of an educational hospital.

"Governance tools are to be able to monitor well, to perform performance evaluation, to be able to validate, to be able to certify in the hands of people who can actually regulate activities based on them (P4)"

Theme 9: Educational challenges of being a hospital

Educational hospitals have different challenges than non- educational hospitals due to their nature and goals. In this study, four sub-themes of workforce recruitment challenges, service delivery challenges, responsibility acceptance challenges and accountability challenges were mentioned in this study.

Labor force recruitment challenges: According to experts, one of the basic challenges in educational hospitals is that due to the formality of the labor force recruitment, some administrative mechanisms cannot be applied, which can lead to malfunctions in the good governance process of the educational hospital.

"If our faculty is official, it cannot be easily removed from the administrative system, and the rule of law supports it. In principle, if someone is recruited officially and does not perform well, this person cannot be fired. In principle, our managers have a challenge with this issue. The faculty that serves in the hospital as an educational faculty has a very important role in motivating or reducing the motivation of employees, specialized students who can motivate people, so in the process of attracting and retaining these people, you must be careful. (P1)".

Challenges of service delivery: On the other hand, some experts believe that the working independence of faculty members is not practically implemented, so that they cannot choose their own residents and assistants and carry out educational and research duties.

"In my opinion, good governance is when a faculty member is really independent and has high authority in hiring residents and assistants, but at the same time, also fulfill his main duties, which are proper teaching and research and real articles based on evidence (P2)"

Challenges of accepting responsibility: Another challenge of being an educational hospital is the challenges of accepting responsibility. Experts believe that having an educational title in a hospital creates the misconception that all patients must be obedient to the educational flow and that the resident should be taken care of by the students first. While the treatment process in an educational hospital should not be different from non- educational hospitals, and the patient should receive examination and treatment protocols from the doctor from the very beginning.

"Unfortunately, in educational hospitals, the speed is very bad. And some people take advantage of this issue. In educational hospitals, the procedure should be such that the professor and attending physician examine the patient first, and the residents take the information along with the professor. But in educational hospitals, this is done the other way around and causes a lot of problems for patients." (p11)

Accountability challenges: According to experts, compared to other types of hospitals, there is less accountability in the educational hospital, which can also violate the patient's rights.

"I think the level of accountability is very low in our hospitals. People are in debt to our

hospitals. Accountability is usually with the main creditor of the service providers, whether you want it or not. That's the way it is when they put a patient to bed in the name of doctor, despite the fact that the doctor may not see the patient, but the responsibility lies with the doctor, so there is accountability. We cannot say that no one is responsible. There is accountability, but unfortunately there is a lot of cover-ups. (P7)"

Theme 10: Realizing the goals of the stakeholders

Stakeholders include all people who will be affected by a decision or a policy. Therefore, stakeholders can both receive a positive impact from a decision and policy, and they can suffer. In this study, this main theme had three sub-themes of achieving the goals of internal stakeholders (hospital management and personnel), realizing the goals of external stakeholders (patients), and realizing the goals of external stakeholders (students).

Fulfillment of internal stakeholders' goals (hospital management and staff): According to experts, the wishes and goals of internal stakeholders such as hospital managers and staff are not paid attention to in educational hospitals. The main reason for this is simply the focus of the hospital's teaching staff and not considering their other needs.

"Because the view has always been that our professors all think that I am an educator, I teach here, it doesn't matter if you want to make money" (p14)

Fulfilling the goals of external stakeholders (patients): Some other experts believe that paying attention to the needs and honoring the patient is one of the important factors of good governance in educational hospitals.

"In my opinion, a good ruler in an educational hospital is someone who can prepare the ground so that while providing educational services to the students of knowledge, the people who visit the hospital can also have respect and dignity" (P5).

Achieving the goals of external stakeholders (students): In order to achieve the goals of external stakeholders (students), measures should also be taken, such as the permanent presence of professors in educational fields.

Theme 11: Moral factors and values

Examining and considering the ethical aspects of their organization is of special importance. In order to have good governance, paying attention to these factors is one of the most important measures that should be taken by the organization's general management. This is equally important in educational hospitals. This main theme had four sub-themes of values related to service delivery, values related to management, values related to patients and educational values.

Values related to service delivery: According to respondents, service delivery by first-year residents in service delivery by doctors and faculty members can cause problems in service delivery values.

" In our hospital, most of the work is assigned to first-year residents, and senior-year residents only support them. (P10)"

Educational values: According to the respondents, educational values such as a sense of responsibility have not been created in the students, and the trainings have not been able to create a sufficient impact on their sense of responsibility.

"The different hours of our students are either on their mobile phones or sitting in one place reading something to themselves or doing other things. It is clear that we could not create a sense of responsibility in them from the very first day, so the same issue can also happen in patient care. (P2)"

Theme 12: Economic accountability (financial factors)

As one of the main organizations providing healthcare services, hospitals have a special sensitivity and importance in the economy and health, and it is necessary to optimize its financial function as an economic enterprise. This issue is also important in educational hospitals. The main theme of economic accountability had two sub-themes of hospital revenues and hospital expenses.

Hospital revenues: The respondents believe that due to the self-governance of educational hospitals, what happens in practice is that the hospital incurs expenses first, and after these expenses, income is generated.

"Our hospitals in our country are self-governing and they have to provide the majority of their own expenses, and these expenses are generated from the place of service provision by the medical and nursing staff and the treatment staff, that is, expenses arise and income is generated (p3)."

Hospital expenses

"Educational hospitals have a lot of expenses due to the volume of students, faculty members, and the volume of referrals, and the management of these costs is very important, and the skill of managers to attract resources is very important, because in the conditions of our country, the way the manager negotiates can be very effective in the number of resources. If you motivate someone to help, the fact that this feature exists goes back to the mechanism that the hospital director or the hospital CEO created to attract contributions. (P7)"

Theme 13: Educational indicators

Educational input indicators:

"In my opinion, the efficiency can be different. The interaction between education and service delivery should be well defined. The relationship should be changed from a hierarchical and vertical one to a relationship based on a contract and a specific framework. They should be able to communicate, while the effectiveness index of professors should be defined" (P10).

Educational process indicators:

"Now a faculty member also provides evaluation services when this generates more income for him. In fact, education may be harmed, while if this person can be financed, I think it can make a difference. The interaction between education and service delivery should be well defined. The relationship should be changed from hierarchical and vertical to a contract-based relationship." (p13)

Educational output indicators (comprehensive academic level):

"Indices based on output or outcome means to measure both outcomes and outputs, i.e. the number of graduates as an output or consequence of how much this educational hospital has been able to serve the overall goals of the health system" (P4).

Theme 14: service delivery indicators

Service delivery process indicators:

"Unfortunately, in this part where there is a doctor, he says, financial issues are not very important to me anymore, my duty is to treat, but if we say that with this treatment, we can make it more economical in this way, he says no, I want to do the same thing". (P6)

Service delivery output indicators:

"Currently, some partnerships are not real, which means that we are obliged to hold hospital committees. Committees that are not real do not perform their effect in good governance. It means that it does not create what we need, but those partnerships that are real, we can classify hospitals based on this index." (p1)

Theme 15: Law governance indicators

Law governance input indicators:

"In my opinion, we are weak in monitoring in our hospitals, and this means that you have very good documentation, but in the end, because the monitoring is weak, we cannot expect and say that we are moving 100% in accordance with the rules and regulations" (P7).

Law governance output indicators:

"It means that we do not give feedback in some places to evaluate the indicators that we set, or that there is no impact on the work, not in salaries, not in promotion, not in other places." (P2)

Efficiency and effectiveness indicators:

"I believe that it is better to go in the direction where the recruitment in each hospital is based on the individual's performance, that is, the retention of the individual in the group is not tied to the type of employment, but depends on his good performance." (P9)

Discussion

Hospitals cannot independently legislate to implement health sector policies as well as good governance. In order to implement good governance in hospitals, political, economic, social, cultural, managerial and technological developments cannot be ignored. One of the important factors in the establishment of good governance in hospitals is a strategic view of issues. If good governance is not paid attention to at the level of strategies and strategies, it should not be expected to be realized at the operational levels. The characteristics of good governance include participation, rule of law, transparency, accountability, consensus building, justice and fairness, efficiency and effectiveness, and accountability.

According to the United Nations Development Program, the key indicators of good governance are: participation, rule of law, transparency, accountability, consensus, justice, effectiveness and efficiency, accountability and strategic perspective (Mirza Aghansabo and colleagues, 2013).

One of the problems that many hospitals face in implementing new management models such as good governance is traditional organizational structures that are not able to adapt to environmental changes. According to the findings of Heshmatzadeh and colleagues, the main challenge of good governance in Iran is dealing with the prevailing political culture, so that in front of every indicator of good governance, there are components of the political culture that prevent the realization of those indicators, and to remove these obstacles, the category of political culture should be paid more attention than before and practical measures should be taken in order to reform the political culture, focusing on the role of the government (Heshmatzadeh and colleagues, 1396).

The model of good governance by recognizing various social forces in different fields simultaneously emphasizes the role of the government and society in the path of development and public administration and in a way decentralization in the social and political framework of development. The Organization for Economic Cooperation and Development emphasizes that good governance should be encouraged in their organization; Because it causes a more efficient use of resources and provides the necessary self-confidence for the proper functioning of the competitive market (Rostamzadeh, 1398). Hassanvand's study showed that good governance has a positive and significant effect on the economic growth of MENA countries (Melki Hassanvand, 1398). The findings of Sabbagh Kermani showed that the increase in education and health expenses of the government has not always been effective; But in countries with better governance, this increase in costs has had a greater impact on health and education indicators; In other words, the improvement of governance indicators has increased the cost performance of these two sectors (Sabbagh Kermani, 1388). The results show that the establishment of good governance components and indicators in educational hospitals directly and indirectly affects the socio-economic indicators of the country.

Amini Shad's study showed that the causal factors affecting good governance in municipalities are civil society factors, political stakeholders and guidelines of upstream institutions, environmental changes and developments, strategic factors, managerial factors and institutional factors among the causal factors affecting good governance in municipalities (Amini Shad, 1398). Government size has a negative and significant effect, and good governance has a positive and significant effect on economic growth. In this regard, the examination of the cross effects of government size and good governance also shows that the size of the government has a negative effect on good governance and that the size of the government weakens the economic growth process through the channel of negative influence on governance (Mohammedzadeh, 2017). In fact, the role of the government in establishing and promoting good governance indicators has been confirmed in various studies. The findings of Sahabi's study showed that the size of the government has a negative effect and good governance has a positive effect on the development of the financial sector in developing and developed countries (Sahabi Etesami, 1392). A high proportion of government hospitals are involved in the education of students. This interaction between the government and hospitals is influenced by mechanisms such as good governance. Government size has a negative effect on good governance. The negative relationship can be examined from different dimensions. First, based on microeconomic theories, as the scale of an institution increases, average costs increase and diseconomies of scale occur, and ultimately it reduces productivity and total production.

One of the most important issues that educational hospitals face is transparency. In paragraph 10 of the policies announced by the Supreme Leader, it is emphasized on the legal clarification of incomes, expenses and activities. Policies based on lack of transparency are the basis for the emergence of challenges and pests on the health system, including conflict of interests. One of the most important problems in the health system is that the service members in the health system have two jobs. when professionals work in both the public and private sectors; The ground for creating the challenge of conflict of interests in the field of health is provided. One of the identified components of transparency was financial transparency. The findings of Salari's study showed that the implementation of the new accrual-based financial system in Qazvin University of Medical Sciences led to an

increase in financial transparency and the level of accountability (Salarizadeh, 2014). The implementation of the new financial system alone cannot be an effective measure for financial transparency. Rather, the need to review and revise, evaluate the implementation of the current processes and create unity in recording the financial events of universities, especially educational hospitals, should be taken into consideration. The findings of Ajam's study showed that cost management in hospitals is formed by identifying cost centers, starting and implementing cultural programs in consumption and saving, communicating instructions and creating control and monitoring programs by the senior management of the hospital (Alian Ajamand colleagues, 2019).

One of the most important costs in educational hospitals; Education costs are the education of students. Perhaps establishing the transparency of these costs can effectively help manage the costs and resources consumed in educational hospitals. Najafi and colleagues' study showed that despite the existence of the accounting system of medical sciences universities based on accrual accounting and focusing on the amount of resource consumption in activity centers; The calculation of student education costs in educational hospitals faced limitations such as access to cost information. Access to information is one of the most important limitations in most studies of cost calculation in the field of student education (Rajabi and colleagues, 1390). The importance of clarifying costs in the health systems of other countries is also emphasized and paid attention to. In 2014, Powell investigated the correct cost management solutions in research and concluded that strong monitoring is the best way to reduce cost management problems (Alian Ajam and colleagues, 2019).

The importance of the transparency of members' participation in the governance of educational hospitals and, accordingly, the transparency of decision-making were among the other concepts identified in line with the concept of transparency. Perhaps the lack of collectively agreed procedures and regulations that provide evidence-based decision-making mechanisms at all organizational levels for educational hospitals is one of the main problems in the field of decision-making transparency. In a study, Etemadian showed that the vague and non-transparent model of public-private partnership, political changes, weak laws and regulations, problems of hospital design and construction, limited use of hospital capacity, lack of financial resources led to the failure of public-private partnership in this hospital (Etemadian and colleagues, 1398). The findings of Darvish's study showed that transparency has an effect on trust and administrative corruption; It is suggested that the activities of the organization should be clarified to improve the trust of the employees in the strategic goals. (Darvish, 1395). Conflict of interest and corruption in decision-making is one of the concepts identified from the analysis of the findings of the present study.

Different and uncoordinated goals, incorrect composition, interference of powers, inconsistency in the evaluation process and the reward and punishment system, their mutual dependence on each other, the lack of sufficient resources and the difference in rank and levels in the financial relations of researchers and doctors in clinics and medical institutions involved in health are considered to be among the causes of conflicts of interest. Although the establishment of a law on how to detect and manage conflicts of interests can make matters clearer, but in the review of Iran's regulations in the field of health, conflict of interests has not been addressed much. Article 12 of the Code of Medical Offenses approved by the Iranian Medical System Organization prohibits the recruitment and referral of patients from public healthcare institutions affiliated to the government and charity to private practice or private sector, including hospitals, clinics, for material use, by medical professionals related to the rare cases of conflict of interest in Iran's health system (Milani Far, 1390).

The implementation and evaluation of policies was one of the main concepts identified in this study. Clarity of the perspective and achievement of planning to reach goals was one of the requirements of planning and how to implement policies. The findings of Mossadegh Rad's study showed that poor management and leadership, incorrect planning, inappropriate organizational culture, lack of attention to organizational learning and poor management

of employees, patients, resources and work processes have created obstacles to strategic planning in hospitals in Tehran province (Mosadegh Rad, 1398). The complexity of the clinical education process demands more attention to planning in order to advance the goals and policies of the health system. Iran's educational hospitals can improve the planning performance by applying the correct management of goals, especially the development of operational plans in line with strategic plans, as well as paying attention to the variable of time to carry out plans, as well as developing and promoting an organizational policy in the field of preparing detailed plans in line with the country's general health care policies (Besharti, 2016).

The inappropriateness of the way of applying the law and the weak implementation of the laws were identified as the challenges of policy implementation in educational hospitals. In general, the rule of law in Iran's health system faces serious challenges. Perhaps part of this challenge is related to the nature of the health care market. The asymmetry of information between the recipient and the provider of health care, the tendency of the provider to persuade the patient to request induction, the conflicts of multilateral and multilateral interests, the interference of education in treatment and many other factors have led to the weakening of the role of the law in line with the policies of the health system and especially the policies of educational hospitals.

Among the other concepts identified as components of good governance in educational hospitals was social accountability, which emphasized components such as organizational justice and consensus of people. The study of Seifi Far in Imam Hossein Educational Hospital of Tehran showed that there is a significant and positive relationship between social accountability and the quality-of-service delivery (Dabaghi and colleagues, 2018). Responsibility for the provision of high-quality services, as a prerequisite for improving the level of service provision, should be recognized as an organizational value in educational hospitals. The six main components of social accountability that have been identified in other studies include: quick action, communication, maintaining dignity and rank, confidentiality of information, basic facilities and social support (Keshvari, 1397). The results of researches in other countries also showed that one of the important components that people consider for the accountability of the health system is the preservation of their human dignity (Jose, 2016). Rohini et al., in research on public, non-governmental and charitable hospitals in India, assessed the level of social responsibility of these hospitals as average (Rohini et al.). The results of the researches showed that clients expect answers from health institutions when their right to autonomy is respected (Dainty, 2018). Confidentiality is one of the important aspects of social responsibility. If the military wants to be accountable and people want to trust it, it must respect the principles of secrecy (Branabel, 2018).

The findings of the present study showed that educational hospitals face many challenges in terms of the nature of service delivery along with clinical training, among which we can mention the challenges of accountability, challenges of accepting responsibility, challenges of providing services, and employment challenges. In a study, Keshvari and colleagues investigated the challenges of human resource management in Tehran University of Medical Sciences hospitals. The challenges in these hospitals included organizational factors such as the lack of up-to-date job descriptions, university recruitment and the hospital's limitations in the selection and selection of employees, lack of teamwork culture and process attitude culture, lack of full establishment of occupational health and defects in the evaluation system, motivational factors such as the lack of a performance-based payment system, lack of communication between evaluation and incentive system, lack of motivation and mistrust of employees in the field of solving problems, and knowledge factors such as the existence of old forces resistant to change, weak knowledge of employees and lack of learning in the hospital environment (Keshvari, 1397). In a study of university structure and organization, rules and guidelines, resources and facilities, the weakness of training courses and macro and upstream policy, they stated the most important challenges facing hospital managers (Barati and colleagues, 2016).

The need to pay attention to moral values and its importance was identified as one of the concepts of good governance in educational hospitals. Values related to service delivery,

values related to management, values related to patients and educational values were identified as the most important components of the concept of moral values in educational hospitals. One of the goals of medical education is to improve the quality of patient care and try to solve ethical problems in clinical medicine (Tabibi and Afshar, 2010). The promotion and expansion of medical ethics training from the scientific environment to the social environment and the context of the patient's relationship with the doctor and other medical staff helps to improve the level of ethics in the health system and protect the rights of the patient (Rattani and colleagues, 2020). Khodayari's study showed that the state of compliance with moral values in educational hospitals in Tehran is on the borderline between moderate and relatively weak. Considering the not so favorable situation of ethical values in these hospitals, the health system officials of the country should pay special attention to the triangle of education (ethics in the hospital), strategic attitude (ethics in the health system) and fair compensation for services as the key to improving and developing ethics in the health system. (Khodayari Zarangar, 1392).

Justice in payments is one of the most important effective factors of justice from the perspective of patients. Justice from the perspective of patients was identified as one of the values related to patients in line with moral values. As an example, the implementation of Article 92 of the Fourth Development Plan Law has improved the direct financial relationship between the patient and the doctor (the patient and the hospital as a service provider) by eliminating the direct payment of treatment costs by random patients. Eliminating this direct financial relationship between the patient and the hospital has solved a significant part of the ethical challenges associated with it (Reza'i Adriani, 1394).

The need to pay attention to the governance models in hospitals and organizations providing health care services is felt more and more with the increasing burden of non-communicable diseases such as cardiovascular diseases and cancer and emerging diseases and epidemics such as corona disease. Moving towards good governance in educational hospitals requires identifying and defining the concepts, components and components that influence the implementation of this model so that the policy makers of the health system can plan according to it in order to implement and advance the organizational goals. The need to pay attention to these dimensions and components should be considered in all strategic plans of the Ministry of Health, Treatment and Medical Education. Regardless of the intellectual infrastructure of good governance in educational hospitals, a one-sided attention to each of these components leads to misleading decision makers and policy makers of the health system. Of course, as seen in all the identified components, there is an indirect entanglement between all concepts and components. According to the findings of the present study, the Ministry of Health, as the main guardian of medical education, should design one or more policy packages to implement the model of good governance in educational hospitals. The need to pay attention to these dimensions and components in hospital evaluation mechanisms such as accreditation standards has been neglected. Perhaps paying attention to the standards and criteria for evaluating educational hospitals in order to establish and establish good governance models should be on the agenda. The participation of universities of medical sciences, especially the faculties of medicine, nursing and midwifery, due to the high number of students in these hospitals, can be one of the main precursors to the implementation of good governance. Considering that many dimensions and concepts of good governance in educational hospitals are demanded by professors of clinical groups, familiarity with management and leadership patterns should be included in the basic university courses of clinical students such as medical and nursing students, so that learners at all levels of education can play a role in advancing the goals of good governance as an informed student. The current research was conducted using a qualitative method, obviously, its generalizability to other public and private hospitals requires a wider study and research.

Conflict of interest

Author declares no conflict of interest.

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