

## Relationship between Health Care Organization Management Standards of the Joint Commission International and Health Tourism in Selected Hospitals in Tehran

Iravan Masoudi Asl<sup>1</sup>, Taha Nasiri<sup>\*2</sup>, Lida Shams<sup>3</sup>, Zahra Hashemidehaghi<sup>4</sup>

### Abstract

**Introduction:** Health tourism is an organized travel we make from where we live to another place to keep, regain, and improve physical and mental health. It can be also a national strategy to improve national income and some believe that it can be an integral part of national security. The present study is an attempt to determine the relationship between observance of the standards of international Joint Commission regarding structural-centered fields and number of health tourists attracted to a country.

**Methods:** The study is a descriptive-analytical work of applied type, which was conducted as cross-sectional work in 2012 on some of Tehran-based hospitals. Sampling was carried out randomly and for data gathering the standard checklist of the commission was employed. The tool covered six Health Care Organization Management Standards. Reliability and validity of the checklist have been ascertained by previous works. Data was collected through observing, interviewing, and document reviewing. For data analyses, descriptive and deductive statistics were used in SPSS16.

**Results:** Observance of the standard regarding its different aspects is not equal as regarding infection prevention and control (3.48) we found highest mean point and the lowest position was obtained by improvement of quality and patients' safety (2.52). A relatively positive correlation ( $r=0.114$ ) was observed between observance of the standards of the commission and attracting health tourists.

**Conclusion:** Given the results obtained, it is notable that the development and implementation of an accreditation system for health services centers nationwide, which is aimed to improve quality of health services in light of the standards of International Joint Commission is helpful in attracting more health tourists.

**Keywords:** Health Tourism, Quality of Services, Standards of International Joint Commission, Hospitals.

1. Health Services Management Department, School of Management & Economics, Islamic Azad University, Science and Research Branch, Tehran, Iran.

2. Health Management Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran.

3. School of Medical Sciences Education, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

4. Eye Research Center, Tehran University of Medical Sciences, Tehran, Iran.

**\* Corresponding Author**

Taha Nasiri, Health Management Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran.

Email: dr.tahaf5@yahoo.com

Received: 4 January 2014

Accepted: 6 March 2014

### Introduction

Iran's economy is highly dependent on oil income and such dependency is only attenuated by increasing non-oil exports. More financial sources must be directed toward production and development of exportable products and services. Among the variety of services and products, Iran has more potential in some and further investment can actualized such potentials as a source of foreign incomes [1]. Tourism industry is one of these fields and it is currently one of the main and most profitable businesses of the third millennium. Many countries earn the main portion of their foreign incomes from tourism industry. According to the world trade organization (WTO) this growing industry was the 3<sup>rd</sup> largest industry in 2000 [2]. Tourism income in Iran has also followed an ascending trend [3].

People tend to test variety of leisure activities and relaxing activities to escape from the stressful life. Health tourism is one of the choices for those who desert the stressful modern life to enjoy healthier life and welfare [4]. Recent years have been featured with increase in number of those traveled abroad to seek health services [5]. Health tourism

in Asia is still growing and it is expected that the value of the industry hits 4\$ billion in 2014 [6]. Given the advantages of Iran in health tourism such as more reasonable costs, high quality of health services, competent physicians and variety of natural and health attractions, the country has initiated projects to increase its share in the market. However, the country has to face with some challenges in this regard [7].

In Iran's 2022 outlook, the country must be one of the main targets of health tourism. This not only prevents migration of national capital, but also can be considered as an enormous source of foreign incomes [8]. The surveys revealed that health services quality is of main concerns of the patients so that they look for health services with international standards. To meet this demand, international credit assessment agencies have started health service quality credit reporting. There are four main models of quality assessment and credit reporting including the American and Canadian Credit Assessment model, International Organization Standard (ISO) model, European Foundation for Quality Management (EFQM), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In this regard, the ISO model and



JCAHO are more popular. The Joint International Commission introduced a set of standards for health services provided outside the USA, which has been confirmed in many countries based on assessment methods. The standards currently are the best known guarantees for the receivers of medical services in the international market [9]. Jacoby and Callum are two leading providers of services of health tourism and manage a set of hospitals. The notable point is that all the provided services are evaluated in the official website of the commission. The commission is subsidiary of American health and medical centers accreditation commission [10, 11, 12]. According to the statistics, the joint commission accredits more than 150 medical services around the world and keeps developing supervision and approval processes [13].

Studies in the industry in Iran have focused on proposing a model of tourism, preparing hospitals to attract medical tourists based on the standards of International Joint Commission and also to introduce approaches for further development of the industry in the country. Taking into account that several organizational development models have been introduced in Iranian hospitals, still there is no study on the relationship between observance of the standards of the commission and attracting health tourism in which the relationship between the model introduced by health and treatment sectors and attraction of health tourists are dealt with. Results of such study can be used as an approach to develop a reliable model for the hospitals toward attracting health tourists by the policy-makings. In consideration of the great potentials for foreign incomes in Iran, improvement of health services quality, increase in investment in the industry, and creating job opportunity supported by the recent measures of the Ministry of Health and Treatment and Medical Education and those by Cultural Heritage Organization, Iran can emerge as leading actor in this industry by spotting advantages and disadvantages of the hospitals and relationship between observance of the standards of the International Joint Commission, monitoring number of attracted tourists, and examining capacity of hospitals in Tehran city to attract health tourists.

**Methods**

Regarding the purpose, the present study is an applied work conducted through descriptive-analytical method. Samples were selected based on the list of the health tourism hospitals in Tehran available in the Ministry of Health. These hospitals were on the top of an accreditation ranking, which have been recognized with the general condi-

tions needed to provide health services to health tourists. Eventually, five private hospitals “a, b, c, d, e, f” were selected through random sampling. For data gathering, the checklist of the standards of the International Joint Commission was used. The checklist is comprised of two sections including organizational-centered and patient-centered and mainly deals with general standards. Reliability and validity of the checklist (questionnaire) were ascertained by Khodayari [13]. The checklist includes 6 Health Care Organization Management Standards themes each of which are comprised of pertinent standards, which totally includes 157 questions. The extent to which each standard is realized was organized based on Likert’s scale from “completely observed” to “not-observed”. The information of number of health tourists in the hospitals under study was obtained from the hospitals. Depending on the standard type, the authors referred to the ward and collected the required data through direct observation and interview. In observance of the provisions of Helsinki Declaration, confidentiality of the information collected from the hospitals was preserved.

**Results**

The study was conducted to determine the relationship between Health Care Organization Management Standards of the International Joint Commission and number of attracted health tourists in Tehran-based hospitals. The hospitals run women, fertility, internal, surgery, children wards and so on.

As listed in Table 3, hospitals A and C had the maximum and minimum number of health tourists referrals (140 and 25) and in descending order, highest level of observance of Health Care Organization Management Standards were in hospitals B, E, A, D, and C.

The findings showed the mean observance of each theme of the Health Care Organization Management Standards in the hospitals (Table 2).

**Table 1.** Number of health tourists and total mean of the structure- centered standards in the hospitals under study; 2011

Hospital	Number of health tourists	Total mean of Health Care Organization Management standards
A	140	2.96
B	94	3.76
C	113	2.76
D	119	2.92
E	25	2.97

**Table 2.** Mean point of the Health Care Organization Management Standards based on the hospitals

Hospital	Safety and facilities management	Management and leadership	Prevention and infection control	Information and communication management	Work Quality and safety improvement	Training and competency of the staff
A	3.15	2.35	3.61	3.39	2.39	3.17
B	3.78	3.92	3.96	3.71	3.74	3.43
C	2.41	2.88	3.57	3.32	2.16	2.57
D	2.56	3.62	3.43	3.32	1.84	3.35
E	3.81	3.85	2.83	2.46	2.45	2.61
Total mean standard	3.14	3.32	3.48	3.24	2.52	3.03

**Table 3.** Pearson correlation of observance of JCI standards and number of attracted tourists

	Health tourists
Organization-centered standards	.114

As the findings showed, observance of safety standards and facilities management in hospitals H and C were at maximum and minimum levels respectively

Concerning observance of management and leadership standards, hospitals B and A were at the top and bottom respectively. Regarding prevention and infection control, hospitals B and E were at the top and bottom respectively. In addition, about observance of information and communication management, the maximum and minimum points were obtained by hospitals B and E respectively. Concerning work quality and safety improvement, hospitals B and D ranked at the top and bottom respectively. Regarding training and competency of staff, hospitals B and C were at the top and bottom respectively. Moreover, the maximum mean point was obtained regarding prevention and infection control and work quality and safety improvement obtained the minimum point.

As revealed by the results, there is a relatively strong relationship between observance of structure-based standards and number of health tourists

## Discussion

The main reasons that health tourists might be attracted to a region are high quality of health services, lower costs and no long waiting lists [14]. The findings indicated that observance of patient-centered standard (3.16) was more than observance of Health Care Organization Management standards (3.07), which is inconsistent with Khodayari [13] who argued that Health Care Organization Management standards are in better condition.

Prevention and infection control was determined as the standard with highest mean point, which is inconsistent with Housmand (2010), who argued that Tehran-based hospitals were not in good condition in this regard; still this result is consistent with Khodayari (2010). Yari conducted a study in Mousavi hospital in Zanjan city and showed that given the role of hospital infections in increasing the hospitalization time, recovery time, inability period, and mortality rate, it is essential to pay more attention to this issue [13]. The results by Yari are inconsistent with those of present study and Khodayari, while it is consistent with Housmand. In another study, probability of hospital-source infections among health tourists was introduced as one of the clinical reasons that attenuate health tourism [15].

Regarding quality improvement and patient safety, we found the minimum point of observance, which is consistent with Khodayari. Quality and patient safety are of the critical factors and have been dealt with in many works [16]. This factor along with cost, access to the services and fast provision of the services are of the key factors in development of health tourism (17t18). That is, more attention must be paid to patients' safety as basic element in the standards of the International Joint Commission. Our re-

sults are consistent with Keit and Jones (2006) who argued that health tourists tend to travel to countries where they can receive high quality health services for less costs and in a reasonable time [19]. Goupal also argued that quality and price of services are critical for the tourists and one of the key expectations of the health tourists in India is to receive health services in hospitals with international standards; this is consistent with our results. In addition, one of the key challenges ahead of hospitals in the developing countries is to provide high quality health services whether before, during or after operation, and throughout treatment course [13].

Gront maintained that proper staff training and keeping the staff competent for their assignment can help provision of better health services to health tourists. The study also suggested that physicians training courses also helps clinics in this regard [13].

The mean point of observance of the standards (3.03) showed that there is more room for improving the services, which is consistent with Khodayari. The main reason, given the findings, is poor in-service training courses. Such courses still have no definite structure in hospitals in Iran. Another issue is relevance between received educations and the skills of the non-clinic staffs in administrative section. So that when there is no relevance, the obtained points regarding observance of the standard are lower [14]. Afshani et al. argued that one of the disadvantages of health tourism industry in Iran that leads to reluctance of many of Iranian and foreign patients to use the health service potential in the county is lack of an effective public information services to fill the wide gap specially in electronic sectors [20]. The hospitals under study here were at relatively good conditions [3,24] and can be improved more, which is consistent with Khodayari.

Regarding Health Care Organization Management standard, we showed that prevention and infection control received the highest point while the standard of quality improvement and safety obtained the minimum point. Our results confirmed the correlation between observance of the standards and attracting health tourists. This relationship was more evident regarding patient-centered standards.

## Conclusion

As noted, there is a correlation between observance of the standards of the International Joint Commission and attracting health tourists. Observance of structure-based standards has a strong relationship with attracting health tourists. The findings showed that prevention and infection control obtained the highest point, while quality improvement and patient safety was at the bottom. This shows necessity to pay more attention to patient safety as one of the key issues in the standards.

More observance of patient-centered standards comparing with structure-based standards shows that comparing with public hospitals, private hospitals pay more attention to treatment affairs, while the public hospital are more concerned about structure-based standards. Thus, full concentration on treatment and negligence of patient safety can evolve as disadvantage in long-run in attracting health

tourists. The hospitals need programming and implementing projects toward improving their condition in this regard. That is, dealing with disadvantages needs a comprehensive programming to gain more international reputation, which is the prerequisite of entering the market of health tourism. By determining their advantages and disadvantages, the hospitals can improve their advantages and emphasize on them to attract more health tourists. Development of an accreditation system for the national health centers in compliance with the international mechanisms such as the International Joint Commission can improve the chance of Iranian health system to attract more health tourists.

### Acknowledgement

The authors would like to thank all dear friends who helped us in doing this works and especially the professors and experts who contributed in this work.

### References

1. Movahedi A. Study of factor affecting the private sector to invest in tourism. [M.Sc Thesis]. Tehran: Tabatabai University; 1995.
2. Tasan M. The study of tourism services market in the Member States Department of Transportation. [M.Sc Thesis]. Tehran: Tehran University; 2006.
3. Izadi M, Ayoobian A, Nasiri T, Joneidi N, Fazel M, Hosseinpourfard . Situation of health tourism in Iran; opportunity or threat. Iranian Journal of Military Medicine. 2012;14(2): 69-75.
4. Harahsheh S. Curative tourism in Jordan and its potential development. [Thesis]. Bournemouth: Bournemouth University; 2002.
5. Gupta P. Medical tourism in Asia. Luncet 2007; 369(9574): 1691.
6. Shalbfafian AA. Ways of the develop tourism, health (medical tourism approach). [Master's Thesis]. Tehran: Tabatabai University; 2007
7. Health Tourism Conference final resolution. Ramsar, Iran, 2006, 15-16
8. Conditions and terms of health tourism centers of Legal Affairs, Regulations of Ministry of Health and Medical Education.2008. Available at: <http://www.lawoffice.mohme.gov.ir>
9. Lee C, Spisto M. Medical Tourism, the future of health services. Going forGold – Best Practices in Ed. & Public. Department of Business Management, National Sun Yat-sen University 2007. Accessed 23 Mar 09 from: <http://www.bm.nsysu.edu.tw/tutorial/iylu>
10. McCallum B, Jacoby P. Medical outsourcing: reducing client's health care risks. Journal of Financial Planning. 2007; 20(10): 125-30.
11. JCAHO, Joint commission international accreditation standards for the care continuum. Oakbrook terrace,IL;Joint commission, INC: 2003
12. JCAHO. International. 2002: [2 screen]. Available at: <Http://www.jointcommissioninternational.com/International.asp?dearki=7656>
13. Khodayari R. Readiness of Hospitals of Tehran University of Medical Science to Attract Medical Tourists base on International Joint Commission Standards [M.Sc Thesis]. Tehran: Iran University of Medical Science; 2010.
14. Joint Commission International, Accreditation, at<http://www.jointcommissioninternational.com> . last visited May 6, 2007.
15. Harriet H, Cartier S. Medical Tourism:CrossingBorders to Access Health Care. 2007 Available at: <http://www.bioethics.georgetown.edu>
16. Wilson S. Medical Tourism: Get quality cure. Accessed in: 2009 Nov 23 21. Joint Commission International. Hospital Accreditation, Available at: <http://www.Jointcommissioninternational.com> Accessed in: 2007 May 6
17. Jabari A.A health tourism model for Iran.[PhD Dissertation]. Tehran: Iran University of Medical Sciences; 2000.
18. Lagiewsky M, Rick R. Medical tourism: Perspectives and applications for destination development. J Vacation Marketing 2008; 10(2):122-37
19. Jones CA, Keith LG. Medical tourism and reproductive outsourcing: the dawning of a new paradigm for healthcare. Int J Fertil Womens Med, 2006;51:251-5
20. Afshani A, Khodadadi R, Ghafarzadeh N. Role of public relations in development of medical tourism market. The 3rd Regional Congress on International Health Services of Iran. 2009 Nov 4-5; Urmia, Iran: Urmia Universityof Medical Sciences: 107-8.