European Online Journal of Natural and Social Sciences 2013;
Vol.2, No.3 Special Issue on Accounting and Management.
ISSN 1805-3602

The Governance of Iranian Public Hospitals in Passing Paradigms

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Abstract

Hospital governance, especially in the realm of public hospitals, has been less studied by many researchers as a distinct field of research. The aim of this study is to investigate the models of public hospitals in passing paradigms and introducing an optimal model of governance of these organizations based on the assumptions of last paradigm of the public governance. The method used for this research was to study archival studies, direct observation and semi-structured in-depth interviews with thirty Iranian experts in the field of health selected by using snowball sampling. Data analysis was performed using themes network analysis. Research findings have revealed shortcomings in the management of public hospitals and proposed governance model of these organizations. The proposed dimensions of this model include a council decision, corporate responsibility, strategic funding, interaction with society and the freedom to engage in market. It seems that the findings and designed models of this study could be proposed as a solution to get out of the current challenges of public hospitals to policy makers in this field. Moreover, the results of this study have contributed to develop the theory of governance by offering various aspects of The Iranian public hospitals governance models.

Keywords: The Iranian public hospitals, paradigm of public governance, new public management approach, paradigm of public administration, theme analysis, hospital governance models.

Introduction

Implementation of public policy and public service is one of the most important topics in the realm of public organizations. This topic, as main tools for the implementation of government policies and public services, has changed the structure, function and relationships of public organizations into the main focus of the most studies have been done so far in the field of organization and management. The results of these researches led to introducing three styles in planning and delivery of services:First style is related to the best and longest period, public administration, from the late 19th century until the late 1970s and early 1980s. The second style is related to the new public management until the beginning of 21 century. And, the last one is related to the beginning of public governance until now (Osborne, 2010). These three main styles in planning and delivery of public services (actually the three paradigms), covered specific instructions for public organizations. Further successive steps based on higher and sometimes corrective teachings of these three paradigms, have led to some changes, modifications and in some cases improvements in public organizations. In fact, public organizations, through applying the experiences gained from the implementation of new paradigms in the past, and respect to the teachings presented in the new paradigm, have passed each of these three paradigms gradually and in an evolutionary manner taken steps towards necessary changes and improvements, achieving the ultimate goal of improving structures and methods needed to give public services in such a way that

most modern organizations, especially public organizations in developed countries under governance paradigm are experiencing different style of planning and service delivery. In the field of health, it also seems that all organizations and particularly public hospitals, as the most important organizations in this field and with respect to the inclusive of paradigm concepts mentioned in the whole world, should follow such a path, and implement the most modern concepts of paradigm , paradigm of governance, nowadays. But, studies have shown that the issue in the public hospitals in most countries, especially the developing countries, like Iran, has been forgotten. In Iran, it seems that public hospitals still benefit from the assumptions of the paradigm of public administration. In cases where the issue of hospital reform arises, Iranian policy makers in the field of health have recommended approaches such as the establishment of private or corporate, and the same concepts based on the assumptions of a new public management commonly associated with failure, such as self- government hospitals started in The Iranian public hospitals in 2009 and in the first year faced lots of criticism and stopped (Manavi, Babashahi, and Sari, 2011; Sirizi, 2009 ; Sajadi et al, 2012). Indeed, the topic "public hospitals governance", based on the assumptions of governance paradigm, has not been of interest to researchers in Iran, while the Iranian public hospitals due to the traditional management (Arab et al , 2002), based on the assumptions and paradigms of public administration have been run into a lot of challenges. This study also sought to examine the management of The Iranian public hospitals and pathology of the models and ultimately to provide a new model for the governance of the hospitals based on the governance paradigm as a way to get out of the current challenges of these organizations. Thus, in the following, first, the literature review and the methodology and findings of the study are expressed. Finally, discussion and conclusions from the research findings are discussed.

Literature review

Previous studies have confirmed that no studies have been done in Iran yet in the field of The Iranian public hospitals administration models based on the mentioned paradigms.. Moreover, no hospital governance models have been designed in Iran (with the exception of the researcher's proposed model). In general, studies with holistic approaches to the issue of public hospitals governance are not available. The review of empirical literature in the other parts of the world shows few studies have been done in this field in the world. Also, the sources used in most researches in the field of hospital governance is within the concepts related to corporate governance (Boeker & Goodstein, 1991; Brickley & Van Horn, 2002). According to Pointer & Orlikoff (1999), very small portion of the literature pertaining to the management and organization is dedicated to governance. In addition, ninety-five percent of the small number of texts which have been raised in the context of hospital governance outlines ways to present the board of trustees or ways to improve it (Bogue,Hall & La Forgia, 2007).

Gilson (2012) also recommended the researchers to focus more on issues and problems related to the health policy systems such as governance. Thus, hospital governance as a new and little-known concept in the world and Iran does not have a strong theoretical framework (Barnett, Perkins & Powell, 2001; Brickley & Van Horn, 2002). Therefore, the present study started after investigating the previous studies in this field and considering ideal dimensions- however, based on the reforms of Iranian government organizations- as a guide to study public hospitals (Harding & Preker, 2003).

The dimensions include decision-making structure, accountability structure, budget allocation and Payment of staff, policies related to social functions and interaction with market. Because these dimensions simultaneously consider the structures and relationships are more consistent with the assumptions of the theory of governance (1998, Peters & Pierre). Thus, firstly

based on archival researches, direct observation and interviews with experts in the field of health in Iran, changes in public hospital administration were discussed in the passing paradigms of PA, NPM and PG, to determine the management dominant model of the organizations and then the next step was to introduce a new model for public hospitals governance based on the latest paradigm, a paradigm of public governance. In this regard, the following questions were first raised:.

What are the optimal structure of decision-making and accountability in The Iranian public hospitals like? What are the optimal allocations of budget, paying the staff demands and rewards and optimal policies associated with social functions in The Iranian public hospitals? What is the optimal way of interacting with the market in The Iranian public hospitals?

Finally, based on the research findings, the optimal governance model of The Iranian public hospitals was designed.

Methodology

The present study with a qualitative approach, based on the assumptions of the theory of governance and defaulting the dimensions proposed by Harding & Preker (2003), with a slight change in its main axis movement was taken shape as a basic guide. The Iranian public hospitals were the samples of this study. Data were collected by using archival studies, direct observation and deep and semi-structured interviews with 30 experts in the field of health in Iran chosen by nonprobability and snowball sampling methods for the study - with the emphasis on the exploratory approach (Kvale, 1996). Cross-sectional data were collected during July in 2012 to March in 2013. Firstly, archival studies, direct observation and interviews the experts in the field of health in Iran were used to review the literature of The Iranian public hospitals administration models as well as understanding the current situation. Secondly, The Iranian public hospitals governance was designed based on the interviews with experts. First, experienced experts in the field of health in Iran, who had enough knowledge in the context of the existing and ideal structure, relationships of the Iranian public hospitals and design and implementation of improved methods and models for the governance of such hospitals were chosen. They were assigned to handle clinical and laboratory departments and also deputy of treatment in public hospitals or university of medical sciences or the Ministry of Health and medical education of Iranian. Moreover, they had enough information about the management and governance models, and were among the best experts in the field of health. They were asked to introduce the other experts with enough information in this field for the following interviews. Accordingly, interviewing with the experts continued to the point that sufficient data were obtained in the relevant field. With respect to the objectives, research questions and data collection instruments, themes analysis of thematic network were used (Sterling, 2001). According to the Braun & Clark (2006), six steps were taken in this regard including familiarity with the data, create original codes (open coding, axial and selective coding), searching the themes, reviewing the themes, redefining the themes, creating a theme analysis map, defining and naming the themes, and finally reporting and mapping the final themes.

Validity and reliability were investigated based on the concept of trustworthiness (Guba, 1989). Credibility was tested by the strategy of “confirming the results by referring to the test subjects ". To this end, the qualitative data gathered from a number of coded interviews were returned to some participants to determine the validity by revising the participants. To evaluate the verification, the strategies of “reviewing the time of coding” and “registration audits” consistent with the strategy of “stability over time” proposed by Denzin in1998 was gradually implemented. To do this, the percentage of agreement coefficient or raw correlation measurement proposed by Neuendorf in 2002 was used and data coding of some interviews were repeated within one month and the percentage of agreement coefficient was determined 94 percent by applying Holst formula.

The evaluation of dependability was done by using the strategy of "external review" and "verifiable research" - matching the validity of similarity method proposed by Denzin in1998. For this purpose, a PhD student of public administration familiar with the hospital governance (as a human factor), then NVivo10 software were used and the dependability was determined (91 percent) for the two phases. Furthermore, for greater certainty, the opinions of experts and qualitative researchers were used in this regard. Transferability was evaluated by using the strategy of "constructive approval" and "adequate references". The details of the method is frequently revised and tried to have very comprehensive review and enough reliable sources to be used. Finally, the opinions of experts and qualitative researchers were used. In this process, it was tried to have a rich description of the data during data gathering phase to increase the potential of transferability. Thus, the basic themes were extracted by studying and classifying the codes and then organizing themes were formed by combining the basic and overarching themes through an assortment of organizing themes. Following, the findings of the study are described.

Findings of the study

The findings of the first phase - the models of The Iranian public hospitals administration in passing paradigms

First, the Iranian public hospitals administration was done based on archival studies and then based on direct observation and deep and semi-structured interviews with experts in the field of health in Iran. But, according to the proposed dimensions by Harding and Preker in 2003, it changed a little based on the government organizations of Iran, and could be briefly discussed in the following four sections . Until the late 19th century, early emergence of primary care institutions or hospitals, was based on the archival studies, and primary care institutions have thrived in nearly 939. These primary care institutions consist of Jondishapour, Shiraz Azodi Hospital, Isfahan Azodi Hospital, a Nishapur Nezamieh hospital, Shiraz Mozafari, Yazd Sahebi, Tabriz Kazani, Tabriz Robe Rashidi (Tadjbakhsh, 2000; Zargaran, Daneshamouz & Mohagheghzadeh, 2011). Administration model of these institutions is briefly as follows: individual decision-making by the head of care institutions; personnel's accountability for their responsibilities to the president of care institutions and manager's accountability for his personnel's responsibilities and financial issues to the government and individuals' supervisors and also national reporters; budget allocation and payment of personnel from the central government budget (fixed) and charity (variable); giving services in two ways, including private goods (get the cost of the rich) and social goods (free services to the poor) and interactive engagement with civil society; donations and monitoring provided by community and providing free services and accountability of these institutions to the people's trustees (Elgood, 1951; Tadjbakhsh, 2000; Zeidan, 2010). Regarding the interaction with the market, due to the limited number of these institutions (the low power of the people's choice) and to meet the needs of these institutions by the central government and charity (monopoly in the supply of raw materials), the concept of market pressure which according to Jakab et al (2002), refers to the competition for Product Market and Factor Market to provide services for their needs (raw materials market) such as human capital and physical capital were not available in these hospitals and todays' interaction with the market was not indicated.

According to Manavi (1954), the Iranian public hospitals in the periods of 1780, 1890, 1900 to 1927 (Najmabadi, et al) were built and put into operation. However, it seemed to be based on European style and run , but actually worked on the same approach and the same features of former care institutions.

The Iranian public hospitals in the era of emerging paradigms in administrating the public affairs from the late 19th to the early 1980s)

Based on archival research, observations, and interviews, the most modern Iranian hospitals in this period have been formed on the basis of the above assumptions and paradigms, the assumptions that dominate today 's organizations. Administration model of these institutions is briefly as follows: focused and individual decision-making by the head of the hospital; president's accountability merely alone for budget to the Ministry of Health; budget allocation and payment of personnel from the central government budget (fixed); the lack of interaction between public hospitals and market and finally unidirectional relationship between society and public hospitals provided solely as a service (both private and social goods) by hospitals (Moradian, 2014).

The Iranian public hospitals in the era of emerging public management approach from the 1980s to the 21st century

According to the previous studies, the Iranian public hospitals have been administrated based on the paradigm of PA, so far. According to public law, such a perspective document of policies, Iran's fourth development plan, etc., insists on reducing the need for government intervention in the affairs of government organizations and that the government downsizing, the idea of the project authority (board of trustees) of the Iranian public hospitals was proposed, but the idea was stopped early due to the lack of conformity of its market approaches with the traditional structures of the organization in 2009. NPM approach was never acceptable to reform the Iranian public hospitals.

Iranian public hospitals in the era of emerging governance paradigm :current period

In this section, with respect to the importance of the subject, firstly the literature of governance and current challenges and common mistakes in the previous studies are discussed in this field before studying the conditions in Iranian public hospitals. Governance theory as an alternative to the theory of new public management in a changing world was introduced thereafter (Christensen & Laegreid, 2007). Since then, three major schools of thought in the field of governance literature were distinct from each other including good governance, public governance, corporate governance (Osborne, 2010). Each of these three models refers to the specific surface area of governance. A model of good governance was raised in international organizations, a model of public governance is as an alternative to the public management and a model of corporate governance was raised in the firms levels (Leftwich, 1993; Kickert, 1997; Rhodes, 1997; UN, 2007; Osborne & Kaposvari ,1997; Cornforth, 2003; Freeman, 1984; OECD, 1998).

Of the three models, testing the model of public governance is being replaced instead of PA and NPM in most of the modern government organizations. But, previous studies in the world in the field of public hospitals paradigms showed two big mistakes by researchers. First, some researchers have introduced developed models based on PA and NPM as a hospital governance model which suggests that in this area of research, the concepts of administration and management have been confused with the concept of governance. Second, despite a clear boundary between the current governance models, most researchers instead of designing specific governance models based on the assumptions of the " public governance " models, are trying to use good governance model assumptions (the macro- level) and the model of corporate governance (the private sector), which suggests a lack of interest for the application of each of these three models. The results of the survey, direct observation and interviews showed none of the above models and governance model of public hospitals has been used in the Iranian public hospitals.

In some of the Iranian public hospitals, the clinical governance and accreditation models or Joint Commission Model were wrongly presented as a model of governance. While the clinical governance model is simply consisted of a group of processes (Eeckloo, 2004), and accreditation model is only one model, including criteria for assessing the performance of health care organizations, based on the data and outputs of these organizations (KCE reports, 2008,). Based on the mentioned aspects, the literature review of administration models of the Iranian public hospital

confirmed that the management of these organizations has always been full of difficulties and traditional management challenges based on the assumptions of PA paradigm (current situation). The governance model of public hospitals based on a new paradigm of public governance seems necessary (Ideal situation).

The findings of second stage

At this stage, the aim of the study was to design a model of governance of the Iranian public hospitals conducted, based on the analysis of network themes extracted from the deep and semi-structured interviews. The extracted and summarized themes include twenty-four basic themes, ten organizing themes and five overarching themes. The overarching and basic themes are briefly and separately explained in the following:

Consultative Decision-making theme

Regarding the need to design an optimal structure of decision-making , interviewees have pointed out the need for relative independence of hospitals in the financial, personnel, and transactions decisions, (with the contractors and suppliers of raw materials and supplies, etc.) and the formation of three-level decisions including board of trustees, the head of hospital and its board of directors' (executive). The board of trustee's, as an inspector and controller to the hospital performance, forms the first level of the structure. Suggested members for this structure are the mayor of the city or district or his plenipotentiary representative or a member of the city council that the hospital is located, deputy minister of health in the hospital, the representative of the medical council and the nursing council. The second level of the structure is the head of the hospital should be selected according to the experts from among the members who, in addition to their peers on the treatment, have economic and management knowledge (rational choice). The third level of the structure is the board of directors as the advisory and executive arm. Based on the proposed structure, the board of directors consist of a representative from each medical group, nursing department, the paramedics department, support units, administrative and financial department. It seems that the structure of council decision-making could adjust the pressure from dominion and control of the government and trustees on the health sector on the public hospitals in a logical way through preparing and editing the policies in the field of health, selection and appointment of staff, budget allocation, collection and use of information etc. (Harding & Preker, 2003) and increasing the pressures of recipients demands and the pressure of the relationship between management and organizational stakeholders, instead. Thus, the proposed structure is more accommodated with the network approach presented in the theory of governance.

In this regard, some comments of an interviewee are briefly mentioned:

"….. Hospitals should be able to take actions on subjects, such as income and expenses, hiring and firing the personnel, etc. independently, and be independent from the universities (medical sciences) and the Ministry of Health. For tasks such as tenders, auctions, selling the surplus goods, purchasing the supplies and medicines, and the like they need to be independent, too. Fear of corruption is the reason that hospitals are not allowed to take actions independently. There are easy solutions to this problem, for example why an individual should be responsible for the whole hospital. The board of trustees can be considered for each hospital, in which the mayor of the district, the inspector of the Ministry of Health could be its members. There should be a board of directors and managers from all medical and public departments. For example, the heads of the departments, nursing director, finance and administration director, and of course, a president who knows both the medical and administrative matters, should be placed between the two boards.... ".

Table 1: Themes identified through analysis of the network themes.

Basic theme	Organizing theme	Overarching theme	Subject of study
Relative autonomy in financial decision-making	Relative independence in decision-making of the internal affairs	Council decision-making	The structure of decision-making
Relative autonomy in personnel decision-making			
Relative autonomy in trading decision-making			
Three-level decision-making structure	Multidimensional of decision-making Structure		
Designing the structure of the Board of Trustees			
The head of Hospital rational choice			
Creating a board of directors			
Independence of regulatory arm from executive arm	The structure of dual and focused accountability	Comprehensive accountability	The structure of accountability
Budgetary control and monitoring functions done simultaneously			
Designing Functional Criteria			
Dual response systems (active -passive)	The structure of Multidimensional and unfocused accountability		
Three-level accountability			
General functional budgeting (macro level)	Planned budgeting	Strategic budget	The allocation of budget, personnel demands and rewards, and other financial matters
Partial meaningful budgeting (micro level)			
Reducing the dependence to the government funding	Changing approach- based budget		
Freedom to take strategic actions			
Designing dual system for the payments of personnel			
Strengthening of insurance	Development of providing social services	Effective interaction with society	The structure of the policies related to social functions
Designing mechanisms for interaction with the community health sector	Development of providing private services		
The relative freedom in privatization			
Setting relationships between income and cost (macro level)	Relative Freedom in developing the services market	Freedom in interaction with market	The structure of interaction with market
Setting relationship between the amount of service provided and personnel's income (micro level)			
Relative freedom in outsourcing	Relative Freedom in developing the goods market		
Setting bilateral relations between hospitals and market			

Comprehensive accountability theme

The interviewees pointed out the three-level accountability to design an optimal structure of accountability. The first level is the accountability of the board of directors to the head of the hospital (micro level). The second level is the accountability of the head of the hospital to the board of trustees (intermediate level). The third level is the accountability of the board of trustees to the government and civil society (macro level). Budgetary control and monitoring functions done simultaneously, designing functional criteria for accountability, based on the new models of the world such as accreditation and clinical governance, designing dual response systems (active - passive), and independence of the regulatory arm from the executive arm, necessary separation of the executive from the inspector, have also been proposed.

According to the experts, all organizational levels should be responsible for functions and budget. The structure of accountability should be designed in a way to be considered in both dimensions - budget and performance for hospitals to make them responsible - before (active) and after (passive) budget allocation and performing the desired organizational activities. In addition, the regulatory arm of the hospital should be separated from the executive arm. In this regard, some comments of an interviewee are briefly mentioned:

" ... If we have board of trustees, board of directors, and the head of the hospital, then all have to be responsible towards hospital expenses and income, the patient and personnel's satisfaction, and etc. which all of them are important. If the head of the hospital, before allocating budget to my department, asked me "what would you do with the required equipment and personnel and what would be your plans?" and asked the government and board of trustees the same questions and the board of trustees asked the head of the hospital the same questions, then we all would be careful towards our responsibilities before and after getting the equipment, and etc. and the inspectors of the Ministry of Health know what to do as they come. Where are we now and were we going to be with this equipment? However, it would be great if the inspectors were chosen correctly and their jobs were just to inspect, and had a reasonable and correct standards for assessment – for example if they designed the Iranians JCI and clinical governance and used them. .... "

Strategic budget theme

Interviewees have proposed some suggestions regarding the design of optimal allocation of funds and personnel, and other fiscal demands such as general functional budgeting allocation - not fixed - by government to the hospitals (macro level) and partial meaningful budgeting (micro level) to the departments and units of the hospitals by the board of trustees, which means to connect the departments' functions to the budget they received. Moreover, the need to reduce the hospitals' dependence on government funding, giving freedom to hospitals for strategic initiatives such as creating sections and private beds, special clinic in order to increase incomes and reduce costs are mentioned. Designing dual system for the payments of personnel includes both fixed and performance-based payment simultaneously, is also proposed. In this regard, some comments of an interviewee are briefly mentioned:

"Every year there is a definite budget for each hospital and the head of the hospital uses it to equip the sections. Neither the government asks the head why and how much funding you need, or how you spent the last year's budget nor the boss asks us. If we had the board of trustees, the situation would be changed. We've actually lived on budget. We don't make money in the current condition and the cost is getting more expensive every day. More independence should be given to us to get compensation. We could make incoming private sector or several private beds in the sections, especial clinic, etc. Much of the income needs to stay in the hospital rather than all of its income to the account of the university or Ministry of Health. So we can give more and better

services. Because the personnel are not motivated, they say that the government pays us so if we worked more we would not get more income. ... “

Constructive interaction with the community theme

Regarding the design of optimal policies associated with social functions, interviewees have mentioned the need to strengthen the insurance (basic and supplemental) in the field of health, designing the mechanisms for interaction between the community and health sector, such as the implementation of family physicians, and the development of public health clinics under the general practitioners’ supervision. They also proposed to give hospitals relative freedom for privatization to provide private goods (such as cosmetic surgery, etc.) to increase revenue. In this regard, some comments of an interviewee are briefly mentioned:

“Equity in health without insurance is meaningless. If the health sector is not interconnected with health insurance it is practically ineffective. All Iranians should have a basic and supplemental insurance and a family doctor; I mean the family physician design. We’ve heard a lot from our parents who say the doctor is our family doctor for years that and so forth; it should also be the same now. Each family has their own GP and if necessary, the doctor will refer the patient to different specialists. It’s a good way to reduce the cost of unnecessary referrals to the specialists and satisfy people. There are also the other ways, for example, to let hospitals to do some private activities within the rules and tariff, like burning or obesity-related surgeries and the like. A lot of people really cannot afford to pay the high cost of private hospitals, but they pay a bit more than the public tariff easily. In this case, people are more satisfied and the hospital’s income goes up, ... “

The relative liberty for engage in market theme

Interviewees have proposed some suggestions regarding the design of optimal structure to interact with market in terms of service provision market and raw materials market such as the relationship between the income and cost level of government (macro level). Some experts also believe that the costs of public hospitals are not dependent on the income and the expenses are funded entirely from national income. So, there is no incentive and economic feasibility to improve the performance of such organization. (Jakab et al 2002). It has also been suggested to establish a logical connection between the volume of services and personnel income in the hospitals (micro-level). Moreover, the public hospitals need for relative freedom in outsourcing some units and non - medical services to reduce the costs is indicated. Setting a two-way relationship between market and hospitals is another suggestion offered by the experts which indicates the need to set a direct and independent relationship between hospitals (a university or Ministry) to the market of raw materials, such as pharmaceutical market, equipment, etc, and labor market in order to reduce the costs and increase revenue in both market of goods and services. In this regard, some comments of an interviewee are briefly mentioned:

“I disagree with fully autonomous, but public hospitals are currently being bankrupt. The only solution is to give freedom to the hospital to firstly give non-incoming and public sectors to the private sector (contractor). setting secondly relationships with private sector to prepare their own supplies, medicines and the like. Third, thinking for increasing their income by attracting more patients and providing accurate and timely services, Of course under the strict control of the government and Ministry of Health. Moreover, the government should also think about reasonable budget for hospitals. Hospitals with better performance receive more budgets and hospital must do something with their personnel income, because the lower costs, attracting more patients to the hospital, increasing the personnel’s non-continuous supplementary benefits lead to increasing the motivation of giving services….” As it can be seen, where the decision-making, privatization, outsourcing, and relationship with market are mentioned, the term "relative" is used. In fact, none of the experts believed to give the hospital full freedom without the inspection of the regulatory arm of

the Ministry of Health. In addition, the issue of the public hospitals autonomy with respect to cultural, social and economic conditions was not accepted by the experts.

Conclusion and Recommendations

The purpose of this study was to investigate the administration models of public hospitals in passing paradigms and finally introducing a governance model of Iranian public hospitals. Hence, the existing governance models and researches done in this field were studied first. Then, by interviewing a group of experts in the field of health in Iran, a holistic approach on the existing and ideal condition of managing the Iranian public hospitals based on the assumptions of governance theory as the dominant paradigm was emerged. The results of this study show that the current method of managing public hospitals based on the paradigm of PA which is no longer used in most modern organizations. Therefore, with respect to the current challenges and problems of these organizations, designing the governance model of the Iranian public hospitals, based on the new paradigm of governance seems necessary. According to the experts, the governance model suitable for the Iranian public hospitals should include dimensions, council decisions, comprehensive accountability, strategic funding, effective interaction with society and freedom to interact with the market. Thus, it seems that the governance model of the public hospitals presented in this study not only it could be seen as a way to get out of the current challenges of the organizations as well as the society, but also it helped to expand the governance theory and introduced a new model for the governance of the public hospitals . This study also found some limitations. In this study, the management layers of intermediate surfaces of the Ministry of Health and Medical Education and public hospitals were not studied and only the experts' comments in the field of health in Iran were used to collect data. Moreover, some of these were or are working in the political layers health sector. Therefore, political, economic, social and cultural situations and also political leanings at the time of the study (fundamentalism, capitalism, etc.) have surely influenced their views. Also, the present study was done in Iran and hospital governance model has been designed based on the Iranian public hospitals features. It is obvious that generalizing the findings of the study to the private and public hospitals abroad entails a more comprehensive study. Finally, it should be noted that the current study, according to its purpose, avoided discussing the micro subjects and Issues related to the application of any of the themes mentioned in the model. The following recommendations can be offered for further research:

- Examining the quantity, composition and method of election or appointment of members of the Board of Trustees within the scope of Council decisions
- Discussing the issue of the models localization such as accreditation and clinical governance before using them or editing the evaluation criteria appropriate to the Iranian hospitals
- Satisfying the need to separate the executive arm from the regulatory arm, the formation or modification of the structure as well as the quantity and quality of its members need more investigations
- Designing a payment model based on the performance in the form of dual personnel payment system needs comparative studies and localization, by reviewing the advantages and shortcomings of these models
- Considering the interactive mechanism of health sector with society such as family physician, developing public health clinic under the supervision of general practitioners, etc. need to conduct applied studies in this field
- Conducting researches on the quality and quantity of the public departments and units that can be run by private sector, pathology of this policy, ways to apply them, and the like

- Finally, investigating the rational autonomy of public hospitals in relation to the market, the quantity and quality of the relationship, and the pathology of the relationship to avoid the opposite consequences such as corruption, budget dissipation and increasing the expenses

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