

Standards Development in a National Accreditation System for Oman: The right step for now

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ABSTRACT

Introduction: Healthcare services in Oman have been given full attention by his Majesty Sultan Qaboos as one of the priorities of his government since 1970. Health institutions have been built to provide the healthcare services at all levels; primary, secondary, and tertiary care. The rapid expansion of the health care sector and the demand for health care services in a country like Oman require a quality management system that fits the country's context and culture and ensures quality and safety of the services provided. A health insurance policy was introduced recently; it covers the non-Omani and tourists as first step, but it will also be mandatory for Omani citizens. According to the policy, each hospital that wishes to enrol in health insurance must be accredited.

The aim of this article is to explain the development process of national hospitals accreditation standards as first step towards establishing the national accreditation system in the sultanate of Oman that fits in the Omani context and discuss the steps taken.

Literature review: An exploratory literature review was executed by berrypicking in Google Scholar on Islamic national accreditation standards. Included were full text, 2010-2020. Six articles were selected based on its appropriateness for this research.

Research methodology or Approach: This article is a case study. A desk research has been executed. The narrative has been designed by an insider of the process and an outsider. The Al-Salmani Islamic Work Ethic have been used to analyses the developed national standards and the development process. The developed standards have been compared to the standards from the Joint Commission International and the Saudi Central Board for Accreditation of Healthcare Institutions. The development process has been matched to the Omani political situation.

Findings: The project led to 9 chapters of standards. These are comparable to what has been designed everywhere else in the world. The unanimity of standards worldwide was an unexpected outcome.

Conclusions: There are several lessons that can be learned from the Omani accreditation system development process. Firstly, the leadership were committed. Secondly, it was an opportunity for Capacity Building of the employees. Thirdly, integrative relationship between stakeholders was crucial: the collaboration between different stakeholders and working as one team produced a good and useful set of standards fit for actual use in the Omani context.

It is still a question to what extent standards as such need to be specified to the Islamic context. This was not the case in Omani, nor in many other Islamic countries. However the IWE's can be discerned in the development process.

Key words: accreditation, quality standards development, complexity, context, Oman.

INTRODUCTION

The Sultanate of Oman is located in the South-Eastern corner of the Arabian Peninsula where the coastline extends almost 3,165 km from the Strait of Hormuz in the North to the borders of the Republic of Yemen, overlooking three seas: the Arabian Gulf, Oman Sea and the Arabian Sea in the south. Health institutions have been built to provide the healthcare services at all levels; primary, secondary, and tertiary care. The rapid expansion of the health care sector and the demand for health care services in a country like Oman require a quality management system that fits the country's context and culture and ensures quality and safety of the services provided. Privatization of public services including the healthcare services is part of the government policy. In addition, a health insurance policy was introduced recently; it covers the non-Omani and tourists as first step, but it will also become mandatory for Omani citizens.

In their annual meeting in 2013 the Gulf Countries Council (GCC) leaders have agreed to establish accreditation bodies at the national level. According to the minutes of the meeting, Saudi Central Board for Accreditation of Healthcare Institutions can be used as a guide for other GCC countries to build their accreditation system (1). There is no harm to learn from others wisdom; but it is more suitable to write own standards that meet country requirements, context and culture. So, secondly, the existing international accreditation standards can be tailored to the circumstances and purposes which suit that countries context and culture. Thirdly, the national accreditation committee that represents all healthcare providers within the sultanate aimed at building the capacity of the national people to create build the accreditation body and go through all phases from understanding the concept itself, standards development, public consultation, standards piloting, surveyors training, and accrediting institutions. International experts could be used at some stages of work but the majority of it needed to be done by the national competencies. Fourthly, the specific healthcare system requirements in the Sultanate of Oman should be addressed in the standards which are not addressed in the international standards. Finally, building an international accreditation system including the above-mentioned phases is very expensive, building national system through national healthcare professional reduces the cost.

So, according the Omani government policy, each hospital that wishes to enrol in health insurance must be accredited according to national standards in a national accreditation system. The National Accreditation Committee states that accreditation will be beneficial and that the benefits of an accreditation system include increased patient and staff satisfaction, reduction in infection rates, reduction in adverse incidents, and transparency in functioning and better clinical outcomes (2).

The objective of this article is to explain the development process of national standards as first step towards establishing the national accreditation system in the sultanate of Oman that fits the context and to discuss the steps taken. The political and Islamic context has been taken into consideration. The research question is what lessons can be learned from the development of national standards that fit the Omani context?

LITERATURE REVIEW

An exploratory literature review was executed by berry picking (3) in Google Scholar by looking for “development of accreditation standards”. That led to six articles that were read in full text and summarized in their conclusions.

Tabrizi et al. (4) come to the conclusion that for Iran the Joint Commission accreditation model (JCAHO) from the US is the best model which can be used as a benchmark to design a national accreditation model. Tabrizi et al. (5) did a systematic literature review on accreditation standards in primary healthcare. They state that JCI standards can be best applied and that community-oriented care, safe care, high-quality care, care continuity and human resource management had the highest priority among primary healthcare accreditation programs. Ghadami et al. (6) focus on standards regarding management and leadership. “Regarding the categories, management and leadership affected other factors of hospital standards and improved them. According to the proposed ranking and weighting model obtained from the expert opinions, most standards of management, executive management leadership, and the main decision-making body were effective in hospitals. These standards can improve hospital weaknesses and strengths. Hence, hospitals can bring about positive changes by taking effective measures and paying special attention to the main body of management”.

Greenfield et al. (7) executed a multi-method strategy including a search in five academic health research databases. Their conclusion was, that standards are ubiquitous within healthcare and are generally considered to be an important means by which to improve clinical practice and organisational performance. However, there is a lack of robust empirical evidence examining the development, writing, implementation and impacts of healthcare accreditation standards. The need for Islamic standards seems not to have priority in the development of healthcare accreditation systems. In other sectors like accounting and auditing *Shari'ah* standards are considered to be crucial (9). For the sake of medical tourism scientists conclude that Islamic medical accreditation standards would be beneficial (9, 10).

Research methodology or Approach

In this article we want to describe the mechanism of developing the Omani Accreditation System on the one hand, compared to the Omani context on the other. The development process started with a consultation meeting, then standards have been developed and discussed. Finally, a pilot was done (see figure 1). The case of the development of the Omani Accreditation System (OAS) has been described by the project leader, based on internal interviews and dialogue and discussed with an external quality expert.



Figure 1: Roadmap for the Omani Establishing Omani National Accreditation system for Healthcare

Development process of OAS

Consultation Meeting

The accreditation process started with a consultation meeting for establishing the Omani Accreditation System 26-27 April 2017 (see table 2). The meeting resulted in macro plan that consist of four micro plans that cover standards development, funding, surveyors and training, management guideline.

First Consultation Meeting for establishing Omani Accreditation System.

Date & Location	26-27/04/2017 in Al-Wahat Club- Royal Court
Who Attended	<ul style="list-style-type: none">- Decision makers- Stakeholders (hospitals, Deans, NGOs)- Civil Community leaders (Shura & State)- Regional Accreditation systems- International accreditation Bodies- WHO & ISQua
The program	First day: presentations from the invited speakers to learn from their experience and successful stories. Second day : groups work (4 Themes)
The 4 Themes	<ol style="list-style-type: none">1. Standards development2. Funding an accreditation system3. Surveyors & straining4. Management guideline.



Table 2: The national meeting conducted April 2017 to set the roadmap for the project.

Standards Development

As a start technical groups have been constituted by identifying experts from various governmental departments including the Director General-Private Health Establishments to take the view from private healthcare facilities. The participation of the actual professionals has been one of the crucial choices of the standards development. Since the national committee decided to develop national standards, no one was considered better to write it than the healthcare professionals working in the healthcare institutions in different stakeholders. They represent the Ministry of Health hospitals, the Sultan Qaboos University Hospital, the Royal Oman Police Hospital, the Armed Force Hospital, and the Royal Court of Diwan Medical Center. They provide healthcare services to patients and service users; they are the ones who understand the system requirements best. The department of standards development conducted 3 workshops to train them on how to write standards; a total of 150 healthcare professionals was trained on standards development and were divided into 23 groups. Facilities were provided. It was foreseen that involving the professionals in the process of co-creating quality standards the outcome will be more feasible and more accepted from the moment that the accreditation system will be in place. The members of the technical working groups have been provided a framework and guidance to draft the specific chapters of the standards (Laboratory services, Radiology, Emergency services, nursing care, ICU, NICU etc). Technical Groups drafted the standards using the ISQua standard framework for development of standards which follows the framework of RUMBA (Relevant, Understandable, Measurable, Beneficial and Achievable). The group also ensured that the language use is clear and unambiguous. The groups started to work from July 1st 2018 and finished by July 1st 2019 (1st draft). This draft was reviewed by an external expert for developing a structural framework, their uniformity, appropriateness and compliance to ISQua principles including wordings of the standard; this one considered as second draft.

Standards Public Consultation

For the same reason the second draft has been presented to representatives of the field for feedback. The stakeholders will implement standards in the future and their institutions will be enrolled in the accreditation process. Thus, it is important to involve all of them in order to reach to a consensus and have a unified set of standards applicable in all hospitals with the sultanate. Public consultation phase is also one of the ISQua requirements for standards accreditation.

So, the standards 2nd draft was sent for public consultation. It has been sent by in official mail to all healthcare providers' organizations in the sultanate; the government and private hospitals, the civil and the military in order to get consensus about the standards.

This includes the following stakeholders:

- Hospitals under ministry of health
- Private Health Establishments
- The Sultan Qaboos University Hospital,
- The Royal Oman Police Hospital,
- The Armed Force Hospital, and
- The Medical services-Royal Court of Diwan.
- Omani Medical Society including Oman cancer Association

- Oman Nursing Association

In addition, the standards 2nd draft have been uploaded online at the ministry of health portal for the community and people participation (<https://www.moh.gov.om/en/web/directorate-quality-assurance-center/national-accreditation-standards>). A stakeholders' feedback form was prepared and uploaded along with the standards. In the instructions, the stakeholders were advised to use the form for feedback and that any feedback received in text or paragraph will not be considered. The public consultation period that started April 1st 2020 lasted until 20th of May 2020 to allow maximum participation. Twenty-six feedback forms were received of which 18 used the proposed stakeholders' feedback form.

Piloting

The piloting phase was conducted in three hospitals; two governmental and one private. Firstly, the three hospitals were invited for a meeting to provide them an overview about the project progress and then they were informed about the selection for the piloting phase of the hospital accreditation standards. The three hospitals were very cooperative and excited to be part of the project. Each hospital was given the set of standards and list of groups' leaders of each chapter in case they have questions they can contact them. After that, together we set up work plan that suited all hospitals the project management team. The pilot phase plan started in June and was supposed to end by August 2020 according to the plan.

Context

The context has been described based on desk research. Furthermore an analysis is done to look at the development process through the lens of the 13 Islamic Work Ethics as developed by Al-Salmani (11, 12), see figure 1.

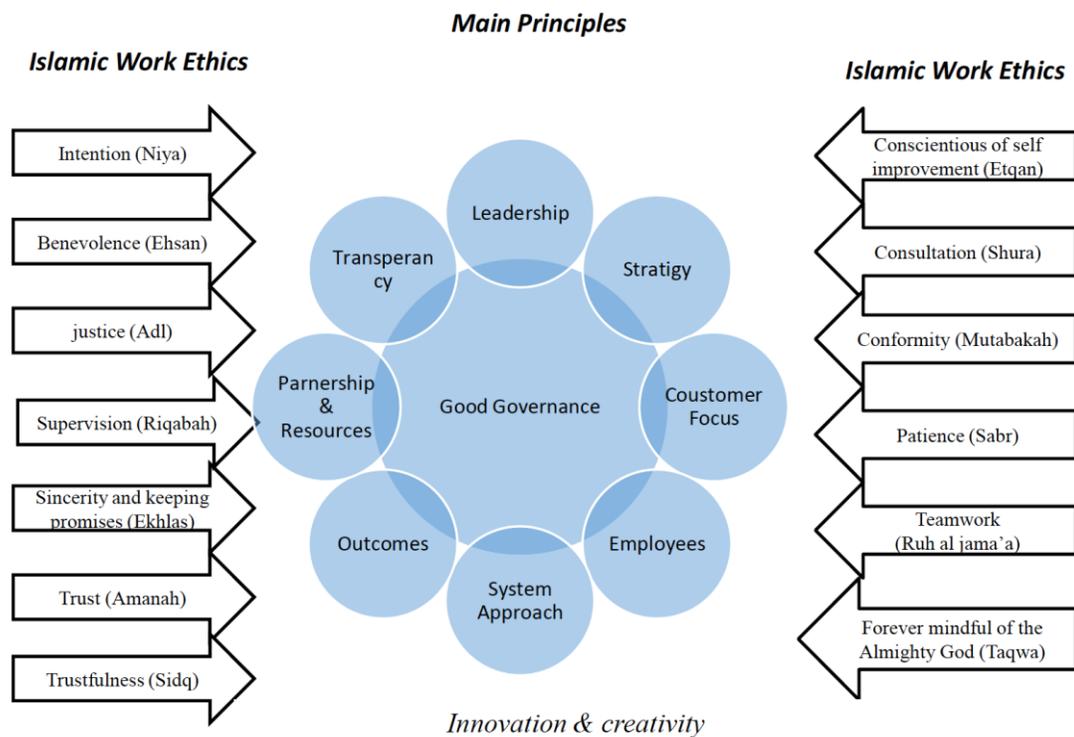


Figure 1: a guideline for quality approach from an Islamic perspective

For further elaboration on the IWE see annex 1.

Findings

Standards

The project in Oman led to The Framework of ONASH Accreditation Standards including the following 9 Chapters:

1. Governance and Leadership (GAL)
2. Human Resources Management (HRM)
3. Facility Management and Safety (FMS)
4. Information Management System (IMS)
5. Quality and Risk Management (QRM)
6. Provision of Care (POC)
7. Patient Rights and Education (PRE)
8. Medication Management and Safety (MMS)
9. Infection Prevention and Control (IPC)

Each Chapter is divided into **Standards (a statement for requirement)**. For each standard there is a description of the standard itself, its rationale, aim, measure, and guidance (an interpretation

provided for clear and unambiguous understanding of the standard/ measures. The hospitals accreditation standards contain 236 standards in total (but after piloting this number may change). Reference for each standard is given at the end of each chapter.

An example of a standard on Governance and Leadership is presented in table 3.

GAL.4: Hospital leadership ensures effective communication and information exchange throughout the hospital.

Rationale: Effective communication is the foundation of modern organizations and it is the responsibility of hospital leadership. Effective communication and information exchange help in establishing links between different hierarchies and functions of management, clears confusion, misunderstanding and delays in administration; help in achieving maximum productivity with minimum cost and in building genuine human relation.

Consequently, hospital leadership understands the dynamics of communication and information exchange between professional groups; between structural units, such as departments; between professional and nonprofessional groups; between health professionals and management; between health professionals and families; and between health professionals and outside organizations.

Aim: The aim of the standard is to ensure that the process of communication and exchange of accurate information through the hospital exist and implemented.

Measures:

GAL.4.a: The hospital leadership ensures that processes are in place for communicating relevant information throughout the hospital in a timely manner.

GAL.4.b: The hospital implements and fosters standardized communication and information exchange between all departments

GAL.4.c: The hospital has an employee manual that is given to all new employees during hospital orientation.

Guidance:

Policies, plans, financial documents, and human resources pertinent to coping with emerging situations need to be reviewed. Interviews with the hospital board, managers and stakeholders are desired.

Table 3: example of OMANI standard

Success factors in the development process

Firstly, the leadership were committed to make this project succeed and give full support and empowerment to the project leader and his team to work independently which gave the team the flexibility and ability to be innovative and creative. The main function for top management is to set the vision & strategies, support & empower executives, and monitor performance; the operations and day-to-day work left to the executives. Emerging leaders can learn from this good practice.

Secondly, it was an opportunity for Capacity Building of the employees. The leadership had faith on the Omani youth that they are competent enough to work on this project. It was a leadership that know exactly when to interfere and when to let the team work independent.

Thirdly, integrative relationship between stakeholders was crucial. The national accreditation committee consisted of all healthcare providers within the Sultanate; the ministry of health, the medical services in the Royal Court of Diwan, the Medical Services in Royal Oman Police, the Medical Services in the Armed Forces, and the Sultan Qaboos University Hospital. They were supportive to the project and the worked as a team in exciting various activities. For instance, the Medical services in Royal Court of Diwan provided Hall and catering for the national meeting conducted to set the roadmap on 2017. The Medical Services in the Armed Force provided two halls with all logistics and catering for the groups to write the standards in 2018.

Although standards development process is not easy, the project management team and the groups were able to achieve their goal.

In order to develop hospitals accreditation standards, the groups considered the following factors: the international accreditation standards as a base, the requirements of the healthcare system in the Sultanate, the health statistics, scope of practice of the services, and the process flow. See the following figure:

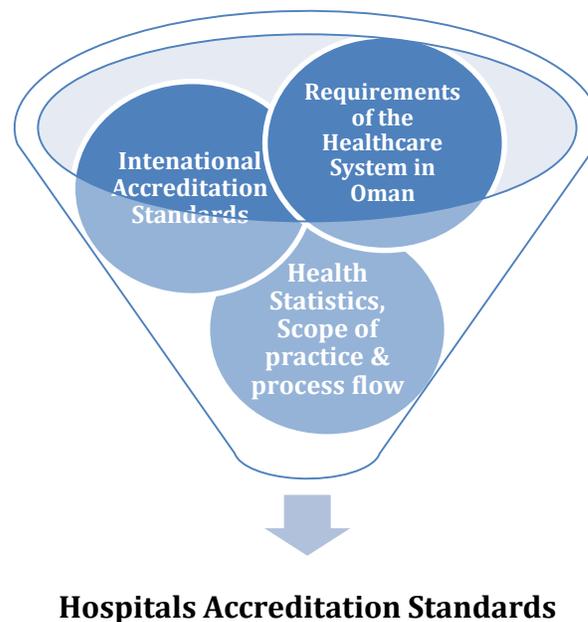


Figure 2: Factors taken into account at the standards development

Context

The Omani standards are very much in line with standards developed elsewhere in the world (see table 4).

Comparison of Measurable Elements of a leadership standard regarding communication.		
OMANI standard	JCI	Saudi Central Board for Accreditation of Healthcare Institutions
GAL.4: Hospital leadership ensures effective communication and information exchange	Standard GLD.3.2 Hospital leadership ensures effective communication throughout the hospital.	Standard LD 9. The governing body fosters communication and coordination between the organization governance and management. Evidence of Compliance
<p>GAL.2: The hospital has clearly defined vision, mission and values.</p> <p>GAL.2.a: The hospital has clearly documented vision, mission and values.</p> <p>GAL.2.b: The vision, mission, and values are approved and are reviewed according to the changing needs of healthcare services and to the best interests of those benefiting from the healthcare services.</p> <p>GAL.2.c: The vision, mission, and values are visible and available to all employees as well as to those benefiting from the services of the hospital.</p> <p>GAL.2.d: The vision, mission, and values are discussed in governing body meeting and the hospital performance is measured against them.</p>	<p>1. Hospital leadership ensures that processes are in place for communicating relevant information Throughout the hospital in a timely manner.</p> <p>2. Hospital leadership ensures effective communication among clinical and nonclinical departments, Services, and individual staff members.</p> <p>3. Hospital leadership communicates the hospital's vision, mission, goals, policies, and plans to staff.</p>	<p>Standard LD.24 The hospital mission, vision, and values statement is clearly written known to all staff, and:</p> <p>LD.24.1 The mission, vision and, values statement is clearly written.</p> <p>LD.24.2 The mission, vision, values statement is publicly displayed to all staff and customers.</p> <p>LD.24.3 All staff employed by the hospital can state the mission statement.</p> <p>LD.24.4 The mission, vision and, values statement will be included in the orientation program.</p> <p>Standard LD.29 The leadership has a 3 - 5 year strategic plan for the hospital that is updated every year and has the following components:</p>

<p>GAL.2.e: The hospital strategies and objectives are measured against the vision, mission and values whenever required.</p> <p>GAL.2.f: The governing body sets key performance indicators and receive reports to monitor the hospital’s progress..</p> <p>GAL.3: The hospital has a documented strategic and operational plan.</p> <p>GAL.3.a: The policy and plans must be in compliance with the Ministry of Health policies, applicable regulations and code of conuct.</p> <p>GAL.3.b: The hospital has a written policy for developing strategic and operational plans in line with Health vision 2050.</p> <p>GAL.3.c: The hospital leadership identifies and plans for the type of services required to meet needs of end users/ community.</p> <p>GAL.3.d: All departments have an updated and comprehensive strategic and operational plans that is available and accessible to staff.</p>		<p>LD.29.1 Guided by the Mission, and Vision of the organization.</p> <p>LD.29.2 Based on the Strength, Weakness, Opportunity, Threat, (SWOT) analysis.</p> <p>LD.29.3 Summarized by at least 5 strategic directions (customer, community, employee, education, continuous improvement, and financial).</p> <p>LD.29.4 Translated actions and timelines for implementation with identified staff responsibilities.</p> <p>LD.29.5 A process is in place for the annual review of the strategic objectives to determine needs for the next annual operational plan.</p> <p>LD.29.6 Department heads develop an annual departmental plans in line with the organization strategic plan.</p>
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Table 4: Comparison of Measurable Elements of a leadership standard regarding communication.

We can easily see the similarities. The Omani Standards seem to be more specified and elaborate than JCI or the standards form Saudi Arabia.

Political context in Oman

The development process led to a set of standards that seems to be applicable all over the world. Some minor adjustments to the Omani context have been made by the working groups. However, the unanimity of standards worldwide raises questions. Is it possible to measure healthcare all over the world and e.g. in an Islamic culture using general worldwide standards?

The Oman vision 2040 aims that " the Sultanate's gateway to overcome challenges, keep pace with regional and global changes, generate and seize opportunities to foster economic competitiveness and social well-being, stimulate growth, and build confidence in all economic, social and developmental relations nationwide". The vision has 13 national priorities in which Health comes as a second priority after Education (see table 5).

Priority	2. Health
Strategic Direction	A leading health system adopting global standards
Goals	<ol style="list-style-type: none">1. A society enjoying sustainable health, with a conviction that "health is the responsibility of all".2. A decentralized health system operating with quality, transparency, fairness and accountability.3. Diversified and sustainable funding sources for the healthcare system.4. Qualified national talents and capabilities that are pioneer in health scientific research and innovation.5. Technical medical systems and services, and a high-quality preventive and clinical healthcare across all levels.

Table 5: Health Priority in Oman

The similarity in the standards worldwide can be caused by lack of knowledge of the stakeholders on quality standards, making them copy what is already another important priority is Governance of the administrative apparatus, resources and projects. The Government restructuring made by His Majesty Sultan Haitham Bin Taimour Al-Said aims to promote lean management for better governance to ensure better performance and productivity. Standards and accreditation is a method to follow-up and monitor top-down the quality and safety of healthcare services provided within a nation-wide policy. It starts from putting standards, making policy for implementing standards, then dissemination of policy and training the staff, finally monitoring the implementation at the end user. The Omani context might require a mandatory accreditation system at this point of time that seems to have the best outcome in quality improvement.

Islamic context

When we look at the IWE as developed by Al-Samani (12) it strikes that none of them can be found within any of the standards. Standards for hospitals are supposed to be the same all over the world, in Islamic as well as Western culture. This can be debated (3). In his book, Al-Samani (11, p. 70) argued, "Although the Western models and the Islamic guidelines seem to share some values, there are significant differences between them. The Western models denote properties that individuals should possess to be productive, while the Islamic values prescribe behavioral rules". He believes that the concepts of quality in these two worldviews are therefore incompatible, despite some overlap. Therefore, there is a need to develop a specific Islamic quality model for the health sector. Some might argue that the values are same all over the world but Al-Samani (11) believes it refer to different phenomena in different contexts; the Islamic work ethics are religious values.

The effect of culture on organizational performance cannot be ignored. Mc Manus (13) outlined how to develop a high-performance work culture, stating that "most improvement efforts fail because the existing work culture does not support a high performance way of thinking and acting." Changing the work system is the key to changing a work culture, because the system itself drives, supports, and encourages the workplace behaviors and beliefs. Babatunde and Pheng (14) stated that "it has been very difficult to implement TQM successfully due to a failure to pay sufficient attention to the cultural and structural variables that influence TQM" (p. 25). They claimed that the national culture influences organizations and their operations. The Muslim behavior, beliefs, and culture are derived from the Islamic Shari'ah principles. Among these, there are values and work ethics that cannot be ignored and have to be considered in building or developing management systems. In the case of the Omani Accreditation System, however, the Islamic Work Ethics cannot be found explicitly as such in the standards. They are implicit. They can be discovered in the development process. For instance, **consultation** (Shura/ الشورى) is one of the work ethics that plays a major role in motivation of the stakeholders to build a sense of ownership of the project. **Teamwork** (Ruh al jama'ah / روح الجماعة) as IWE is also present; in the development process a national meeting was called for in which all stakeholders and experts from the country were invited to set the roadmap for the project. Another picture of the teamwork can be found in the 23 groups that were formulated from all healthcare institutions in the Sultanate to write the standards. As Omani healthcare workers, the **intention** (Niya/ النية) was to build accreditation system that will be beneficial for the coming generations and ensure provision of high-quality services and patient safety. Thus, they worked hard and gave from their time and efforts, some of the groups' members came from outside Muscat and drive for more than two hours; this is an example of **benevolence** (Ehsan/ الإحسان), it is culture of giving without taking. The groups worked with **sincerity and keeping promises** (Ekhlās/ الإخلاص) to achieve the goal and to come up with the standards. The Holy Qur'an states: "It is Allah I serve, with my sincere and exclusive devotion" (The Quran Surat Az-Zamar, 39:14). To perform an activity correctly, skills and knowledge are required, which cannot be acquired unless an employee has a sense of **conscientious of self-improvement** (Etqan/ الإتقان). The Deputy of the Mufti of Oman said that **Etqan/ الإتقان (conscientious of self-improvement) and Ehsan/ الإحسان (Benevolence)** define quality in Islam (11 ,p. 34). As Allah (God) said in the Qur'an, such is "the artistry of Allah, Who disposes of all

things in perfect order: for He-acquainted with all that they do” (The Quran Surat An-Naml, 16:88).

CONCLUSION AND DISCUSSION

Statement of principal findings

Aim of this article was to explain the development process of national standards as first step towards establishing the national accreditation system in the sultanate of Oman that fits in the Omani context and to discuss the steps taken. The research question was what lessons can be learned from the development of national standards that fit the Omani context?

There are several lessons that can be learned from the Omani accreditation system development process. Firstly, the leadership were committed to make this project succeed and give full support and empowerment to the project leader and his team to work independently which gave the team the flexibility and ability to be innovative and creative. Secondly, it was an opportunity for Capacity Building of the employees. Thirdly, integrative relationship between stakeholders was crucial: the collaboration between different stakeholders and working as one team produced a good and useful set of standards. For any project there must be resources allocated such as human capital, budget and workspace. Enthusiasm and passion for the cause helps to achieve the results. The project management team and the groups were able to achieve their goal.

It is still a question to what extent standards as such need to be specified to the Islamic context. This was not the case in Omani, nor in many other Islamic countries. However, the IWE's can be discerned in the development process.

Strengths and limitations

The standards development process could be described from the inside as well as observed by an outsider. It is confirmed that it is crucial for the implementation of standards that the standards have been developed with participation of all important stakeholders to create ownership (15).

The work on the project is not finished (see figure 1); the results of the piloting of standards are still not obtained at the time this paper was written. Also, the surveyor selection and training as well as the development of policies, procedures and operational manual are not ready. That also means we cannot yet know, what the outcome of the accreditation mechanism in the Omani context will be.

Interpretation within the context of wider literature

How valid is an accreditation system in the 21st century, when uncertainties arise, and one can question the possibility to plan and measure quality in healthcare using a national accreditation system? In some European countries like the Netherlands and Belgium (see <https://www.zorgneticuro.be/nieuws/naar-een-nieuw-kwaliteitsmodel-voor-de-vlaamse-ziekenhuizen>) hospitals seem to leave the path of accreditation. The extensive time involved, the bureaucracy and limited added value seem to be their reason. Some feel to be too much restrained

in their development by the standards. They strive for a more flexible system of accountability to be able to cope with uncertain and constantly changing circumstances. Also governments doubt its effectiveness. The Danes decided to abolish their accreditation system. Danish Health Minister Nick Haekkerup stated that: "The time has come to strengthen the health system by putting the patient at the centre, rather than focusing on compliance with a variety of standards. Accreditation has been justified and useful, but we move on. We need a few national targets to be met locally with strong commitment from the staff and with room for local solutions" (16).

Implications for policy, practice and research

We recommend that future research is done towards the effect of the Omani Accreditation System. A possibility would be to do a pre-test and a post-test using a set of indicators. For that purpose we suggest to use the Quadruple Aim (17) and the following six indicators (18) : mortality, safety of care (medical mistakes), readmissions, patient experience (Patient Reported Outcome Measures), Effectiveness and timeliness of Care.

The next step to take towards ISQua accreditation of the Omani hospitals standards is to establish an independent body for accreditation of healthcare institutions. This is important to ensure subjectivity and authority for the system. It is suggested that this step can be carried after submitting the self-assessment to the ISQua and while waiting for the standards assessment. A proposal was prepared by the project manager, director of accreditation and standards development department and submitted to the top management in June 2020. It includes the functions/responsibilities and the organizational chart.

It is too early to see if the Omani Accreditation system actually works. The system will require flexibility to be able to cope with uncertain and constantly changing circumstances in the future. Maybe in ten years' time even Oman will have to move on, beyond accreditation standards. The current standards that have been developed are universal and not specified to the Islamic context. However, they do fit the Omani political context, now.

Annex 1.

Table 4: the Islamic work ethics.

<i>S.No</i>	<i>Ethics</i>	<i>Meaning</i>
	Intentions (Niya)	The Muslim's actions should be accompanied with good intentions (Braniane& pollard, 2010). In this regard, God Said in Qur'an (Surah ar -ad 13:11) "God does not change the condition of people unless they change what is in their hearts" and Prophet Mohammed also said "actions are recorded based on intentions and the person will be rewarded or punished accordingly" (Bukhari & Muslim).
	Benevolence (Ehsan)	Giving, perfection, amelioration, forgiveness, complete faith but the most important meaning is doing good deeds (Branine& Pollard, 2010).
	Justice (Adil)	All people should be treated equally regardless of their sex, color, race, wealth, job, and social status. The Holy Quran stated " O you who believe! Stand out firmly for God as witnesses to fair dealing and let not the hatred of others to you make you swerve to wrong and depart from justice" (AlMa'idah 5:8).
	Forever mindful of the Almighty God (Taqwa)	It is a belief that our actions and intentions are known to God. It also mean God consciousness, piousness, fear of Allah, love for Allah, and self-restraint.
	Sincerity and keeping promises (Ekhlash)	Obligation to be sincere in words and deeds. Holey Qur'an Said "It is Allah I serve, with my sincere and exclusive devotion (Surah 39:14).
	Trust (Amanah),	The Holy Qur'an states "O you that believe! Betray not the trust of God and the Apostle nor misappropriate knowingly things entrusted to you" (Surat Al-Anfal 8:27). One of the core values in any governing social relationship is trust (Branine& Pollard, 2010) which leads to consultation and delegation of authority from top management to subordinates (Tayed, 1997).
	Trustfulness (Sidq)	Sidq referred to doing and saying what is right to the best of own knowledge and the opposite of it is to lie or cheat
	Conscientious of self-improvement (Etqan)	Strive for excellence. Prophet Mohammed Said "God loves when someone does a job to do it well" (Bukhari and Muslim).
	Consultation (Shura),	Consultation (Shura) was a major characteristics of the prophet's management, therefore Muslim leaders should consult others before making a decision especially for socio-economic matters that were not defined or mentioned clearly in the Quran and Sunna (Branine& Pollard, 2010). The Holey Qur'an said (Surah, 42: 38) "their matters are Shura between them" and also Prophet Mohammed practiced consultation with his companions before taking decision in different subjects.

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Patience (Saber)	In the Islamic working ethics it mean fulfilling duties determination, strength, the endurance, persistence, and constancy.
Teamwork(Ruh al-Jama'ah)	The need to work in a team and directs all efforts to achieve group objectives and values. . The Holey Quran said "And hold fast all together by the rope which Allah (stretches out for you) and be not divided among yourselves; and remember with gratitude Allah's favor on you; for you were enemies and He joined your hearts in love so that by His grace you became brothers (Surah, 3:103). Also Prophet Muhammad (P.B.U.H) said: "Faithful believers are to each other as the bricks of a wall, supporting and reinforcing each other. So saying, the Prophet Muhammad (P.B.U.H) clasped his hands by interlocking his fingers" (Sahih al-Bukhari).
Compliance (Mutabakah)	Conformity and Accordance, considered as the scale or the criteria for quality of performance.
Supervision	Muraqabah comes from the word raqib, which means to follow, to watch, to control, and keep tags-on.

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