



## **Correlation between Organizational Learning and Accreditation of Educational Care Centers: A Case Study in Ardabil**

**Hamed Zandian<sup>1</sup>, Yalda Chamanian<sup>2</sup>, Telma Zahirian Moghadam<sup>3</sup>, Esmail Farzaneh<sup>4\*</sup>**

<sup>1</sup> Social Determinants of Health Research Center, Ardabil University of Medical Sciences, Ardabil, Iran

<sup>2</sup> Medical Education Development Center, Ardabil University of Medical Sciences, Ardabil, Iran

<sup>3</sup> Health Management and Economics Research Center, Iran University of Medical Sciences, Tehran, Iran

<sup>4</sup> Department of Forensic Medicine and Toxicology, Faculty of Medicine, Ardabil University of Medical Sciences, Ardabil, Iran

### **ARTICLE INFO**

#### **Article History:**

Received: 18 Feb 2018

Revised: 25 May 2018

Accepted: 11 June 2018

#### **\*Corresponding Author:**

Esmail Farzaneh

Department of Forensic  
Medicine and Toxicology,  
Faculty of Medicine, Ardabil  
University of Medical  
Sciences, Ardabil, Iran.

#### **Email:**

[e.farzaneh@arums.ac.ir](mailto:e.farzaneh@arums.ac.ir)

#### **Tel:**

+98-45-33251606

### **ABSTRACT**

**Background:** Considering the importance of organizational learning and its impact on health accreditation, the present study investigates the level of learning and its relationship with accreditation and its promotion strategies in medical sciences universities as the core of the health sector.

**Methods:** In this descriptive-analytic study, data was gathered from 176 nurses working in four teaching hospitals in Ardabil. The standard organizational learning questionnaire and the accreditation rating checklist (second generation) were used as well. Data were analyzed by ANOVA, SPSS<sub>22</sub>, follow-up tests and correlation coefficient.

**Results:** The results showed that there was no significant difference in the total score of accreditation between teaching hospitals ( $P$ -value = 0.320,  $F$  = 1.178), but there was a significant difference in organizational learning ( $P$ -value < 0.001,  $F$  = 146.9) due to the very low rating of one of the centers. The results also showed a positive, significant and strong relationship between the organizational learning score and the total score of accreditation in 4 teaching hospitals in Ardabil ( $r$  = 0.319,  $P$ -value < 0.001).

**Conclusion:** Based on the results there is a positive and significant relationship between the organizational learning and the accreditation scores. By increasing personnel organizational learning, the accreditation score has also significantly increased. Therefore, with proper policy on organizational learning, educational centers can have a higher level of accreditation in order to provide decent services.

**Keywords:** Accreditation, Educational Health Centers, Organizational Learning

### **Citation**

**This paper should be cited as:** Zandian H, Chamanian Y, Zahirian Moghadam T, Farzaneh E. **Correlation between Organizational Learning and Accreditation of Educational Care Centers: A Case Study in Ardabil.** Evidence Based Health Policy, Management & Economics. 2018; 2(2): 100-8.

**Copyright:** ©2017 The Author(s); Published by Shahid Sadoughi University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



## Introduction

Today, organizations are seeking benefits from the rapid growth of knowledge and technology. Learning in the organizations to adapt its capabilities to human resources and to meet the needs of the organization has become an important issue (1). Organizational learning is one of the crucial factors in the growth and innovation of organizations (2, 3); indeed, the organization level of effectiveness and growth is dramatically dependent on its capacity (3).

On the other hand, managers' attention to growth and innovation is one of the facilitators of learning in organizations (4,5). Organizational growth and learning capability have managers to increasingly focus on enhancing organizational learning capabilities (2,3).

Organizational learning capability includes four components including management commitment for organizational learning, a systemic view of the organization goals, integration and transfer of knowledge and an open and experimental environment (6). Management commitment to learning means understanding the importance of learning and creating a culture that considers acquisition, creation and transfer of knowledge as a core value in an organization. A systemic vision means that different individuals, sectors, and areas of the organization have a clear view of the organization goals. Knowledge transfer is mainly caused through conversation and interaction between people. Dialogue, negotiation, and meetings are ideal ways for sharing ideas and transferring knowledge (6,7). Open environment makes it possible to experiment new ideas inside or outside the organization, this experimentation is essential for creative learning (4).

Hospitals in addition to their primary goal of promoting and providing health care are also learning organizations (8). They steadily interact with their environment to create new knowledge, and put it into integrated networks so that others can use it (9). Hospitals are one of the most interacting working environments that involve interactions between nurses, patients, family members, doctors

and other staff. All of these interactions can make a learning organization. Nurses are one of the important sources of organizational knowledge and main elements of knowledge transfer in hospitals. They can play a major role in the process of organizational learning (10,11).

Accreditation, as a quality assessment model, evaluates the commitment of the organizations to meet the required standards, and it ensures the organization that preset goals have been achieved (12). Edward Sallys (13) believes that the educational centers should focus on four requirements: professionalism, ethics, competitiveness and accountability.

Accreditation approaches are related to the mission of the organization, the goals and needs of human resource development (12,14). The current and future workforce training needs come from a common understanding of what the organization needs. This approach is conducted by assessing the quality of knowledge, skills and competencies of the workforce. The organization must ensure that the training programs increase the knowledge and skills of the staff. Therefore, Accreditation process should be designed to evaluate properly the competencies that are targeted by the training (15,16).

The major goals of accreditation include the followings (16):

- Improving the quality of health services by identifying desirable and achievable goals within the standards
- Improving integrity in health services management
- Establishment of a health care provider's database for optimal achievement of structural, process and outcome standards, as well as the establishment of rules and regulations
- Reducing risks and injuries to patients and personnel
- Training and counseling health service providers, managers and health professionals in quality improvement strategies
- Strengthening public trust in the quality of health services



- Reducing health care costs by improving efficiency and effectiveness

Understanding accreditation approaches will help to understand the nature and method of its application (13,17).

Various studies have shown that the lack of an effective assessment and accreditation system for hospitals, in addition to increase health care costs (14,18), can endanger public health (19). Accreditation is one of the standards evaluation systems that plays a fundamental role in improving the quality of health services based on the ability of personnel (13,17). Pomey et al. (20), in their study showed that inadequate education in human resources is one of the challenges of the implementation of the accreditation process in hospitals. Rose et al. (21), in his study showed that organizational learning improves the job performance, accountability of health care staff and performance indicators of the hospitals.

In a study, the results showed that organizational learning improves the performance of employees and increase staff satisfaction (22). In a study, KB Ng (23) stated that accreditation could have positive effects on achieving hospital goals and improving the quality of services by establishing a suitable information system, clarifying the information, and changing the general knowledge and attitude of the staff.

Considering the role of organizational learning and its impact on accreditation, the researchers chose this issue to use this concept in health, particularly the medical sciences universities as the core of the health sector. This study investigates organizational learning and its relation to accreditation and the ways to improve it.

### Materials and Methods

This is a descriptive cross-sectional study done in 2015. The statistical population was all nurses working in Ardabil hospitals (4 centers) (910 people). The classified random sampling method was used. Sample size was 176 according to the Cochran and Morgan tables. In order to reduce the effect of sampling loss, 200 people completed the data collection form. First total numbers of nurses

working in centers (910 people) were identified. Then according to the proportion of nurses working in each center, the final sample number was determined. Center 1 with 23 samples of Nurses, Center 2 with 42 samples from a total of 127 nurses, Center 3 with 56 samples from a total of total 264 nurses, and the Center 4 with 79 from a total of 407 nurses were enrolled in the study. Then, a random sampling method was used to choose samples among nurses. Inclusion criteria for nurses were the followings: working as a nurse in hospital wards, work experience over than 2 years, non-attendance courses related to organizational learning in the last year and satisfaction to attend the study. The data collection tool was standard organizational learning questionnaire as well as accreditation rating checklist. The standard organizational learning questionnaire contains 33 questions. This questionnaire was prepared by Sadeh Sharifirad in 2014 (24). The questionnaire assesses the following items: questions 1 to 7, the appropriate leadership dimension, the questions 8 to 14, the Deepened space Dimension, the questions 15 to 18, the localization dimension, the questions 19 to 24, balance between work and family dimension, questions 25 to 29-time management dimension, and finally questions 30 to 33, experimenting dimension. The minimum and maximum score were respectively 33 and 165. The score between 33 and 66 indicates low organizational learning, score between 66 and 99 indicates average organizational learning and score over 99 indicates high organizational learning. To determine the content and formal validity of the questioner experts' corrective comments were used. The reliability of a tool is its degree of stability in measuring, which means that the measurements under the same conditions give the same results. Sixty-six completed questionnaires were analyzed by SPSS<sub>22</sub>; the Cronbach's alpha was 0.9 which indicates the reliability of the questionnaire.

The research team provided nurses with organizational learning questionnaires. They also provided the samples with necessary information, including the purpose of the study and relevant ethical issues, such as the confidentiality of the

information. Accreditation scores were extracted from the departments of quality improvement. The correlation and mean differences were used for data analysis.

Data were analyzed by SPSS<sub>22</sub> software using ANOVA, follow-up tests, and correlation coefficient.

The ethics code of this study from the Ethics Committee and the Research Council of Ardabil Medical Sciences University was (IR.ARUMS.REC.1394.212).

## Results

Table 1 shows the difference between the studied centers (4 educational health centers in Ardabil) in terms of accreditation and organizational learning score. Table 1.A shows that accreditation scores of the centers were not significantly different (P-value = 0.320, F = 1.178), but according to Table 1.B there was a significant difference in terms of total score of organizational learning (P-value < 0.001, F = 9.146). The follow up test (Appendix 1) was used to compare hospitals with each other in order to identify the organizational learning score difference. According to the results, the significant difference between the two hospitals caused a significant difference between the centers in terms of organizational learning.

Although, Boali hospital score was lower than Imam Khomeini Hospital, there was no

significant difference in organizational learning score between two hospitals (P-value = 0.069, Dif = - 23.815).

The results showed that correlation between accreditation scores and organizational learning score is significant except in Allavi Hospital which the correlation is not significant. According to  $R^2$ , in Fatemi Hospital more than 21%, and in Bouali Hospital more than 13% of the variance of accreditation scores is explained by personnel organizational learning. This rate is less than 0.0001% for Imam Khomeini Hospital.

Table 3 indicates the relationship between accreditation and organizational learning in educational hospitals in Ardabil. The results show that there is a significant relationship between all dimensions of organizational learning and the accreditation score.

The results also showed a positive, significant and strong correlation between organizational learning score and total accreditation score ( $r = 0.319$ , P-value < 0.001). Accordingly, by increasing the organizational learning, the accreditation score of the organization significantly increases. Furthermore, the coefficient of determination  $r^2 = (0.101)^2$  showed that more than 10% of the variance of the accreditation score was explained by the total score of the organizational learning and the remaining 90% were related to other factors.

**Table 1. A:** Differences between hospitals in terms of overall accreditation scores

Source of change	Sum of squares	Degrees of freedom	Mean squares	F	P*
Inter group variance	3089.385	3	1029.965	1.178	0.320
Intra group variance	129410.421	148	874.395		
<b>Total</b>	<b>132500.316</b>	<b>151</b>			

\*Significant at the 0.05 level

**Table 1. B:** Differences between hospitals in terms of organizational learning rating

Source of change	Sum of squares	Degrees of freedom	Mean squares	F	P
Inter group variance	40805.921	3	13601.974	9.146	*0.001<
Intra group variance	129410.421	148	874.395		
<b>Total</b>	<b>132500.316</b>	<b>151</b>			

\*Significant at the 0.05 level

**Table 2.** Relationship between the total score of accreditation of each hospital with their organizational learning score  
Correlation between accreditation and organization learning

Accreditation	Organizational learning	
Accreditation score of Imam Khomeini Medical Center	Pearson correlation coefficient	0.411*
	Probability value	0.010
	Coefficient of determination	0.0001
Accreditation score of Fatemi Medical Center	Pearson correlation coefficient	0.465*
	Probability value	0.003
	Coefficient of determination	0.216
Accreditation score of Allavi Medical Center	Pearson correlation coefficient	0.202
	Probability value	0.224
	Coefficient of determination	-
Accreditation score of Boali Medical Center	Pearson correlation coefficient	0.369**
	Probability value	0.023
	Coefficient of determination	0.136

\* Significant at the 0.05 level

\*\* Significant at the 0.01 level

**Table 3.** Correlation between total accreditation scores and nurse's organizational learning

	organizational learning dimensions						Total organizational learning
	leadership	localization	Deepened space	Balance between work and family	Time management	Experimenting	
Accreditation	0.354	0.311	0.271	0.334	0.301	0.260	0.319
of health services	0.000	0.000	0.002	0.000	0.000	0.023	0.000

## Discussion

The purpose of this study was to investigate the effect of organizational learning on the accreditation score of teaching health centers in Ardabil. Therefore 200 nurses working in different teaching hospitals of Ardabil took part in the study.

Today, there is a lot of pressure on health systems to improve their performance. Technology advances, customer expectations, increased demand, lack of resources, increased competition, as well as concerns about safety, deficiencies, and medical errors, have led to the accurate and explicit evaluation of the healthcare organizations (25-27).

Although most of healthcare organizations use accreditation standards, especially in developed

countries, few studies have been carried out on the effects of its implementation on the provision of health services (28). In studies such as Chatterjee (17) and Jaredley et al. (29), accreditation improved the quality of service and performance of the organization.

Based on the results of this study, the hospitals were not significantly different from each other in terms of overall accreditation scores based on the accreditation checklist of the Ministry of Health and Medical Education. Global experience has shown that the use of standards will improve quality; however, due to the use of the same pattern by all hospitals, there is no significant difference in the impact of accreditation on the hospitals performance (17) which confirms the findings of this study.





Accordingly, it can be stated that the educational hospitals of Ardabil with different specialized services in sub-scales of accreditation were at the same level.

The present study showed that Ardabil teaching hospitals had a significant difference in terms of organizational learning. Accordingly, Fatemi Hospital (Ardabil Burning Center), had the highest average for organizational learning and Bouali Hospital (pediatric center), had the lowest average score (Appendix 1).

The results show that there is a meaningful relationship between accreditation score and organizational learning in Imam Khomeini, Fatemi, and Bouali Hospitals. Therefore, by increasing organizational learning in the mentioned hospitals, the accreditation score has also significantly increased. Furthermore, there is a significant relationship between all dimensions of organizational learning and the accreditation score.

The relationship between organizational learning and accreditation in teaching hospitals, the main hypothesis of the study, was confirmed. This means that more than 10% of the variance of the accreditation score is determined by the level of organizational learning of the personnel.

A study conducted in Egypt with the aim of determining the effect of the accreditation in non-governmental health organizations on organizational learning and staff performance showed that in centers with high organizational learning levels, accreditation scores were significantly higher than other centers (30).

On the other hand, in some studies there was no significant relationship between accreditation and performance improvement and organizational learning level or its undesirable effects were investigated (31, 32). Brubakk (33), in an article on organizational learning and the impact of accreditation on healthcare services, found that organizational learning can provide health care with the highest standards. The article also concluded that organizational learning can facilitate the learning of the risk management

strategy and measure the functions. Accreditation based on organizational learning can create key stakeholders and establish a management system to determine the strengths and weakness of the organization.

Tabrizi et al. (16), in a study entitled "The Advantages and Disadvantages of Health Care Accreditation Models and its Effective Factors" found that accreditation of health care systems has increasingly led to ensuring that health standards are observed specially in financial issues in private and governmental sectors. Various factors such as organizational structure, personnel learning, and some demographic variables of personnel have affected the improvement.

Nomura et al. (34), in a study entitled "The Effect of Educational Interventions on Hospital Accreditation" showed that any educational interventions would significantly increase the accreditation scores. The findings show positive relationship between these two variables, which is consistent with the findings of the present study. Several studies, like the present study, have suggested organizational learning as an effective factor in job satisfaction, quantitative and qualitative improvement, and patients' satisfaction. AbuAlRub (35) in a study on Jordanian senior nurses showed that education-based interventions, improved job satisfaction and thus provide optimal nursing services to patients.

Mosadeghrad (36) and Saadati (37) in their studies about hospitals accreditation and related challenges have noted improving the quality of services and increasing the competitiveness of hospitals as major accreditation benefits. Therefore, considering the above findings and the results of this study, it can be concluded that improvement of the quality of hospital services can be the main advantage of accreditation. Various factors such as organizational learning among nursing staff can accelerate accreditation.

There were two limitations in this study. Firstly, this was a cross-sectional study, so the findings are valuable at that period of time and the results may be reported differently at other times. Secondly, the participants completed

the questionnaire by self-assessment, which may be accompanied by self-assessment errors. However, the mentioned limitations can be found in all similar studies.

### Conclusion

Based on the findings of this study, organizational learning is one of the main determinative factors of accreditation score in governmental teaching health centers. Considering the importance of accreditation score as the main factor of budget allocation, health policy makers should pay attention to organizational learning to improve the quality of services and increase patients' satisfaction.

According to the findings of this study, it is recommended to study other cognitive and behavioral factors affecting the accreditation of educational centers.

### Acknowledgments

The present study was conducted with the

Support of Education Development Center (EDC) of Ardabil University of Medical Sciences as well as the cooperation of the authorities of the educational hospitals. The authors would like to thank everyone who helped and contributed to conduct the study, especially Dr. Shahram Habibzadeh and Dr. Aziz Kamran. Project code is 94/13.

### Conflicts of interest

The authors of the study, as the staff and faculty members of Ardabil University of Medical Sciences, did not have any conflict of interest with the findings and results of this study.

### Authors' contributions

Zandian H, Farzaneh I and Chamanian Y designed research; Zahirian Moghadam T and Zandian H analyzed data; and Farzaneh I had primary responsibility for final content. All authors read and approved the final manuscript.

### Reference

- 1) Argote L. Organizational learning: Creating, retaining and transferring knowledge: Springer Science & Business Media; 2012.
- 2) Noruzi A, Dalfard VM, Azhdari B, Nazari-Shirkouhi S, Rezazadeh A. Relations between transformational leadership, organizational learning, knowledge management, organizational innovation, and organizational performance: an empirical investigation of manufacturing firms. *The International Journal of Advanced Manufacturing Technology*. 2013; 64(5-8): 1073-85.
- 3) Dixon NM. The organizational learning cycle: How we can learn collectively: Routledge; 2017.
- 4) García-Morales VJ, Jiménez-Barrionuevo MM, Gutiérrez-Gutiérrez L. Transformational leadership influence on organizational performance through organizational learning and innovation. *Journal of business research*. 2012; 65(7): 1040-50.
- 5) Bolívar-Ramos MT, García-Morales VJ, García-Sánchez E. Technological distinctive competencies and organizational learning: Effects on organizational innovation to improve firm performance. *Journal of Engineering and Technology Management*. 2012; 29(3): 331-57.
- 6) Wu I-L, Chen J-L. Knowledge management driven firm performance: The roles of business process capabilities and organizational learning. *Journal of Knowledge Management*. 2014; 18(6): 1141-64.
- 7) Aghdasi M, Khakzar Bafruei M. Measuring level of organizational learning capabilities in hospitals. *International Journal of Industrial Engineering & Production Management*. 2009; 19(4): 71-8.
- 8) Pantouvakis A, Mpogiatzidis P. The impact of internal service quality and learning organization on clinical leaders' job satisfaction in hospital care services. *Leadership in Health Services*. 2013; 26(1): 34-49.
- 9) Goh SC, Chan C, Kuziemy C. Teamwork, organizational learning, patient safety and job



- outcomes. *International journal of health care quality assurance*. 2013; 26(5): 420-32.
- 10) Ratnapalan S, Uleryk E. Organizational learning in health care organizations. *Systems*. 2014; 2(1): 24-33.
  - 11) Aeenparast A, Farzadi F, Maftoon F, Zandian H, Rezaei Yazdeli M. Quality of hospital bed performance studies based on Pabon Lasso Model. *International Journal of Hospital Research*. 2015; 4(3): 143-8.
  - 12) Smits H, Supachutikul A, Mate KS. Hospital accreditation: lessons from low-and middle-income countries. *Globalization and health*. 2014; 10(1): 65-71.
  - 13) Pomey M-P, Contandriopoulos A-P, François P, Bertrand D. Accreditation: a tool for organizational change in hospitals? *International Journal of Health Care Quality Assurance*. 2004; 17(3): 113-24.
  - 14) Farzianpour F, Nourijelyani K, Zandiyan H, Moghadam TZ, Moghadam SZ. Accreditation Maternity and Obstetric Services (MOS), Based on the Accreditation Standards of the Joint Commission International (JCI). *Health*. 2014; 6(18): 2453-60.
  - 15) Salehian M, Riahi L, Biglarian A. The impact of accreditation on productivity indexes in Firoozgar hospital in Tehran. *Journal of Health Administration (JHA)*. 2015; 18(60): 79-89.
  - 16) Tabrizi J, Gharibi F, Pirahary S. National Accreditation Model for Rural Health Centers. 2013.
  - 17) Alkhenizan A, Shaw C. Impact of accreditation on the quality of healthcare services: a systematic review of the literature. *Annals of Saudi medicine*. 2011; 31(4): 407-16.
  - 18) Rafizada A, editor Comparative analysis of models in terms of performance objectives. Principles results and achievements. The second national conference on performance management; 2003.
  - 19) Jaafaripooyan E. Potential pros and cons of external healthcare performance evaluation systems: real-life perspectives on Iranian hospital evaluation and accreditation program. *International journal of health policy and management*. 2014; 3(4): 191-8.
  - 20) Pomey M-P, Lemieux-Charles L, Champagne F, Angus D, Shabah A, Contandriopoulos A-P. Does accreditation stimulate change? A study of the impact of the accreditation process on Canadian healthcare organizations. *Implementation Science*. 2010; 5(1): 31-44.
  - 21) Rose RC, Kumar N, Pak OG. The effect of organizational learning on organizational commitment, job satisfaction and work performance. *Journal of Applied Business Research*. 2009; 25(6): 55-65.
  - 22) Aragón MIB, Jiménez DJ, Valle RS. Training and performance: The mediating role of organizational learning. *BRQ Business Research Quarterly*. 2014; 17(3): 161-73.
  - 23) Ng K, Leung GK, Johnston JM, Cowling BJ. Factors affecting implementation of accreditation programmes and the impact of the accreditation process on quality improvement in hospitals: a SWOT analysis. *Hong Kong Medical Journal*. 2013; 19(5): 434-46.
  - 24) Sadegh Sharifirad M. The Dimensions of Learning Organization Questionnaire (DLOQ) A cross-cultural validation in an Iranian context. *International Journal of Manpower*. 2011; 32(5/6): 661-76.
  - 25) World Health Organization. The world health report 2000: health systems: improving performance: World Health Organization; 2000.
  - 26) Witter S, Fretheim A, Kessy F, Lindahl AK. Paying for performance to improve the delivery of health interven-tions in low-and middle-income countries. *Cochrane Database Syst Rev*. 2012; 15(2): CD007899.
  - 27) Fathi A, Hajizadeh M, Moradi K, Zandian H, Dezhkameh M, Kazemzadeh S, et al. Medication errors among nurses in teaching hospitals in the west of Iran: what we need to know about prevalence, types, and barriers to reporting. *Epidemiology and health*. 2017; 17(39): e2017022.
  - 28) Hinchcliff R, Greenfield D, Moldovan M, Westbrook JI, Pawsey M, Mumford V, et al. Narrative synthesis of health service



- accreditation literature. *BMJ Qual Saf.* 2012; 21(12): 979-91.
- 29) El-Jardali F, Jamal D, Dimassi H, Ammar W, Tchaghchaghian V. The impact of hospital accreditation on quality of care: perception of Lebanese nurses. *International Journal for Quality in Health Care.* 2008; 20(5): 363-71.
- 30) Al Tehewy M, Salem B, Habil I, El Okda S. Evaluation of accreditation program in non-governmental organizations' health units in Egypt: short-term outcomes. *International Journal for Quality in Health Care.* 2009; 21(3): 183-9.
- 31) Braithwaite J, Greenfield D, Westbrook J, Pawsey M, Westbrook M, Gibberd R, et al. Health service accreditation as a predictor of clinical and organisational performance: a blinded, random, stratified study. *BMJ Quality & Safety.* 2010; 19(1): 14-21.
- 32) Baird K, Jia Hu K, Reeve R. The relationships between organizational culture, total quality management practices and operational performance. *International Journal of Operations & Production Management.* 2011; 31(7): 789-814.
- 33) Brubakk K, Vist GE, Bukholm G, Barach P, Tjomsland O. A systematic review of hospital accreditation: the challenges of measuring complex intervention effects. *BMC health services research.* 2015; 15(1): 280-88.
- 34) Nomura ATG, Pruinelli L, da Silva MB, de Fátima Lucena A, de Abreu Almeida M. Quality of Electronic Nursing Records: The Impact of Educational Interventions During a Hospital Accreditation Process. *CIN: Computers, Informatics, Nursing.* 2018; 36(3): 127-32.
- 35) AbuAlRub RF, Alhijaa A, Hani E, editors. The impact of educational interventions on enhancing perceptions of patient safety culture among Jordanian senior nurses. *Nursing forum;* 2014: Wiley Online Library.
- 36) Mosadeghrad AM. Comments on "Iran Hospital Accreditation System". *Iranian journal of public health.* 2016; 45(6): 837-9.
- 37) Saadati M, Yarifard K, Azami-Agdash S, Tabrizi JS. Challenges and potential drivers of accreditation in the Iranian hospitals. *International Journal of Hospital Research.* 2015; 4(1): 37-42.

## Appendix 1

Multiple Comparisons						
Dependent Variable: Organizational Learning						
Scheffe						
(I) Hospital	(J) Hospital	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Imam Khomeini	Alavi	- 10.92105	8.84710	.677	-35.9400	14.0979
	Fatemi	- 20.00000	8.84710	.169	-45.0190	5.0190
	Boali	23.81579	8.84710	.069	-1.2032	48.8348
Alavi	Imam Khomeini	10.92105	8.84710	.677	-14.0979	35.9400
	Fatemi	- 9.07895	8.84710	.788	-34.0979	15.9400
	Boali	34.73684*	8.84710	.002*	9.7179	59.7558
Fatemi	Imam Khomeini	20.00000	8.84710	.169	- 5.0190	45.0190
	Alavi	9.07895	8.84710	.788	- 15.9400	34.0979
	Boali	43.81579*	8.84710	.000*	18.7968	68.8348
Boali	Imam Khomeini	-23.81579	8.84710	.069	- 48.8348	1.2032
	Alavi	- 34.73684*	8.84710	.002*	- 59.7558	- 9.7179
	Fatemi	- 43.81579*	8.84710	.000*	-68.8348	- 18.7968

\*Significant at the 0.05 level