

Evaluating Health Promotion Standards in Educational Hospitals: A Comparative Study of Internal and External Evaluation in NKUMS

Abstract

Aims: The present study aimed to determine the state of health promotion standards (HPS) in educational hospitals affiliated with NKUMS using both internal and external evaluation methods.

Methods: In this study, six NKUMS-affiliated educational hospitals recruited through census sampling. Health promotion internal-evaluation tools, which were previously translated, localized, and validated, were used to collect data. This internal-evaluation tool includes four standards (management policy and program, health promotion of patients and family, health promotion of staff, and the health promotion of hospitals and surrounding) and 67 substandard. The internal evaluation team selected from experienced hospital staff, and the external evaluation team selected from the research team. They scored the status of each substandard from 1 to 10 with observations, documents, and interviews.

Findings: The internal evaluations revealed that hospitals have made high progress in HPS, with a total average score of 7.05 ± 2.25 . The total average score of the external evaluation was 5.44 ± 2.04 , and the most evaluated hospitals were in the moderate stage of progress. In both internal and external evaluation results, the highest average score was related to the standard for health promotion of patients and families, while the lowest total average score was associated with the standard for health promotion of staff.

Conclusion: The study suggests that NKUMS-affiliated educational hospitals show progress in health promotion but need improvement, especially in staff health promotion. Internal evaluations scored higher than external ones, revealing a need to prioritize staff well-being and address disparities between hospital locations for better HPH.

Keywords: Educational hospitals, External evaluation, Health promotion standards, Health promoting hospitals, Internal evaluation

Introduction

In accordance with the World Health Organization's (WHO) definition, health is delineated as "not merely the absence of disease or infirmity, but a state of comprehensive physical, social, and mental well-being." Consequently, endeavors aimed at enhancing these facets of health education, disease prevention, and rehabilitation are considered health promotion initiatives. Multiple environments, such as schools, workplaces, residential areas, and hospitals, have the potential to contribute significantly to the promotion of health [1].

Hospitals account for over 40% of healthcare costs and are criticized for focusing solely on diagnostic and therapeutic activities [2]. The World Health Organization (WHO) proposes health promoting hospitals (HPHs) as an effective strategy for reforming health services [3]. The WHO launched the HPHs project in 1988 with the goal of reducing costs, improving patient and staff satisfaction, and implementing effective preventive programs [4]. The WHO delineates HPHs as institutions that offer superior medical and nursing services and cultivate an organizational identity that aligns with health promotion objectives. These establishments actively develop a health-promoting organizational structure and culture, which incorporates proactive and cooperative roles for patients and all employees. In addition, HPHs transform themselves into environments that foster well-being and health, ultimately fostering collaborative relationships with the surrounding community [5]. HPHs aim to address the physical, mental, and social needs of patients, staff, organizations, and society, focusing on management policy, patient assessment, and intervention, promoting a healthier work environment, and continuity and cooperation [6].

HPHs focus on patients' and companions' needs, serving as the foundation for fostering a healthy lifestyle for patients and society. These institutions encourage staff to adopt and maintain a healthy lifestyle and strive to enhance overall health by mitigating environmental risks. Furthermore, they promote staff well-being [5, 7].

The international network of HPHs has seen consistent growth, with over 900 hospitals and health service centers in 40+ countries participating [8]. Most are in developed countries, but health promotion programs in developing countries are gaining attention, albeit at a slower pace [2].

The first studies examining the condition of Iranian hospitals in terms of health promotion standards (HPSs), as set by the WHO, were conducted in 2013 [9]. Since then, studies have been carried out in various city hospitals in this field. Hamidi *et al.* reviewed studies pertaining to the state of Iranian hospitals with respect to the WHO's HPS, announcing that there are several limitations. Firstly, the number of studies

related to health promotion hospitals is limited, and more research is needed. Secondly, the findings of these studies demonstrate that Iranian hospitals need to be in optimal condition regarding HPS [10]. In previous studies, HPS in Iranian hospitals were evaluated either internally by hospital staff or externally by a group of researchers. Additionally, all these studies utilized the WHO's self-assessment tool to evaluate the state of HPS in hospitals [10].

Yaghoubi *et al.* emphasize that the effective implementation of hospital health promotion programs across different societies is influenced by that society's culture, values, and beliefs [9]. Therefore, it is crucial to consider adapting the evaluation tool for health promotion hospitals to local contexts. Believing that the self-assessment tool for improving hospital health should be appropriate to the cultural, social, political, economic, and health contexts of Iran, previous studies localized the WHO's self-assessment tool for health promotion to be more practical and collaborative [11-13].

The term " HPHs" is relatively new in Iran, and there have been limited studies on this topic. Previous research has been conducted in a single center or special clinical departments, using non-native evaluation tools and without simultaneous internal evaluation and external evaluation. These limitations have been identified in previous studies. Thus, the present study aimed to determine the state of health promotion standards in educational hospitals affiliated with North Khorasan University of Medical Sciences using both internal and external evaluation methods.

Material and methods

Subjects

This study is a cross-sectional descriptive-analytical study conducted in 2023 in educational hospitals affiliated with North Khorasan University of Medical Sciences. A census sampling method was utilized to select the educational hospitals. The criteria for study participation were the satisfaction of hospital officials and the willingness of the hospital accreditation team. All educational hospitals affiliated with NKUMS were included in this study. The educational hospitals of NKUMS, including four Imam Reza, Imam Hassan, Imam Ali, and Bent Al-Huda hospitals in Bojnourd city and two Khatam and Imam Khomeini hospitals in Shirvan city, were considered as the research community.

Data Collection Tool

In this study, the WHO self-assessment tool for health promotion in hospitals was employed. This tool was previously translated, localized, and validated in the Persian language in Iran [11, 13]. The tool included four standards and 67 substandards, with an average content validity index of 0.867 for the entire tool. The internal reliability of the tool was evaluated with Cronbach's alpha index, with results ranging from 78.1-95.5% for the four standards and a Cronbach's alpha of 90.02% for the entire tool. The intragroup correlation coefficient value was 0.87, indicating the acceptable stability of the tool. Table 1 presents the standards related to the *assessment* tool for health promotion in hospitals and the number of sub-standards for each standard.

We utilized a five-point grading system to assess the degree of fulfillment for each substandard associated with health promotion standards. The grading system includes grade A (fully achieved substandard with a score of 9-10), grade B (substandard with high progress with a score of 7-8), grade C (substandard with moderate progress with a score of 5-6), grade D (substandard with low progress with a score of 3-4), and grade E (substandard with intention to start with a score of 1-2). In this tool, the evaluators scored the state of each standard's substandard through observations, documents, and interviews.

Table 1. Standards for evaluating health promotion hospitals.

Standard Number	Standard Title	Number of substandards	Purpose	Description
1 st Std	Management Policy and Program for Health Promotion	28	To outline the framework of health promotion activities within the organization as a part of the quality improvement system	The standard involves formulating policies to improve beneficiaries' health and requires the existence of a written policy and specific program for this purpose.
2 nd Std	Health Promotion of	19	The standard aims to facilitate patient treatment and	- Regular assessment of the needs of health promotion activities and systematic support for treatment to

	Patients and Families		recovery, predict patient future conditions, and promote the health and well-being of patients and their families.	improve prognosis and empower patients through the collaboration of health and medical experts, along with patient involvement. - Provision of essential information related to the disease and health status to patients. - Health promotion interventions are available at all stages of the disease course.
3 rd Std	Staff Health Promotion	13	Creating a positive work environment and encouraging employee well-being.	Establish conditions for developing and implementing practical measures within the hospital to create a healthy and safe work environment. - Provide management support for employee health promotion activities
4 th Std	Promoting the Health of the Environment Inside and Around the Hospital	7	Improving the health of the working environment and the community neighboring the hospital	- Establishing conditions for the development of the hospital as a healthy and safe work environment and protecting the health of people residing near the hospital. - Management's attention to the development of community health policies surrounding the hospital is crucial for fostering better neighborhood health.

The Process of Evaluating Health Promotion Standards

An internal evaluation team was established in each hospital to evaluate the health promotion standards in educational hospitals. Hospital staff members who took part in the hospital's accreditation and quality improvement programs and had adequate knowledge about the hospital's activities related to HPS, as well as documenting these activities, were chosen for the internal evaluation team of each hospital. The team consisted of the hospital manager, accreditation officer, quality improvement officer, educational supervisor, environmental health officer, social worker, patient education, and health promotion unit officer.

During a meeting with each hospital's internal evaluation team, the evaluation objectives, HPS, evaluation tool, and methodology for scoring each substandard related to the hospitals' HPS were explained. The members of the internal evaluation team completed the evaluation forms based on observations, documents, and interviews.

For the external evaluation of HPS, the research team, which included health education and health promotion specialists and the manager of the accreditation unit of Vice-Chancellor of Treatment Affairs of NKUMS, visited the hospital. In collaboration with the head manager of the hospital, they interviewed hospital staff, patients, and family members, performed observations, and reviewed existing documents to complete the evaluation forms.

Statistical Analysis

GraphPad Prism version 9 software was utilized for conducting the statistical analysis in this study. A significance level of less than 0.05 was considered for all tests conducted. Descriptive statistics, including absolute and relative frequency, mean, and standard deviation, were employed to address the research objectives. The total score of each hospital and the score of each standard were presented as mean \pm standard deviation. To compare the results across different groups, descriptive statistics methods were used to extract and analyze the data. Mean and standard deviation were used for analyzing quantitative data, while frequency and percentage were employed for qualitative data. The normality of the distribution was evaluated using the Kolmogorov-Smirnov test. Additionally, the independent sample t-test was

performed to compare the average scores of each standard among different types of hospitals, locations, and number of hospital beds.

Findings

Analysis and Comparison of Internal evaluation and External Evaluation Scores for Health Promotion Standards

The internal evaluations revealed that educational hospitals have made significant progress in promoting health standards, with a total average score of 7.05 ± 2.25 . This score indicates a strong emphasis on health promotion and demonstrates high progress. Three hospitals, including Imam Ali, Imam Hassan, and Bent-Al-Huda, achieved the highest scores in internal evaluation (Figure 1). Upon comparing the different standards, the highest score was related to the standard for health promotion of patients and families (8.05 ± 1.69), and the lowest score was associated with the standard for health promotion of staff (6.37 ± 2.31). The total average score of the external evaluation was 5.44 ± 2.04 , showing a 50% improvement in hospital HPS. Notably, all hospitals evaluated for HPS were in the moderate stage of progress, except for Imam Khomeini hospital, which was in the low stage of progress (Figure 1). In alignment with internal evaluation results, the highest average score in the external evaluation was related to the standard for health promotion of patients and families (6.86 ± 1.41), while the lowest total average score was associated with the standard for health promotion of staff (7 ± 1.83).

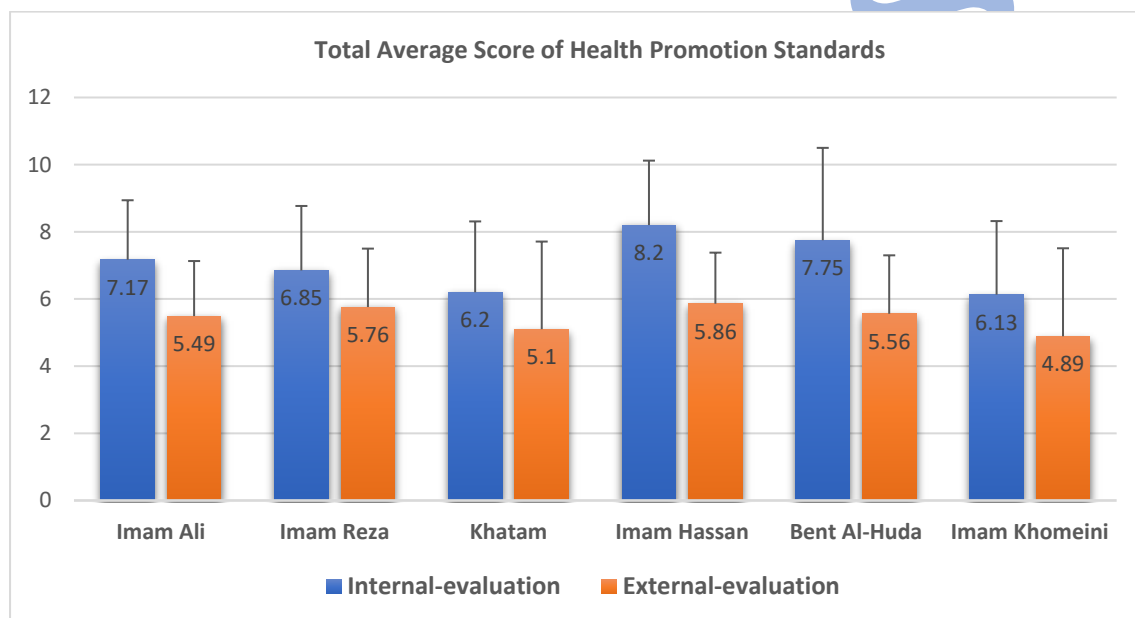


Figure.1. Comparison of average internal-evaluation and external-evaluation scores for health promotion standards in different education hospitals. The results are shown as Mean \pm SD.

Our results showed that the average scores of internal evaluations are significantly higher than external evaluations in each of the educational hospitals ($P < 0.05$). Furthermore, the comparison of each health promotion standard indicated that the average score of external evaluation for each standard was significantly higher than the average score of internal evaluation ($P < 0.05$) (Table 2).

Table 2. Comparison of the average scores of internal evaluation and external evaluation of health promotion hospitals. The results are presented as Mean \pm SD. A P-value less than 0.05 is considered significant. Std; Standard

We compared HPS scores across different hospital characteristics. Our research revealed a significant difference in scores related to the hospitals' locations ($P < 0.05$). However, we did not find any significant variation in the number of active beds, number of staff members or the hospital's age ($P > 0.05$), (Table 3).

Hospital	1 st Std Mean \pm SD		2 nd Std Mean \pm SD		3 rd Std Mean \pm SD		4 th Std Mean \pm SD		P value
	Internal Evaluation	External- evaluation	Internal Evaluation	External- evaluation	Internal Evaluation	External- evaluation	Internal Evaluation	External- evaluation	
Imam Ali	6.46 \pm 1.87	4.82 \pm 1.47	8.53 \pm 1.07	6.63 \pm 1.26	6.69 \pm 1.38	4.77 \pm 1.36	7.29 \pm 1.70	6.43 \pm 1.81	<0.0001
Imam Reza	6.82 \pm 2.02	5.37 \pm 1.94	6.84 \pm 2.04	6.79 \pm 1.32	7.01 \pm 1.45	5.62 \pm 1.12	6.71 \pm 2.43	4.86 \pm 1.95	0.0001
Khatam	5.68 \pm 2.02	4.07 \pm 2.09	8.37 \pm 0.76	8.00 \pm 0.89	4.67 \pm 1.61	3.46 \pm 1.81	5.29 \pm 1.25	4.43 \pm 2.94	0.0001
Imam Hassan	8.46 \pm 2.01	6.04 \pm 1.72	8.53 \pm 1.43	6.11 \pm 1.33	8.18 \pm 1.17	5.00 \pm 1.01	9.33 \pm 1.03	6.71 \pm 2.14	<0.0001
Bent Al-Huda	7.43 \pm 3.00	5.14 \pm 1.67	8.84 \pm 1.67	6.26 \pm 1.63	7.62 \pm 3.10	5.17 \pm 1.90	6.33 \pm 3.01	6.14 \pm 1.68	<0.0001
Imam Khomeini	5.89 \pm 1.57	3.64 \pm 2.13	7.21 \pm 1.96	7.37 \pm 1.50	4.08 \pm 1.44	4.23 \pm 2.74	8.00 \pm 3.03	4.43 \pm 2.94	0.0001
Total Average Score	6.79 \pm 2.29	4.85 \pm 1.99	8.05 \pm 1.69	6.86 \pm 1.46	6.37 \pm 2.31	4.70 \pm 1.83	7.15 \pm 2.45	5.50 \pm 2.37	<0.0001
P Value	<0.0001		<0.0001		<0.0001		0.018		

Table 3. Comparison of Average Health Promotion Standards Scores Among Hospitals with Different Characteristics. The results are presented as Mean \pm SD. A P-value less than 0.05 is considered significant.

Variable	Type of Evaluation	Total Average Score	P value
Hospital Age (Years)	30 \geq Vs. 30<	Internal: 7.19 \pm 2.09 Vs. 6.91 \pm 2.39	0.21
	External	5.48 \pm 1.99 Vs. 5.40 \pm 2.09	0.69
Hospital Location	Capital city Vs. County	Internal	7.49 \pm 2.17 Vs. 6.16 \pm 2.14
		External	5.66 \pm 1.65 Vs. 4.99 \pm 2.60
Number of Active Beds	150 \geq Vs. 150<	Internal	6.91 \pm 2.39 Vs. 7.19 \pm 2.09
		External	5.40 \pm 2.09 Vs. 5.48 \pm 1.99
Number of hospital staff	500 \geq Vs. 500<	External	5.48 \pm 1.99 Vs. 5.40 \pm 2.09
		Internal	6.91 \pm 2.39 Vs. 7.19 \pm 2.09

Evaluation of First Standard: Management Policy and Program

In the internal evaluation of various hospitals, the highest number of substandards of the first standard was observed in the state of high progress, while the lowest number of substandards were in the state of the intention to start (Figure 2A). According to the results of this internal evaluation, all the hospitals in

Bojnourd City obtained a total average score higher than 6 for this standard. In contrast, two hospitals in Shirvan City obtained a total average score of less than 6.

The external evaluation results showed that most of the substandards related to the first standard were in a state of moderate progress, and the lowest substandards were in a fully achieved state (Figure 2B). In this evaluation, the three hospitals of Imam Hassan, Imam Reza, and Bent-Al-Huda achieved an average score of more than 5 (moderate progress). In comparison, the three hospitals of Imam Ali, Khatam, and Imam Khomeini achieved an average score of less than 5 (low progress).

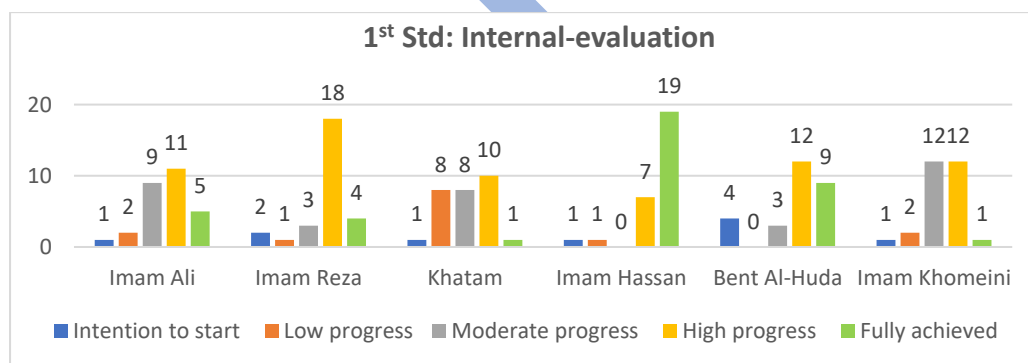
Among the various substandards of the first standard, "a clear statement to promote the health of neighbors around the hospital in the management policy of the hospital", "determining a sufficient budget for health promotion services", and "cooperation of the hospital with other partners (organizations and institutions) to ensure and improve the health of patients, staff, and neighbors" received the lowest scores and were in the state of the intention to start. In other words, no action was taken in relation to these substandards in the evaluated educational hospitals, but evidence of their intention to act in this connection has been observed.

Evaluation of the Second Standard: Health Promotion of Patients and Families

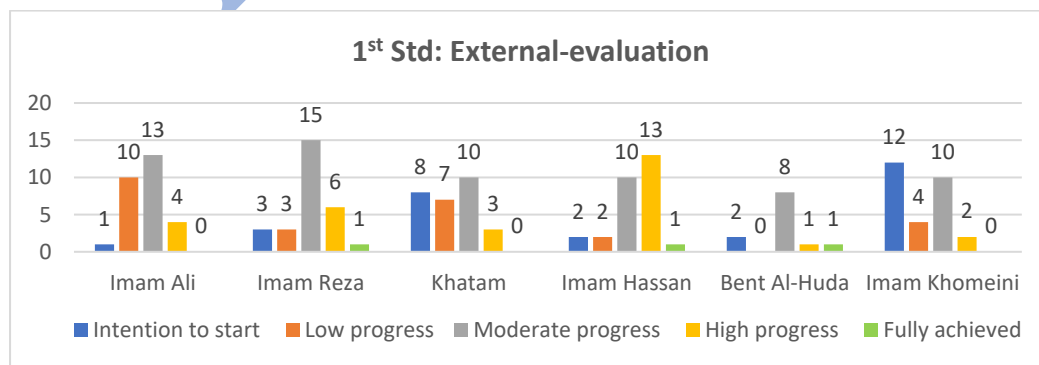
In the internal evaluation of health promotion of patients and families, most substandards were reported as fully achieved (Figure 2C). In all hospitals except Imam Reza, the total average score surpassed 7, indicating high progress in the second standard.

In the external evaluation, the majority of the second standard substandards were in a high progress state (Figure 2D). The average total score for the second standard was over 6 in all the hospitals.

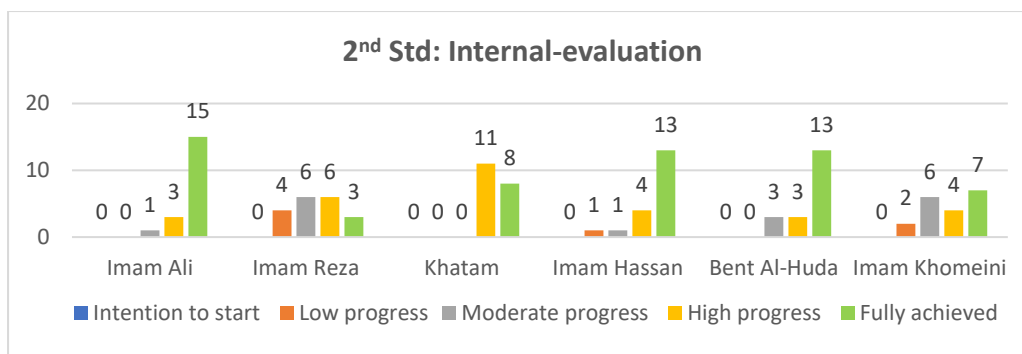
The present study's results indicate that out of 19 substandards of the second standard, most hospitals showed low progress in four substandards. These substandards with low progress included "recording information about the factors influencing the health promotion of the patients along with social and cultural factors in their files", "recording a summary of the conditions and needs of health promotion of the patients and the interventions performed in their files" and "recording health promotion activities and expected outcomes in patients' files" and "access of families and visitors to updated knowledge about health promotion".



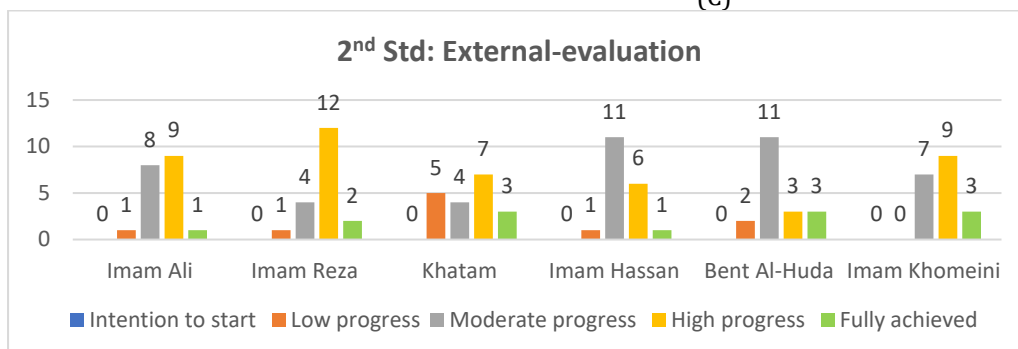
(A)



(B)



(C)



(D)

Figure 2. Status of first and second standards based on results of internal-evaluation (A and C) and external evaluation (B and D) in educational hospitals. The results are shown as Mean \pm SD.

The Third Standard: Staff Health Promotion

In the internal evaluation of staff health promotion, most substandards showed moderate progress (Figure 3A). The average total score for Imam Hassan, Imam Reza, and Bent-Al-Huda hospitals was above 7 (high progress state). At the same time, Imam Ali Hospital had an average total score of 6.69 (moderate progress state), and Khatam and Imam Khomeini hospitals had an average total score below 5 (low progress state).

External evaluation results were consistent with internal evaluation results, as most substandards of the third standard were in the moderate progress state (Figure 3B). The average total score for Imam Hassan, Imam Reza, and Bent-Al-Huda hospitals was above 5, while the scores for Imam Ali, Khatam, and Imam Khomeini hospitals were below 5.

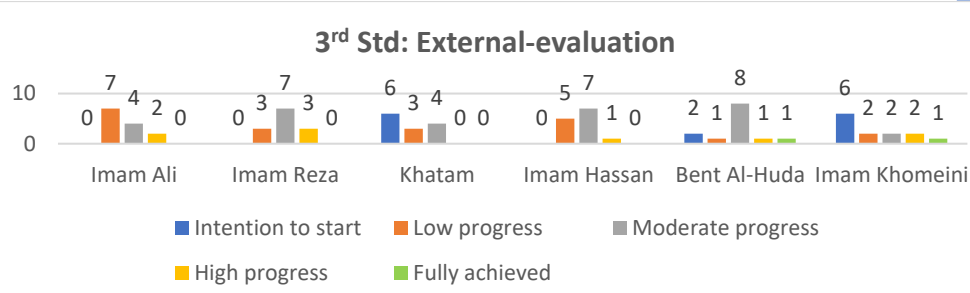
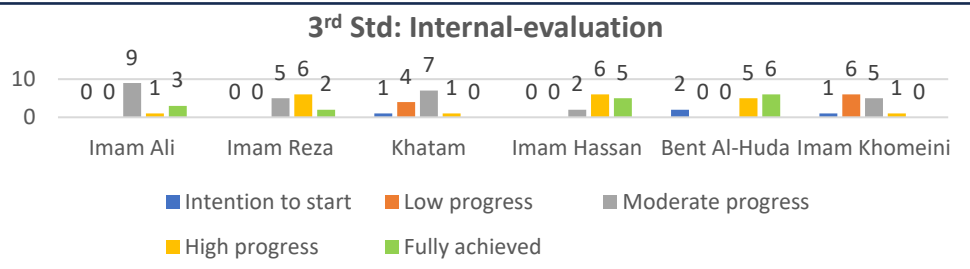
Among the various substandards of the third standard, the evidence and documentation related to the substandards of "staff knowledge and awareness of health and safety promotion" and "planning of support and welfare services for hospital staff" were insufficient and in the state of the intention to start.

The Fourth Standard: Promoting the Health of the Environment Inside and Around the Hospital

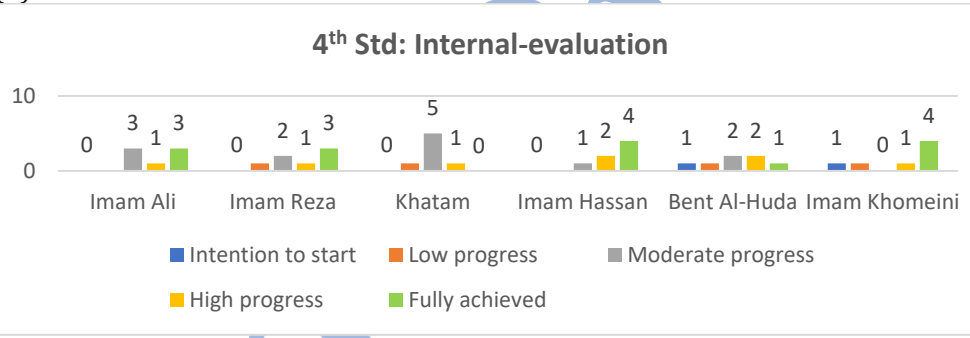
The internal evaluation results for the fourth standard showed that the majority of substandards are fully achieved (Figure 3C). Imam Hassan, Imam Khomeini, and Imam Ali hospitals achieved an average total score above 7, while Imam Ali, Khatam, and Bent-Al-Huda hospitals scored between 5 and 7.

The external evaluation results indicated that the majority of the fourth standard's substandards are in a high progress stage (Figure 3D). Imam Ali, Imam Hassan, and Bent-Al-Huda hospitals achieved an average total score of over 6, whereas Imam Reza, Khatam, and Imam Khomeini hospitals scored an average of less than 5.

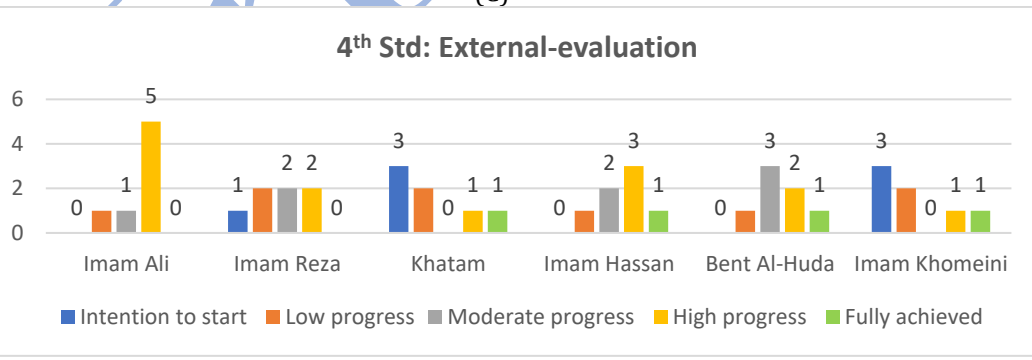
Our results showed that in most hospitals, the indicator "interventions related to the prevention and control of risk factors for neighbors of the hospital" is in the state of intention to start.



(B)



(C)



(D)

Figure 3. Status of third and fourth standards based on results of internal-evaluation (A and C) and external evaluation (B and D) in educational hospitals. The results are shown as Mean ± SD.

Discussion

Various studies have evaluated the state of HPS in hospitals across different cities in Iran. The majority of these evaluations were internal evaluations conducted by the hospital staff themselves. Limitations of internal evaluation methods, such as bias, limited perspective, and potential conflict of interest, have undoubtedly impacted the results of these studies [14]. In the present study, the state of the HPS in

educational hospitals affiliated with NKUMS was investigated using both external evaluation and internal evaluation methods.

The results of the internal evaluation indicated that hospitals could be classified into two groups according to the implementation and fulfillment of HPS: the high-progress group and the moderate-progress group. Hospitals in the high-progress group show clear evidence of their commitment to these standards, with 50% of the evaluated hospitals falling into this category. Meanwhile, the moderate progress group represents hospitals that have made around 50% progress in implementing the standards, making up the remaining 50% of the evaluated hospitals. The results of the external evaluation revealed that all hospitals exhibit moderate progress in the implementation of hospital HPS, with only one hospital demonstrating low progress. The evidence suggests that the implementation of HPS in this hospital could be more cohesive.

In the current study, the internal evaluation results revealed that 50% of the hospitals are in a state of high progress, while 50% are in a state of moderate progress. Afshari *et al.* conducted a study investigating health promotion state in hospitals in Isfahan, Iran, where 55% of hospitals were at an average level, and only 11% of internal-evaluated hospitals were in good condition [15]. A study conducted by Pezeshki and colleagues found that the health promotion scores in East Azerbaijan's hospitals are at an average level [16]. Other studies performed in Gilan, Shiraz, Tehran, Mashhad, and Hamedan provinces in Iran, using the internal evaluation method, found that the hospitals' scores for HPS were average [9, 7, 18], with unfavorable conditions reported in some cases [19]. A systematic review by Hamidi *et al.* analyzed studies on health-promoting hospitals in Iran. According to their findings, the hospitals investigated were significantly weak in the HPS [10]. Comparing our study's results with previous studies reveals that North Khorasan hospitals have a better condition in implementing HPS. Several factors could contribute to this difference, such as the focus on educational hospitals in our study, the study being conducted during a time when the concept of health-promoting hospitals is more well-known and important, and the use of a modified self-assessment tool instead of the WHO self-assessment tool for data collection. Supporting our interpretation, Rezaei *et al.*'s study, which used a modified self-assessment tool to evaluate HPS, found an average score of 5.47 [11], similar to our external evaluation results, where the score of most hospitals was within the score range of 5.

The findings of this study demonstrated that the internal evaluation scores of hospitals' HPS are significantly higher than the external evaluation scores. Although the results of internal evaluation indicated better implementation of HPS in hospitals compared to external evaluations, the two types of evaluation methods were consistent in identifying which hospital or standard was in a more favorable condition (Table 2). Previous research has shown that evaluating hospital and health promotion programs internally by staff members produces more positive results than external evaluation [20, 21]. Our current study also supports this conclusion.

Previous studies have shown that hospitals located in capital cities are in better state for HPS compared to those in counties [10, 16]. In agreement with this statement, our results also showed that hospitals located in Bojnourd City, the capital of North Khorasan province, scored higher than hospitals in Shirvan County. We did not observe any significant difference in the health promotion standard scores between hospitals in the other three characteristics, such as the age of the hospital, the number of faculty members, the number of active beds (Table 3).

Management policy, health professional competencies, and financial budget are crucial for the successful implementation of a hospital program [22]. The standard of management policy and program is considered a fundamental issue in the implantation of health promotion hospitals. In the majority of prior studies conducted in Iran, the standard of management policy and program received lower scores compared to other standards [10, 17, 19, 23]. However, in our research, this standard did not achieve either the lowest or the highest average score when compared to other standards. Instead, it was in a state of moderate progress. The total average score of internal-evaluation for the standard of policy and management was 6.79 out of a possible 10, while the total average score of external evaluation was 4.84 out of a possible 10. Continuous management support, transformative leadership, participatory strategic management, and expert governance can help hospitals focus on health promotion [24].

In the present study, the highest score was related to the standard of health promotion for patients and families. Similar results were reported by Pezeshki *et al.* [16] and in studies conducted by Yaghoubi *et al.* and Taghdisi *et al.* [9, 23].

When comparing different standards, it was evident that the staff health promotion standard received the lowest scores in both internal (4.7 out of 10) and external (6.37 out of 10) evaluations. This underscores a critical issue-while the investigated hospitals were effective in addressing patient and family health, their efforts in staff health promotion were lacking. It is clear that our hospitals need a comprehensive plan to address this standard. Previous studies in Iran have consistently highlighted the low scores for staff health

promotion standards in hospitals [16, 18, 25]. This is concerning because hospital staff members play a crucial role in patient care, and their health directly impacts their performance, which in turn affects patient health. Therefore, it is imperative to support the creation of a safe and healthy work environment.

In order to create a healthy hospital environment, it is recommended to focus on trust, transparency, effective leadership, suitable employees, commitment to safety and ethical care, decision-making authority, professional knowledge, teamwork, active listening, open communication, skillful and healthy communication, and obtaining the required information [26, 27]. Sadeqi-Arani *et al.* suggested developing appropriate training programs for staff health promotion and staff participation in hospital policies to improve the standard of staff health promotion in HPH [25].

Our review identified that the "Planning support and welfare services for hospital staff" and "staff knowledge and awareness about health and safety promotion" substandards scored the lowest. Previous studies in Iran emphasized healthcare workers' dissatisfaction with support and welfare services due to a lack of attention to their actual needs, the absence of a comprehensive system, and not considering staff's characteristics and opinions [28, 29].

The study has several strengths, including the use of localized and valid evaluation tools. It also forms experienced and specialized internal evaluation teams comprising various hospital managers and administrators. Another strength is the simultaneous conduct of internal evaluation and external evaluation. Additionally, the study forms an external evaluation team of experts familiar with HPS and receives opinions and views from hospital stakeholders related to health promotion.

The limitations of the present study include conducting the study exclusively in educational hospitals and not comparing the results with non-educational hospitals in North Khorasan province. The study's cross-sectional design also limits the potential for a comprehensive understanding of the evolution of HPS in hospitals over time.

Conclusion

This study reveals that NKUMS-affiliated hospitals are progressing in implementing health promotion standards, but improvements are needed, especially in staff health promotion. Internal evaluations scored higher than external ones, highlighting a need to prioritize staff well-being. Disparities between Bojnourd and Shirvan Cities hospitals suggest location-based differences in implementing standards. Future research and interventions should focus on addressing these disparities and enhancing health promotion procedures in these hospitals.