




Challenges of Establishing the Health-Promoting Hospitals (HPH) Approach in Kerman

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Abstract

Background: Health-promoting hospitals (HPH) do not only play the traditional role of diagnosis and treatment but also focus on preventive and health-promoting activities. The present study aimed to explore the challenges of establishing the health-promoting hospitals approach.

Methods: The present study was conducted using a qualitative design in 2018. The data in this study were collected using 16 semi-structured interviews conducted with health managers and experts in Kerman, Iran. The interviewees were selected through purposive snowball sampling. The interviews were first transcribed and analyzed using Braun and Clarke's 6-step thematic analysis framework. MAXQDA 10 software was used for data analysis.

Results: The challenges of establishing health-promoting hospital standards were divided into 4 themes including legal and structural challenges, financial resources, human resources, and cultural challenges. The most recurring subthemes were the lack of general plans and policies and the lack of financial resources.

Conclusion: Challenges of establishing the HPH approach can be summarized in various areas related to the organization and policies, staff, and society. Therefore, it is necessary to change the traditional approach to treatment-oriented policies at all levels. Besides, it is essential to focus on the empowerment and participation of all people involved in health-promoting policies and activities such as managers and officials, employees, and members of the community.

Keywords: Challenges, Hospital, Health promotion, Health-promoting hospitals

Introduction

Health promotion means empowering people to recognize the factors affecting individual and social health and

making the right decisions in choosing healthy behaviors and thus adopting a healthy lifestyle (1). Global changes in the field of health, and



especially in hospitals, have created new challenges. Currently, managers and officials in medical centers and hospitals feel responsible for the lives of patients in pre-and post-admission stages and they act as links between other levels of health care services and the community (2). In Iran, hospitals only play traditional diagnostic and treatment roles and there is no well-defined structure for providing many health promotion services in hospitals. Overcoming this situation requires adopting a new approach for providing health services and making the most of the available facilities to ensure and improve public health and to come up with sustainable and desirable outcomes (3).

At the initiative of the World Health Organization (WHO), the international health-promoting hospitals (HPH) network was set up to support hospitals in promoting health. HPH is a concept for hospital development first introduced at the World Health Promotion Summit in 1986 in the Ottawa Charter for Health Promotion. Currently, the network covers more than 900 registered hospitals and health services in more than 40 countries (4). So far, 5 standards have been defined based on the objectives of health-promoting hospitals; Management policy standards (S1), Patient assessment standards (S2), Patient information and intervention standards (S3), Promoting a healthy workplace standards (S4), and Continuity and cooperation standards (S5). These standards are related to the course of the disease and health-promoting responsibilities and activities are an integral part of the services provided to hospital patients. Each standard also has some sub-standards which may differ culturally and socially in some cases depending on the location of hospitals (5).

The emphasis of health-promoting hospitals is on health promotion and disease prevention. Hospitals are the best place to interact with the public and provide the necessary training to improve lifestyle and promote health and offer preventive rehabilitative services to people through medical staff, patients, and their families (6). Establishing health-promoting hospitals is essential to controlling the consequences of illness, increasing the capacity to deal with health-related problems, and changing people's health behaviors, which ultimately all lead to improved health, well-being, and a reduced

financial burden (7).

Studies in the world have shown that engaging in health-promoting activities in hospitals leads to improving the usefulness and efficiency in the hospital (8), increasing patients and staff's satisfaction and quality of life (9), reducing treatment complications, frequent hospitalizations, and treatment costs (10), and improving the position of health organizations in the competitive health market (8). In addition, health-promoting hospitals will be more successful in recruiting, employing, and retaining their staff (9,10). Health-promotion services reduce absenteeism and promote creativity and quality of work (3).

Most hospitals in Iran are treatment-oriented and do not play an active role in disease prevention and lifestyle promotion (3). Furthermore, lack of resources is another problem faced by the health sector. Therefore, hospitals need to take some measures to reduce the frequency of hospitalizations, offer health-promotion services, and play an active role in the prevention of diseases. Given the importance of health-promoting hospitals in preventing diseases and promoting public health, the present study aimed to explore the challenges of establishing a health-promoting hospitals (HPH) approach.

Methods

This qualitative study was conducted in the field of health and treatment in Kerman in 2018. The participants were selected by purposive snowball sampling from among managers and experts working in health divisions of the Health Department and teaching hospitals. First, several subject-matter experts were interviewed, and then other people who had information in this field were introduced to the researchers by the interviewees. The selected people had sufficient skills and information and had at least 5 years of work experience. Moreover, they were selected from different hospitals and different health units to increase the participants' variations. The sampling procedure continued until the data saturation which happened after interviewing 16 people.

The data were collected through semi-structured interviews to identify barriers to and challenges of establishing the HPH approach in Kerman. The interview guide was prepared

according to the standards for health-promoting hospitals.

To conduct the interviews, appointments were made with the participants. At the appointed time, the researcher attended the participants' workplace. Before starting each interview, she described the purpose of the study and ensured the participants that their information would remain confidential. The main questions asked during the interviews were about the challenges of and obstacles to implementing health-promoting activities and measures and changing the hospital's approach to a responsible and accountable organization to engage in developing health-promoting activities for patients, staff, and the community.

The duration of each interview was 30 to 50 minutes. All interviews were recorded. The interviews continued until data saturation. The content of each interview was transcribed immediately after conducting the interview and analyzed using thematic analysis. To do this, the text of the interviews was entered into Maxqda 10 software and coded.

Braun and Clarke's 6-step thematic analysis framework (11) was used for thematic analysis and performing the coding procedure. Accordingly, the following steps were taken: (1) Two encoders listened to the recorded interviews several times and transcribed them and read the text several times to get familiar with the data; (2) Initial coders were generated based on a comprehensive understanding of the content of the data. In this step, recurrent patterns/themes related to each code were identified; (3) After encoding all the data, the codes with a similar meaning were merged and analyzed. In this step, the themes with similar content were placed in a category; (4) The extracted themes were reviewed and refined during two 3-hour sessions by the members of the research team. In this process, all the extracted themes were reviewed for each topic to ensure if the themes cohere together meaningfully; (5) In this step, the themes were defined and named. In addition to interpreting the themes, the overlaps between the themes and potential subthemes and their relations were carefully checked; (6) A final report was prepared based on the interpretations and findings.

The criteria proposed by Lincoln and Guba were used to validate the findings. These criteria include credibility, transferability, dependability, and confirmability (12). To ensure the credibility of the data, the participants were selected from different health departments and hospitals by taking into account the maximum variation of the selected units. Besides, sufficient time was devoted to collecting the data from the interviews, and notes were taken at the time of recording the interviews. The codes extracted from the interviews were reviewed by the participants and approved after making the necessary revisions. To increase the transferability of the findings, experienced managers and experts who were familiar with HPH standards were interviewed. To ensure the dependability of the data, the interview transcripts were checked by several participants to eliminate any possible inconsistencies and ambiguities. Furthermore, the data from the interviews were also reviewed and coded by two raters independently, and then checked by an external reviewer. Finally, to ensure the confirmability of the findings, the researchers tried to avoid any personal bias in all data collection and analysis stages.

To comply with ethical considerations and maintain confidentiality, a code was assigned to each participant. Moreover, before conducting the interviews, some information was provided to the participants about the objectives and significance of the study. They were also assured that the information obtained would be used only in line with the research objectives. The interviews were recorded with the participants' consent. Informed consent was obtained from the participants and they were told that they could leave the study at any stage. This study was approved by the ethics committee of Kerman University of Medical Sciences with the code of ethics IR.KMU.REC.1399.033.

Results

The participants were selected from among health managers and experts in Kerman. Three participants were working in the health department and the rest were from the treatment department. Five of the participants were men and 11 were women. The participants' education varied from bachelor's degree to Ph.D. degree (Table 1).

Table 1. The participants' demographic data

Organizational position	Number	Workplace	Gender
Manager	1	Hospital	Male
Educational supervisor	2	Hospital	Male/female
Health education expert	2	Health Department	Female
School health expert	1	Health Department	Female
Nurse	2	Hospital	Female
Quality improvement officer	5	Hospital	3 females/2 males
Occupational health & safety expert	1	Hospital	Male
Executive director and national assessor of hospital accreditation	1	Hospital	Female
Nutritionist	1	Hospital	Female

Based on the interviews, the challenges of establishing the HPH approach were divided into 4 themes and 14 subthemes (Table 2). The

identified themes were legal and structural challenges, financial resources, human resources, and cultural challenges (Table 2).

Table 2. The challenges of establishing the HPH approach

Themes	Subthemes	Codes
Legal and structural challenges	Workplace and physical conditions	Improper building architecture
		Limited physical spaces
		Lack of equipment
	The absence of general plans and policies	Lack of specific plans
		Treatment-oriented policies
	Non-cooperation of military hospitals in health-promoting activities	The resistance of military centers to training Difficulty in obtaining training permits in military centers
Parallel work with accreditation	The similarity of HPH standards to some accreditation metrics	
Lack of an integrated management information system (MIS)	Limitations in management information system (MIS)	
	Inaccessibility of all information	
Job instability	Managerial changes Differences in managerial views	
Financial resources	Limited financial resources	Financing restrictions
		Insufficient financial support for health-promoting programs Lack of financial resources
	Lack of adequate funding for health promotion activities	Insufficient budget for health-promoting programs Allocation of more funds to treatment
Human resources	Insufficient human resources and increased workload	Lack of nutrition experts required by the standards Staff time restriction Nurses' heavy workload
		Dependence on human resources
	Lack of independence in recruiting staff	Restricted allocation of human resources
	Lack of skilled staff to enter data and information into information systems	Staff's unfamiliarity with information technology Limited number of people proficient in information systems
Cultural challenges	Non-participation	Less male participation in health-promoting activities Staff's restricted participation Restricted public participation
		Physicians' underestimation of health-promoting activities
		Physicians' unwillingness to cooperate Physicians' focus on treatment
	Physicians' disregard for educating and informing patients	Physicians' underestimation of health-promoting activities
		Physicians' unwillingness to cooperate Physicians' focus on treatment
Not believing in long-term plans	Inconsistent policies to implement health-promoting plans More interest in short-term plans	

1. Legal and structural challenges

Workplace and physical conditions, lack of general plans and policies, non-cooperation of military hospitals in health-promoting activities, parallel work with accreditation, lack of an integrated management information system (MIS), and job instability were some legal and structural challenges mentioned for implementing the HPH strategy.

Workplace and physical conditions can lead to some problems that hinder the establishment of standards in hospitals. These problems include inattention to proper architecture when constructing hospitals, limited physical space, and lack of equipment. According to one of the participants:

“A good workplace should have basic physical facilities such as adequate lighting,

adequate ventilation, low man-made pollutants such as noise and dust, etc., but this issue is not considered in some parts of the building.”

“When we want to implement a project, we need some facilities. Patient access and implementation of post-discharge health-promoting activities and techniques require equipment.”

The absence of general plans and policies was another challenge highlighted by the participants. Lack of a clear plan and treatment-oriented policies can hamper the process of establishing HPH standards. The participants also stated that the hospital’s mission is focused on treatment and there is no effective structure to promote health and job descriptions in this area. As an example, one of the participants said:

“There must be a specific plan for promoting health and information. Effective programs and strategies need to be planned and there must be someone in charge of following up and implementing them. In general, any program that wants to be seriously implemented and pursued needs a specific plan, support, and follow-up.”

Non-cooperation of military hospitals in health-promoting activities was one of the legal challenges pointed out by the participants. Given that some agencies, such as military organizations, have their own hospitals, there are obstacles to implementing health-promoting strategies in these hospitals. One of the health experts stated:

“Military organizations typically have their own hospitals. Training in military centers is difficult and they tend to resist training.”

Some participants stated that the HPH standards are similar to some accreditation measures. One of the participants stated:

“Since a large number of HPH standards are applied in accreditation metrics, staff will cooperate more effectively if the Ministry of Health issues some instructions requiring hospitals to establish these metrics.”

The absence of an integrated management information system (MIS) was another structural challenge highlighted by the participants. Problems with the MIS and lack of easy access to all information were some of the problems found in this study. A participant said:

“There is no integrated MIS to provide all the information needed by managers to make the right decision. Implementing HPH standards requires a comprehensive information system.”

Job instability may lead to problems. Managerial and ministerial changes and differences in their views and plans may complicate the process of implementing a sustainable program. One of the participants stated:

“Replacement of managers and officials and the inconsistency of their positions and views on health programs can cause problems in implementing HPH strategies. We often see when a new manager is appointed, he/she may change some programs or other priorities, and may even stop implementing the previous manager’s plans, and this can permanently damage the execution and continuity of a program.”

2. Financial resources

One of the challenges highlighted by most of the participants was financial problems. Financial problems and insufficient resources in the health sector affect all plans including health-promoting activities. Assessing patients, interventions, and creating an efficient work environment require financial resources. However, lack of financial resources or limits can stop many activities related to HPH standards. One of the participants stated:

“We may have a lot of activities and programs in mind and we want to implement them, but the implementation of any program needs strong financial support; otherwise, the program will fail or will stop after a while. The HPH approach is a good program to implement. But it needs financial resources. We are facing limited resources even for ongoing programs. Therefore, the HPH program may not be implemented as successfully as it should be.”

The participants also stated that hospitals do not have sufficient funding for health-promoting activities and that the resources are mostly allocated to treatment activities.

“There aren’t adequate resources for preventing activities and the available resources are often allocated to treatment activities.”

3. Human resources

Insufficient human resources and increased workload, lack of independence in recruiting staff, and lack of skilled staff to enter data and information into information systems were some of the challenges related to human resources. The participants stated planning to recruit adequate human resources required for health-promoting activities is essential and that the shortage of manpower, increased workload, and a large number of patient visits may not allow engaging in health-promoting activities:

“Hospital staffs do not have enough time to engage in health-promoting activities due to a large number of admissions. A nurse who has to work several times her capacity loses her physical and mental strength.”

“We do not have a sufficient number of nutritionists ... for nutrition training and counseling. Thus, we don't have enough time to take the necessary measures.”

Besides, the participants stated that they cannot take independent measures for supplying human resources because of some restriction and staff recruitment is done by affiliated universities.

“University hospitals are run under the supervision of the Ministry of Health. Thus, they cannot act independently to carry out their activities, especially hiring employees, so if the HPH is to be implemented, it requires the allocation of human resources.”

Implementing health-promoting standards requires access to sufficient information. Skilled employees who are familiar with information systems are required to enter data and information into these systems. Some employees' unfamiliarity with information technology and the low number of people with knowledge of information systems are other problems.

“Some employees are very old and not very familiar with computers and information technology, and so it's difficult for them to work with the system.”

4. Cultural challenges

The cultural challenges pointed out by the participants were people's unwillingness to participate in health-promoting activities, physicians' disregard for educating and informing

patients, and not believing in long-term plans. There are some people, especially men, who do not believe in implementing and accepting the health-promoting program. In hospitals, some staff are not ready to accept health-promoting activities and are not willing to participate in these activities. Implementing a health-promoting program requires the participation of the community and staff.

“Men are less likely to participate in health-promoting programs because they are busy, have negative views about health-promoting activities, or do not have sufficient information about such activities. Some people do not care at all, tend to procrastinate, or state that they don't have time to do such activities.”

“All staff are not equally ready to take action. It is very difficult for many staff to accept that they can and should play a role in promoting the community health because they consider it to fall under the duties of other units, especially the health department not the treatment units.” (Participant 5).

Furthermore, most physicians tend to focus on treatment and medical services, and they pay more attention to this area. In hospitals, physicians do not pay enough attention to educating and informing patients.

“Physicians are not motivated to cooperate in health-promoting activities and measures. Some of them are not willing to participate in educational and health-promoting activities at all and only focus on treatment services as they are important to them.”

Inconsistent policies to implement the HPH program and the interest in short-term plans were other challenges. Accordingly, one of the participants stated:

“One of the problems is that some managers are interested in implementing short-term plans. But the HPH program requires a long-term vision and a clear plan.”

Discussion

Hospitals, as one of the most important centers for offering health services, should determine their role in promoting health and be responsible and accountable in this regard. The findings of the present study revealed four themes related to the challenges of establishing the HPH approach including legal and

structural, financial, human, and cultural challenges.

One of the challenges identified in the present study concerning the establishment of health-promoting hospitals was legal and structural problems including the absence of general plans and policies, unsuitable workplace and physical conditions, and the focus on treatment-oriented policies in Iran. A similar study conducted in Tabriz showed that inadequate decision-making mechanisms among policymakers, inattention to health-promoting measures in policy-making, and insufficient organizational infrastructure were obstacles to the continuation and implementation of the PHP program (13). Health-promoting programs cannot be implemented at various organizational levels without leadership support (14). Management and leadership practices can affect the sustainability of health-promoting programs in the organization (15). A study in Thailand showed the existence of commitment from Ministry of Health managers and coordinated government policy between existing health care activities and the activities of health-promoting hospitals. In this country, health-promoting activities in hospitals were supported through technical, financial, and managerial resources and the establishment of a responsible and evaluative organization for hospital managers who intend to implement the HPH program (16). In Sweden, there was also government cooperation, financial support from the Swedish Ministry of Health and Social Affairs, and formal acceptance and acknowledgment of services provided by the network of health-promoting hospitals (17). Since policymaking and the existence of a specific program are essential for the establishment of HPH standards, it is necessary to determine necessary policies and interventions to enable the successful implementation of health-promoting programs by setting goals and strategies and forming a health promotion committee.

Another important challenge facing the establishment of the HPH program is inadequate financial resources to implement this program and the lack of adequate funding for health-promoting activities. In South Korea, insufficient government support and inadequate funding were some of the challenges for implementing the program, as well. The active support of managers and staff participation was found as

a strong point for the development of health-promoting programs in the country, so that 80% of employees were responsible for both existing services and health-promoting projects (18). Joffres et al. found that financial aid and resources are a prominent factor in implementing a health-promoting program (19). Accordingly, it seems that attracting investors to finance the HPH project and allocating an adequate budget can help implement the project. Moreover, preventive measures at the right time and timely assessment of needs reduce treatment and hospital costs and can strengthen health-promoting activities in hospitals.

Another challenge of the establishment of health-promoting hospitals was human resource problems. Increased workload due to the small number of employees and the lack of skilled staff to use information systems were among human resource problems. In Taiwan, information systems, equipment, and technologies including e-newsletters and information on Internet education were used to provide health-promoting services (7). Given the importance of human resources in providing hospital services and improving the quality of services, providing sufficient and specialized manpower, regulating the workload, empowering staff, and using appropriate training models can increase the efficiency of health-promoting services.

The present study also showed cultural challenges such as lack of staff and public participation, physicians' disinterest in educating and informing patients, and disbelief in long-term programs were some obstacles to establishing an HPH approach. Another study indicated that the lack of clear communication between the hospital and the community leads to a failure to facilitate public participation in health-promoting activities (20). The Ottawa Charter for Health Promotion highlights the incorporation of an integrated strategy for hospitals to implement a health-promoting program (21). Various studies have highlighted employee and community participation as a strength in health-promoting programs (22, 23, 24). It seems that health-promoting activities require the participation of hospital staff and the community. Besides, efficient information about health-promoting activities and attracting all stakeholders' participation can be effective in implementing this program.

One of the limitations of the present study was that it focused only on hospitals in Kerman

and, therefore, the identified challenges cannot be generalized to all hospitals in Iran, as the purpose of qualitative studies is not to generalize the results. Another limitation was the busy schedule of some interviewees that made setting the interview time and access to them difficult. Accordingly, the researcher made the appointments upon the participants' agreement.

Given the role of health-promoting hospitals in preventing diseases and promoting public health and thus reducing the costs of the health system, one of the contributions of the present study was identification of the challenges for the implementation of HPH programs. The challenges identified in this study can help implement interventions to establish health-promoting standards in hospitals and implement HPH strategies.

Conclusion

The present study showed that the challenges of establishing the HPH approach include legal and structural, financial, human, and cultural problems. Some challenges are related to the organization and policies, staff, and society. Accordingly, attention must be paid to formulating health promotion policies from higher levels, and it is necessary to change the traditional view of treatment-based policies at all organizational levels. Furthermore

, according to the developed models, attention to empowering patients, society, and the organization has the greatest impact on health-promoting hospitals. Therefore, achieving this goal requires the participation of all stakeholders such as managers and officials, employees, and members of the community. Training, empowering staff, and informing the public are essential to improve health-promoting activities. Given the importance of implementing health-promoting programs, the related challenges need to be identified at all levels and in different hospitals. Moreover, effective organizational and educational interventions need to be implemented.

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Conflict of interest

The authors declare they have no conflict of interest.

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