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Original Article

Performance Evaluation of Teaching Hospitals Affiliated with Kerman University of Medical Sciences Based on Health-Promoting Hospital Standards

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Abstract

Background: The primary objective of Health-Promoting Hospitals (HPHs) is to safeguard and enhance the health of staff, patients, caregivers, and the wider community residing near the hospital. This study aimed to evaluate the performance of teaching hospitals affiliated with Kerman University of Medical Sciences based on HPH standards.

Methods: This descriptive-analytical cross-sectional study was conducted in the teaching hospitals of Kerman, Iran, specifically Shahid Bahonar Hospital, Afzalipour Hospital, and Shafa Hospital. Data were collected using the World Health Organization (WHO) questionnaire on HPH standards. The key dimensions in the questionnaire included management policy (9 items), patient assessment (7 items), patient information and intervention (6 items), promoting a healthy workplace (10 items), and continuity and cooperation (8 items). The questionnaires were completed by a comprehensive team at each hospital. This team comprised hospital management, quality improvement experts, educational supervisors, infection control supervisors, clinical ethics supervisors, clinical supervisors, head nurses from various wards, nutritionists, patient and family education unit experts, and environmental health experts.

Results: The mean scores for hospital performance standards were as follows: management policy (11.64 ± 3.77), patient assessment (11.15 ± 3.02), patient information and intervention (10.54 ± 3.37), promoting a healthy workplace (14.21 ± 4.73), and continuity and cooperation (11.13 ± 3.96). Data analysis revealed a significant difference in the mean scores among the three hospitals for patient assessment ($P = 0.048$) and promoting a healthy workplace ($P = 0.036$).

Conclusion: Based on the findings, successful implementation of Health-Promoting Hospital principles necessitates consideration of all dimensions. Thus, to enhance the quality of healthcare services, encouraging policymakers and health service managers to formulate coherent policies in line with Health-Promoting Hospital protocols will lead to improved hospital performance.

Keywords: Health-promoting hospital, Standard, Health promotion

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Introduction

According to the World Health Organization's (WHO) perspective, health promotion refers to empowering individuals to understand factors influencing personal and social health, make informed decisions regarding health behaviors, and ultimately adopt a healthy lifestyle (1). Individuals should possess the ability to identify and fulfill their needs, adapt to their environment, and interact with it to achieve complete physical, mental, and social well-being. Consequently, health is regarded not as a life goal but as a resource for daily living (2). Accordingly, hospitals can contribute to community health by participating in the health cycle through activities such as public health education and disease prevention, effective chronic disease management, timely diagnosis, and accurate treatment. They also assist patients in returning to normal life through rehabilitation following illness (3). Given the evolving public expectations, the increasing prevalence of chronic diseases, and the physical and psychological pressures faced by healthcare staff, it is imperative for hospitals, as key service providers for both patients and staff, to transition towards health promotion (2). Health-promoting activities within hospitals lead to enhanced utility and efficiency, improved quality of healthcare services and care, better lifestyles, enhanced clinical outcomes in the post-treatment phase, reduced mortality,

fewer complications and treatment costs, shorter lengths of stay and fewer readmissions, increased patient satisfaction, and an elevated level of well-being and quality of life for both staff and patients (4-10).

The concept of Health-Promoting Hospitals (HPHs) was first introduced by the WHO at the Global Conference on Health Promotion in 1986. This concept posits that hospitals are among the optimal settings for delivering health promotion and prevention services. Beyond treating patients, they should play a significant role in promoting the health of their visitors, staff, and the wider community (3, 11, 12). HPHs are hospitals that, by prioritizing and employing health promotion strategies, re-evaluate and reorient their delivery of health and medical services across three levels – prevention, treatment, and rehabilitation – for patients, staff, and the community (13).

The WHO has developed HPH standards across five key dimensions: management policy, patient assessment, patient information and intervention, promoting a healthy workplace, and continuity and cooperation (14). These standards focus on four core areas: promoting patient health, promoting staff health, transforming the hospital into a health-promoting setting, and promoting community health by the hospital acting as an integral part of the community (13). These standards address cost-effective gaps that could be leveraged for successful improvements in the current practices of hospitals (15). The aim and mission of HPHs are to shift from a treatment-centric approach to a health-centric one, transforming the hospital from a diagnostic and treatment facility into a place for disease prevention and the provision of comprehensive, high-quality medical and nursing services through health promotion activities for patients, staff, and the community (9, 16). Successful implementation of HPHs requires a specialized and established organizational structure involving adequate funding and resources, trained personnel, well-defined policies, and both top-down and bottom-up communication. Furthermore, this structure must be capable of upholding the core values of HPHs, encompassing patient and staff rights, health equity, and accountability (17, 18).

Despite advancements in health promotion within hospitals in developed countries, this area has not been adequately addressed or has been neglected within the healthcare systems of developing nations (19). In Iran, health promotion programs in hospitals have not received serious attention, being primarily considered as merely a component of hospital accreditation evaluation programs (20). Consequently, there is often no defined structure within hospitals for delivering many health promotion services (21). Iranian hospitals are predominantly treatment-oriented and patient-centered, consuming approximately 70% of the health budget. They also lack an active role in disease prevention and the promotion of healthy lifestyles and behaviors (22, 23). A study conducted in Iran revealed that the majority of specialists (63%) believe that health promotion activities are absolutely not provided in hospitals, while 37% of specialists reported that these services are delivered sporadically and in an unorganized manner (22). A study in Taiwan involving 52 hospitals demonstrated that implementing organizational changes and developing HPH programs can yield positive impacts on hospitals (24).

Given that the establishment of HPH standards aims to enhance hospital staff performance and hospital indicators, and considering the significance of this subject, the present study seeks to assess the extent to which teaching hospitals affiliated with Kerman University of Medical Sciences adhere to Health-Promoting Hospital standards.

Methods

This study adopted a descriptive-analytical cross-sectional design. The research population comprised the teaching hospitals located in Kerman, Iran, including Shahid Bahonar Hospital, Afzalipour Hospital, and Shafa Hospital. These hospitals were selected due to the similarity in their scope of activities and the approximate uniformity of their various departments.

The data in this study were collected using the questionnaire for implementing health promotion in hospitals (3). This questionnaire consists of 40 items across five crucial dimensions for Health-Promoting Hospitals: management policy (9 items), patient assessment (7 items), patient information and intervention (6 items), promoting a healthy workplace (10 items), and continuity and cooperation (8 items). The Iranian Ministry of Health and Medical Education developed this questionnaire for evaluating HPH standards, assessing its validity and reliability. Its Cronbach's alpha coefficient was calculated as 0.89 in a previous study in Iran (25). Furthermore, the initial validity and reliability of this instrument were confirmed by Groene et al in 38 hospitals across 8 European countries, with Cronbach's alpha coefficients for the five domains ranging from 0.77 to 0.88 (26).

To achieve comprehensive results for each hospital, a census method was employed for sampling. The questionnaires were completed by a team consisting of hospital management (6 individuals), quality improvement experts (19 individuals), educational supervisors (3 individuals), infection control supervisors (3 individuals), clinical ethics supervisors (3 individuals), clinical supervisors (3 individuals), head nurses from various wards (32 individuals), nutrition experts (3 individuals), patient and family education unit experts (3 individuals), and environmental health experts (3 individuals). These individuals were selected due to their greater proficiency and comprehensive knowledge of the various questionnaire domains, commensurate with their responsibilities. The average time taken to complete the

questionnaires was 10 minutes. The participants were also given ample time to complete the questionnaire items with greater focus.

A total of 78 questionnaires were completed. The items in the HPH questionnaire were 3-option multiple-choice, with participants selecting one of the options: "Yes, " "Partially, " or "No." In this study, a score of 0 was assigned to "No, " 1 to "Partially, " and 2 to "Yes." The scoring method for each item was as follows: "

- "Yes" indicated that the standard was fully implemented in the hospital, with complete documentation confirming its execution.
- "Partially" indicated that the standard was partially implemented in the hospital, with acceptable documentation confirming its execution.
- "No" indicated that the standard was not implemented in the hospital, and no evidence existed to confirm its establishment.

Accordingly, the minimum possible score for a questionnaire was 0, and the maximum was 120. Specifically, the maximum score for the management policy dimension was 27, patient assessment 21, patient information and intervention 18, promoting a healthy workplace 20, and continuity and cooperation 24. Given that the assessment criteria for certain standards varied across hospitals, the aforementioned team specifically identified the relevant criteria and documentation for each hospital. Before distributing the questionnaires, a consensus was reached on these criteria and their documentation through multiple meetings.

Finally, the mean and standard deviation of the standard scores for each domain were presented for each hospital, and an analytical comparison was conducted among the three hospitals. In the present study, after distribution and completion, the questionnaires were collected, and the information was recorded separately for each section in the software. The collected data were entered into SPSS-24 software and analyzed. For descriptive analysis of the collected data across the five domains (policy, management, patient assessment, patient information and intervention, promoting a healthy workplace, and continuity and cooperation), descriptive statistics such as mean and standard deviation were calculated. Ultimately, the frequency and mean of each standard for each hospital were presented, and a comparison was made among the three hospitals. The chi-square test was used to examine differences in frequencies across hospitals, and one-way analysis of variance (ANOVA) was used to assess the significance of differences in means across the hospitals, with a 95% confidence level.

Ethical Considerations

Written informed consent was obtained from all participants in this study. The protocol for this study underwent ethical review by the Ethics Committee of Kerman University of Medical Sciences and was approved with the ethics code IR.KMU.REC.1402.053 by the Deputy for Research and Technology of Kerman University of Medical Sciences.

Results

All hospitals assessed in this study were teaching hospitals affiliated with Kerman University of Medical Sciences. None of the surveyed hospitals were members of the Health-Promoting Hospitals network. Out of a total of 78 questionnaires collected from the studied hospitals, 24 were from Bahonar Hospital, 29 from Afzalipour Hospital, and 25 from Shafa Hospital. Analysis of the data revealed that the mean age of the participating personnel was 38.34 years, with a mean work experience of 14.24 years. Female staff constituted 56.6% of the participants. A significant difference was observed in the frequency of gender ($P=0.012$) and education level ($P=0.014$) among the personnel across the three hospitals. Other details concerning the characteristics of the studied hospitals are presented in Table 1.

Table 2 details the mean scores for HPH standards disaggregated by the studied hospitals. The mean scores for the five assessed standards were as follows: management policy (11.64 ± 3.77), patient assessment (11.15 ± 3.02), patient information and intervention (10.54 ± 3.37), promoting a healthy workplace (14.21 ± 4.73), and continuity and cooperation (11.13 ± 3.96). Data analysis revealed that Shafa Hospital demonstrated better performance across all dimensions compared to the other hospitals, and its total mean score also surpassed that of the other hospitals. Furthermore, the findings indicated a significant difference in the mean scores for patient

Table 1. Assessment of the demographic variables by hospital

Variable		Bahonar Hospital (Mean ± SD)	Afzalipour Hospital (Mean ± SD)	Shafa Hospital (Mean ± SD)	Total (Mean ± SD)	*P* value
Age (years)		37.92 ± 8.172	36.93 ± 7.849	40.28 ± 5.756	38.34 ± 7.380	0.250
Variable	Categories	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	
Gender	Male	2(10.5)	6(31.6)	11(57.9)	19(24.4)	0.012
	Female	22(37.3)	23(39.0)	14(23.7)	59(75.6)	
Education	Bachelor's degree	21(33.9)	26(41.9)	15(24.2)	62(79.5)	0.014
	Master's degree	3(18.8)	3(18.8)	10(62.9)	16(20.5)	

Table 2. Mean scores for health-promoting hospital standards by hospital

Standard	Bahonar Hospital	Afzalipour Hospital	Shafa Hospital	Total	*P* value
Management policy	11.25 ± 3.710	11.34 ± 4.81	12.36 ± 2.16	11.64 ± 3.77	0.516
Patient assessment	10.08 ± 3.05	11.14 ± 3.47	12.20 ± 2.02	11.15 ± 3.02	0.048
Patient information and intervention	9.71 ± 3.56	10.31 ± 3.72	11.60 ± 2.48	10.54 ± 3.37	0.130
Promoting a healthy workplace	12.21 ± 4.94	14.72 ± 5.55	15.52 ± 2.54	14.21 ± 4.73	0.036
Continuity and cooperation	10.21 ± 4.36	11.10 ± 4.44	12.04 ± 2.70	11.13 ± 3.96	0.272
Total	53.46 ± 15.79	58.62 ± 20.03	63.72 ± 8.55	58.67 ± 16.12	0.082

assessment ($P = 0.048$) and promoting a healthy workplace ($P = 0.036$) among the hospitals. Specifically, the mean score for patient assessment at Shafa Hospital was 12.20, which was higher than the other hospitals, while Bahonar Hospital had the lowest mean score for patient assessment at 10.08. Similarly, the mean score for promoting a healthy workplace at Shafa Hospital was 15.52, the highest among the hospitals, whereas Bahonar Hospital recorded the lowest mean score at 12.21. In summary, as illustrated by the findings in Table 2, the HPH standards are partially observed and implemented in each of the three studied hospitals. This suggests a need for hospitals to develop specific plans and policies to fully achieve the Health-Promoting Hospital standards.

Discussion

This study provided a comprehensive perspective of how well hospitals affiliated with Kerman University of Medical Sciences have achieved Health-Promoting Hospital (HPH) standards. These findings are vital for evaluating and shaping healthcare policymaking. Critically, the results highlighted a significant oversight by relevant authorities regarding health promotion in these hospitals, where current health promotion activities are only at a moderate level. Even some Iranian hospitals that have joined the HPH network have not fully met the desired standards. This is likely because the transition to an HPH is a time-consuming process that demands meticulous planning and a fundamental shift in organizational culture (27). Fostering a culture of health promotion nationally is expected to lessen the burden of diseases within the community, thereby reducing hospital visits and the demand for healthcare services. Hospitals inherently pose a significant financial burden on any nation's healthcare system due to their reliance on specialized human resources, advanced technology, and expensive equipment (28). Thus, by preventing diseases and promoting public health, healthcare officials can reduce hospital admissions, ultimately leading to a decrease in the number of hospitals required in the country. Furthermore, encouraging existing hospitals to evolve into HPHs would yield substantial economic savings for the country (29).

The results indicated that three hospitals were at a moderate level in implementing the patient assessment standard. The significant differences observed in scores for the patient assessment dimension among the studied hospitals suggested varying levels of success in implementing this standard. This variance is likely due to the presence of comprehensive initial assessment forms and tailored training for specific patient groups in some hospitals. Consequently, it can be argued that, concerning this standard, nurses meticulously record risk factors related to tobacco use, alcohol consumption, nutritional status, and family/hereditary disease history in patients' initial assessment forms. Moreover, established guidelines exist for identifying patients' conditions. The patient education unit further categorizes specific patient types, such as patients with asthma, diabetes, chronic obstructive pulmonary disease, and rehabilitation patients. Patient files also consistently contain information about the referring physician or referrer.

These findings are consistent with previous studies. A study by Yousefi et al in general teaching hospitals affiliated with Mashhad University of Medical Sciences, also based on HPH standards, concluded that all three hospitals were at a moderate level in implementing the patient assessment standard, indicating partial adherence (29). Similarly, Afshari et al's self-assessment study on health promotion standards in Isfahan found that the patient assessment standard showed average performance across most items in the majority of hospitals (30). Both Yousefi and Afshari's studies corroborate the findings from the present study.

The higher scores for promoting a healthy workplace in some hospitals suggest these medical centers have successfully provided a more conducive working environment for their staff by providing relevant training, psychological support, and smoking cessation programs. This finding highlights the critical importance of fostering appropriate working conditions for hospital staff; a healthy workplace not only positively impacts employee satisfaction and mental well-being but also leads to improved quality of care delivered to patients. Hence, regarding this standard, it can be stated that nurses record risk factors related to tobacco use, alcohol consumption, nutritional status, and family/hereditary disease history in the patient's initial assessment form, and guidelines exist for identifying patient conditions. Patient files also contain information about the referring physician or referrer. Furthermore, the patient education unit categorizes specific

patient types, for instance, patients with patients, diabetes, chronic obstructive pulmonary disease, and rehabilitation patients. Specialized training courses are also available for newly recruited staff and other hospital personnel, such as annual training programs and in-service training courses. In addition, attention has been given to planning and intervening in staff smoking cessation programs within the health promotion standards related to personnel. This finding contradicts the results of the study by Hamidi et al, which indicated that this standard was at a lower level compared to other standards, and also contrasts with the findings of the studies by Lin et al and Groen et al (26, 27, 31). However, it is consistent with Naderi et al's study, which reported the highest and significant scores for the healthy workplace environment standard in Fatemieh Hospital (32). Moreover, focusing on this dimension, as one of the HPH standards, can effectively contribute to reducing the incidence of physical and psychological problems among staff, increasing productivity, and improving overall organizational health. In light of these considerations, hospital managers are recommended to develop and implement comprehensive programs to enhance and maintain a healthy work environment by providing stress management training, improving physical working conditions, and strengthening social support within the workplace.

The absence of a significant difference in scores for the management policy dimension across the studied hospitals indicated that most hospitals have performed poorly in developing and implementing codified health promotion policies, and the necessary infrastructure for systematically implementing these policies has not been adequately provided. Accordingly, health promotion should be integrated into hospital programs, and hospitals should possess a well-formulated health promotion policy. This policy must be executed as an integral part of the organization's overall quality system, aiming to advance health objectives and outcomes. These policies pertain to both the hospital and its staff, as well as to patients and their caregivers. Hospital staff should be aware of health promotion policies and their related activities. Moreover, the hospital must ensure the availability of essential health promotion infrastructure, including resources, space, equipment, and facilities, for implementing health promotion programs. The present study revealed that organized structures or provisions for the effective and efficient implementation of HPH standards did not exist in the hospitals. Similarly, Yousefi et al reported that this standard was observed and implemented only to a very limited extent (29). Moreover, Charoghchian Khorasani et al reported an unfavorable status for the management policy dimension (33). In contrast, Naderi et al showed that the mean score for management policy was significant and in a favorable state (32).

Since the scores for the patient information and intervention dimension did not show a significant difference, it can be concluded that the effective implementation of this dimension in most hospitals has been associated with some challenges, such as inadequate documentation and the absence of clear mechanisms for patient education. This dimension encompasses patient awareness, provision of health promotion services to patients based on needs assessment, documentation and evaluation of information provided to patients and health-promoting activities, access for all patients, staff, and caregivers to general information about factors influencing health, and the provision of appropriate, understandable, and clear information to patients regarding their current condition, treatment, care, and health-influencing factors. The present study showed that this standard is not being effectively and efficiently implemented. Yousefi et al demonstrated that the highest scores were related to patient information and medical intervention (29). Hamidi et al also investigated the status of health promotion in a specialized women's hospital in Hamadan. Their findings showed that the patient information and therapeutic intervention standard and the continuity of care and cooperation standard were better in this hospital compared to other standards (27). The findings from these two studies were not supported in the present study (27, 29).

The non-significant difference in scores for the continuity and cooperation dimension across different hospitals suggests that most of them have not been successful in establishing cohesive communication with other sectors of the healthcare system and providing coordinated services in the post-discharge phase. This standard involves establishing a collaborative planning approach and continuous cooperation with other health levels and sectors, as well as other organizations and institutions, for integrated and unified health promotion activities. Hospitals must ensure that their health promotion services are coordinated with other related activities. They should also collaborate with other social and health service providers and community groups. These services and coordination must continue even after patient discharge, during the post-hospitalization period, rehabilitation, and other related follow-ups. The present study showed that this standard is not being effectively and efficiently implemented in the surveyed hospitals. Charoghchian Khorasani et al found that the highest scores were related to the continuity and cooperation dimension (33). The findings from the present study were not consistent with those of the studies by Charoghchian Khorasani et al and Yousefi et al (33, 29). However, Ahangari et al investigated factors influencing the implementation of a health-promoting hospital in Tehran and showed that the lowest scores were related to the continuity and cooperation dimension (34), as confirmed in the present study.

Limitations of the Study

This study was conducted with some limitations, primarily the conservatism of some staff in providing information and completing questionnaires, alongside the negative attitude of some officials towards the study. The authors tried to reduce these issues by clearly explaining the study's objectives and building trust in the feedback process. Accordingly, the findings of this study cannot be generalized to other hospitals across the country.

Conclusion

In summary, the HPH standards are partially observed and implemented in each of the three studied hospitals. Thus, developing and implementing more management and educational programs specifically designed to strengthen these dimensions can enable hospitals to play a more effective role in promoting community health. Consequently, hospitals must consider specific planning and policymaking to fully achieve Health-Promoting Hospital standards. Overall, for health promotion to be effectively implemented in hospitals, key factors like integrating this program into the hospital's mission and vision, prioritizing patient satisfaction, and improving health literacy for both patients and staff must be considered. This necessitates a concerted effort from officials, managers, health promotion specialists, hospital directors, and all hospital staff to transform hospitals into truly health-promoting environments.

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Competing Interests

The authors declare that there was no conflict of interest in this study.

Ethical Approval

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