**Table 2.** Challenges of physicians' participation in accreditation programs in hospitals in eastern Iran based on qualitative method

| Items | Sub-concept | The main concepts |  |
| --- | --- | --- | --- |
| Lack of connection between accreditation and physician performance | Motivation | Cultural |  |
| Lack of incentives |  |
| Non-compliance of the evaluation results with the actual performance of the hospital |  |
| Lack of distinction between positive practices in the field of accreditation |  |
| Lack of perceived rewards for participating in accreditation for physicians |  |
| Lack of perceived hospital ratings based on accreditation score |  |
| A false impression of the patient's judgment about services | Patient Demand |  |
| Lack of sense of demand in patients |  |
| Low focus of management team on physicians | Mutual trust and evaluation system |  |
| Inadequate monitoring systems to monitor physician involvement |  |
| Lack of confidence in management |  |
| No requirement for physicians to participate in the process of accreditation by managers |  |
| Lack of capable managers in the hospital |  |
| The contrast between quality and quantity in public hospitals | High workload | Organizational |  |
| High volume of work in public hospitals |  |
| Public or private hospital |  |
| Improper referral system |  |
| Existence of many patients due to the reputation of the hospital |  |
| Not understanding the accreditation requirement | Understand the role of the quality management unit |  |
| Lack of knowledge about the nature of accreditation |  |
| Lack of understanding of the importance of accreditation by physicians |  |
| Inefficiency of the quality improvement office in attracting the participation of physicians |  |
| Lack of common language between people involved in the accreditation process |  |
| Negative effect of the evaluator | Unreality of accreditation |  |
| Non-compliance of accreditation criteria with the actual performance of the hospital |  |
| Lack of transparency of accreditation metrics |  |
| Lack of accreditation criteria based on different medical specialties |  |
| The unity of the evaluator and the evaluated entity |  |
| Separation of hospital accreditation from educational accreditation | Nature of accreditation |  |
| High volume of documentation in accreditation |  |
| Time-consuming accreditation process |  |
| Lack of attention to the nature of the species team in accreditation |  |
| Early reversal of general accreditation policies |  |
| Non-continuous accreditation |  |
| Paper Game Knowing accreditation |  |
| Mandatory nature of the accreditation process |  |
| Stressful nature of accreditation |  |
| The nature of the validation test |  |
| The non-competitive nature of accreditation |  |
| Lack of familiarity of specialized assistants with accreditation | Empowering physicians in the field of quality |  |
| Lack of training in the process of quality improvement and accreditation in retraining courses |  |
| Lack of training in the process of quality improvement and accreditation during education |  |
| Inadequate skills of physicians to participate in accreditation |  |
| Ineffectiveness of trainings related to the process of quality improvement and accreditation |  |
| Non-compliance of the hospital information system with the needs of physicians | Effective communication |  |
| The lack of a communication channel between physicians and the Office of Quality Improvement |  |
| The lack of a communication channel between physicians and managers of hospitals |  |
| Equipment limitations | Resource constraints |  |
| Limited human resources |  |
| Limitation of physical resources |  |
| Limited financial resources |  |
| Ambiguity in the role of the physician in the accreditation process | Ambiguity in the role | Behavioral |  |
| Doctor of several hospitals |  |
| Multi-occupational physician |  |
| Doctor's lack of commitment to the hospital |  |
| Lack of proper understanding of job duties |  |
| Lack of sense of responsibility for tasks |  |
| Feel violation of the autonomy of doctors | Uncertainty about how to participate |  |
| Ignoring accreditation |  |
| Sense of cost imposition |  |
| Get used to past trends |  |
| Lack of prioritization of accreditation for the physician |  |
| A view based on the separation of accreditation from clinical practice |  |
| Lack of feeling the need for accreditation |  |
| Uncertainty about the continuation of the accreditation program in its current form |  |
| Accreditation is not institutionalized in organizational culture |  |
| Existence of a sense of Nepotism in the accreditation process |  |