Structural Factors Affecting Implementation of the Health System Policies in Iran's Hospitals

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Astract

Background and Objective: The main purpose of this study is to identify the structural factors affecting the implementation of policies developed in the health system of hospitals in Iran. Most of the developed policies undergo changes in the implementation phase which take them away from realizing their goals.

Methods: Data collection method in the first stage was desk research through taking note and in the second stage was field research in which the interview tool was used in the qualitative and the questionnaire in the quantitative parts. The statistical population was presidents of medical universities and heads of hospitals. In this study, snowball sampling was used to select the interviewees. Grounded theory for qualitative, and structural equation modeling through SPSS and Smart PLS were used for quantitative analyses, respectively.

Result: The main components included creation of team and self-governance structures in the organization to implement the policy, existence of performance appraisal system, support of senior managers, decentralized and flexible administrative structure, formation of horizontal governmental management and managerial stability in public sector in charge of implementing health system policies. According to the results of the confirmatory factor analysis of 64 questionnaires, all identified components had a positive and significant effect on the implementation of health system policies.

Conclusion: According to the obtained path coefficients, the component of formation of horizontal governmental management has the greatest impact on the implementation of the health system policies of the country. The components of support of senior managers, decentralized and flexible administrative structure, and existence of a performance appraisal system, creation of team and self-governance structures in the organization had the greatest impact. Finally, the component of managerial stability in the public sector which is responsible for policy implementation had the least impact on the implementation of health system policies of the country.

Keywords: Policy making, Policy implementation, Horizontal government management

Background and Objective

Policy-making process involves developing, formulating, implementing, and evaluating steps[1]. Each of these steps is of particular importance including the implementation phase which is overly complex and challenging. One of the most important problems in policy making is incomplete implementation of policy in various fields, including cultural, economic, industrial etc.[2]. Most of policies are good in developing phase but they do not have efficiency and effectiveness in the implementation phase[3]. The history of exploratory studies in the field of implementation of policies of the Iran's health system and the interviews conducted with managers and experts in the field of health show those policies of the health system face problems in the implementation phase.

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If the policies formulated by the health system and their implementation suffer from some shortcomings, attempts to set new policies will not only cause wasting human and financial resources, but also lead to decline of health indicators in society and failure in controlling diseases. Incomplete implementation of health system policies obscures the policy process for policy makers and the lay people. Such ambiguity leads to a decline in delivering hospital services. Considering the prominent position of the health system in the welfare of people, the purpose of this study is to investigate the implementation of health system policies and identify structural variables affecting the implementation of health system policies in the country's hospitals.

Methods

Experimental background of research

Here, we provide a summary of domestic and foreign researches on policy implementation. Latifi, Rangriz and Kheirandish (2019) have examined the barriers of implementation of public policies related to policy development, policy implementers, managerial, structural, financial resources, informational, technological, and environmental obstacles[4].

Shojaei, Hozoori, Eivazi (2019) examined the barriers affecting policy implementation, including individual barriers (lack of appropriate service compensation strategies), organizational barriers (lack of strategies for equitable and appropriate distribution of welfare facilities), and environmental barriers (lack of a culture of accountability among stakeholders)[5].

Keramat, Zemahati, Daraei (2019) found that political factors have the most influence on policy implementation and followed by economic factors, social factors, technological factors, and psychological factors[6].

Zabet Pour, Amin Bidokhti, Mohammad Rezaei (2019) concluded that barriers to the implementation of higher education policies include barriers related to policy development, environmental and instrumental barriers, barriers related to society and culture, managerial and structural barriers, intra-organizational barriers, individual barriers, national barriers, barriers related to education system, barriers related to upstream documents[7].

Sheikh Pour and Salajegheh (2018) found that situation of public policy implementation in the sphere of labor, cooperatives and social welfare is not desirable in the Ministry of Cooperatives, Labor and Social Welfare[8].

Asadi, Hadi Peykani and Rashidpour (2018) found that factors affecting the effective implementation of public policies includes factors related to implementers, factors related to developers, factors related to the target community, factors related to the essence and factors related to the environment[9].

Mohammadi, Alvani, Memarzadeh, Ansari (2018) presented a three-dimensional model of public policy governance implementation based on the Matland model and ambiguity and conflict variables and studied the variables of hill and hupe model in the Matland model[10].

Moazzeni, Rangriz (2018) examined the obstacles to implementation through a multi-criteria decision model and important findings were multiple goals, ambiguous targeting, and unrealistic policies[11].

Haji Mollah Mirzaie (2017) presented a model of policy implementation. In this model, the first dimension is community's mindset and community's value space. The second dimension is stakeholder network including people, organizations and institutions and the characteristics of implementers, and the third dimension of implementation includes resource mobilization, implementation tools and implementation approach and methods[12].

Namdarian and Majid Pour (2016) found the main obstacles to the implementation of science and technology policy documents are the problem of prioritization, lack of using futuristic results in policy formulation, incompatibility of policies with challenges, lack of networking among policy makers, lack of governance of superordinate policies, lack of cross-sectoral vision, fragmented bureaucratic structure and lack of long-term vision and policy programs leadership[13].

Monavvarian (2016) introduces innovative approaches of network governance, implementation in the international context, modern governmental management, an interpretive approach to policy, and implementation in special contexts in addition to the three top-down, bottom-up, and hybrid approaches[14].

Iyanda KA, Bello SD (2016) found that lack of precise and clear definition of goals, vague political goals, lack of appropriate technology for implementation, lack of commitment to policy, lack of precise definition of responsibilities and coordination, corruption (corrupt tendencies of government officials and politicians), comparison during policy implementation are main barriers of implementation[15].

Hajipour, Forouzandeh (2016) has concluded that poor content of public policy is the main reason of unsuccessful implementation. Policy's poor content, public environment, and implementation environment lead to inappropriate implementation style[16].

Hosseini, Beiginia and Ghasemi (2016) dealt with barriers to the implementation of public policy (case study: Civil Service Management act) and have identified environmental barriers, managerial barriers, legal barriers, human barriers, systemic barriers, target group barriers and communication barriers[17].

Abbasi, Motazedian and Mirzaei (2016) examined obstacles to the implementation of public policies in the Ministry of Labor, Cooperatives and Social Welfare and identified problems related to policy makers, implementers and users, nature of the policy, the implementing organization, types of actions and pressure groups and the environment of the implementation of the policy[18].

Pourkiani, Salajegheh and Zareh Pour (2015) found that obstacles related to

logic, coherence and realism, structure and resources, law environment, concept and writing, review and supervision, staff and managers, and theoretical support are obstacles to the effective implementation of the Civil Service act[19].

Monavvarian (2015) in reviewing the implementation of policy found that learning the policy with features such as agility, high quality and cheap government services, increasing and facilitating citizens' access to government services, improving satisfaction of government employees and increasing public satisfaction affect implementing administrative reform policies[20].

Zargham Boroujeni, Bazrafshan (2014) found that factors influencing policy implementation are as follows: paying attention to the behavioral and personality characteristics of implementers, administrative system and bureaucracy, goal setting and correct formulation of policy, expertise and skills of implementers, target groups and users, support from legal authorities, and appropriate tools selection and necessary resources for implementing the policy[21].

Memarzadeh, Mirsepasi and Jalili (2014) found that effective implementation of health policies in order of priority are: administrative, political, empirical and symbolic implementation[22].

Concepts

Public policy-making is decisions and policies taken by various public sector's authorities, such as the parliament, the government, and the judiciary that protect the public interest of society. The government, in the general sense, is the legal body of public policy making and makes policy in a variety of ways, such as through laws, rules, and regulations. Accordingly, managers, in addition to technical, human and organizational skills and knowledge, should be equipped with knowledge and experience of social issues and public policies[1]. Policy making is a cycle with a few steps. This cycle starts with recognizing and receiving the problem and also includes shaping, designing and executing the policy. Evaluation, correction, changing and termination of policy are also in this cycle[23]. Policy analysis involves both the process of formation and adjusting the content of policy. In discussing about the policy-making process, researches try to understand the methods of participation in its formulation and its content regulation and the results of the policy options (through cost-benefit analysis and issues such as benefit distribution)[3]. There are a variety of theories, approaches, and frameworks for policy implementation. In one categorization, policy implementation approaches can be divided into three categories: top-down, bottom-up, and hybrid or interactive networking approaches. The top-down approach often refers to model of rational systems[24]. In this approach, elites take the lead and make the law and the views of public are involved in the "decisions". This view introduces the idea of separating administration from politics. The advantage of this method is the clarity of laws and regulations, and its disadvantage is lack of public interference in "decisions". The bottom-up approach consists of all public and private actors the implementation of programs, goal setting, strategies, and so on. It then moves upwards to clarify goals,

strategies and communications, and obtain financial support and program implementation. The most important advantage of the bottom-up approach is that it draws attention to the formal and informal relationships making up the political networks involved in policy formulation and implementation. The hybrid approach has hybrid or interactive perspectives that emphasize the complex processes of negotiation and bargaining between political actors at all levels of politics and the planning process[24]. This approach is sometimes referred to as the third generation of executive studies[24]. In the hybrid model, a combination of top-down and bottom-up approaches is used so that it has the strengths of both and uses each other's weaknesses as opportunity. Designers usually provide an executive program along with the policy statement. In this executive program, the time and place of implementation, the executing organization, the skills required by the executives, financial resources and administrative support are clarified[22]. The ability of a government to accomplish its goals depends on the successful organizing and implementation of the formulated policies. With this description, each government puts the successful implementation of the programs and developed policies as well as achievement of the predetermined goals on its prioritization in order to be able to meet the needs of its target community. Approval of the policy alone is not a guarantee for its implementation and achievement of its goals. Policies should be fully structured, financially supported, and clearly directed so that the bureaucracy has a clear framework for implementing them[22]. Policy decision-making based on intellectual effort and consolidation of knowledge gained from expertise and experience is the external face of policy definition[25]. Many policies, after

being approved in the organization and implementation phase, fail or even some of them are abandoned and new policies are enacted before the earlier ones are implemented. Some have been completely forgotten during development. Some policies are also implemented, but what has been implemented is not the same as what was intended[1]. Given the importance of identifying barriers to implementation, extensive research has not yet been conducted on it, and the reason for this negligence is the crude assumption that whenever a policy is certified by the government, it will be implemented definitely and the results desired by the designers will be realized[22].

Qualitative method

The present study, with an inductive approach, examines the structural factors affecting the implementation of health system policies in the country's hospitals in 2019. In this research, we use desk studies and reviewing the documents, in-depth and qualitative interviews and distribution of questionnaires to collect information. Thus, at first, structural factors affecting the implementation of policies were identified from internal and foreign articles. Then, according to the assumption that the identified factors may not be compatible with the country's health system or there may be other factors specific to the health system, the semi-structured and in-depth interview with experts has been used.

Content analysis and grounded theory analysis were used to analyze qualitative data. In the grounded theory methodology, theory discovery or production is based on existing facts and systematic collection of

data. Data collected to develop theory is analyzed using theoretical coding. These codes are expressed in the form of a term called "open coding". The researcher then performs axial coding by thinking about the different dimensions of these categories and finding the links between them. Finally, by selective coding, categories are refined, and through these processes, a theoretical framework eventually emerges[26]. These codes are a threefold action (open, axial, and selective) that performing each of them will give us specific result. Therefore, from execution of open coding, concepts are obtained; from execution of axial coding, components are obtained and from execution of selective coding, theory is formed. So, the codes are not a step among several steps (27). For the analysis of quantitative data, a semi-structured questionnaire with a nine-point Likert scale and structural equations model and Smart PLS and SPSS software tools were used. The statistical population includes the heads of medical universities and public hospitals. In this regard, efforts were made to start the study with the focus on the Ministry of Health, which oversees policy-making and implementation of the policies of the country's health system, and then the universities of medical sciences and hospitals which implement the policies of the country's health system. The interview strategy is a semi-structured and in-depth interview through writing the interviewees' answers, taking note and recording their voices. In this study, purposive sampling and snowball or chain sampling were used to select the interviewees. The experts selected for the interview are presidents of the University of Medical Sciences or the director of the hospital with more than 5 years of experience in implementing policies of the health system. Under these conditions, after 13 interviews, it was seen that no new component is added to our data and the data

was saturated. In this study, to analyze the information of exploratory interviews and research background, the collected data were first recorded in a centralized manner. After first recording and removal of duplicate components of exploratory interviews and research background, 21 propositions were identified and defined. It is worth mentioning that this research has the ethics code of ir.shmu.rec.1396.73 from Shahroud University of Medical Sciences.

Quantitative method

Quantitative research was conducted to investigate the generalizability of qualitative findings of the research. Thus, a semi-structured questionnaire based on the identified indicators with a nine-point Likert scale was prepared and then distributed to the elites of the health system. The extracted data were analyzed and tested using PLS software and structural equation modeling. After applying the opinion of experts, the indicators of the research component were approved. The validity of the measurement tool was assessed by the content validity and construct validity. The reliability of the research tool was assessed by measuring factor loadings, Cronbach's alpha and combined reliability.

Results

Qualitative findings

First, the research literature on policy implementation approaches was collected. Then, applied researches about policy implementation and structural factors were reviewed. At this stage, 15 propositions were identified. Then, experts and managers of the country's hospitals were interviewed. After data saturation following 13

interviews, it was observed that no new component is added to our data. At this stage, 17 propositions were defined. After removing duplicate propositions, 21 propositions were identified. The researcher used content analysis to analyze the information of exploratory interviews. Using open coding, the obtained concepts were recorded and categorized, yielding 15 concepts. Then, axial coding was performed. Finally, after selective coding, the findings were refined and finally a theoretical framework with 6 indicators emerged.

Table 1 - Selective coding of components (Source: Research Findings)

Dimensions	Components
Structural components	Creating team and self-governing structures in the organization to implement the policy
	Existence of performance evaluation system
	Support from top managers
	Decentralized and flexible administrative structure
	Formation of horizontal government management
	Managerial stability in the public sector in charge of policy implementation

Quantitative findings

Quantitative data were analyzed using a semi-structured questionnaire with a nine-point Likert scale and structural equations model through Smart PLS and SPSS v.20. The value of the standardized path coefficient between the structural components and implementation of health system policies (0.848) shows that the structural component variable directly accounts for 84.8% of the changes in the health system policy implementation capacity variable. Also, using the significance coefficient of path between the two hidden variables (36/265), it is determined that the effect of structural components on the capacity to implement the policies of the health system is significant. Therefore, at 95% confidence level, the value of t-statistic is greater than 1.96, depicting that structural components have a positive and significant effect on improving the capacity to implement the policies of the country's health system.

Table 2. Results of the factor analysis of structural component

Variables	Question No	First order factor loading	t-test
Structural components	Q1	772/0	321/21
	Q2	816/0	565/51
	Q3	866/0	540/22
	Q4	824/0	744/15
	Q5	903/0	651/21
	Q6	766/0	422/37

According to the results of confirmatory factor analysis and by considering that the value of t-test of all components is greater than 1.96 at 95% confidence level, all the components of creating team and self-governing structures in the organization, existence of performance appraisal system, support of senior managers, decentralized and flexible administrative structure, formation of horizontal government management, managerial stability in the public sector in charge of policy implementation have a positive effect on policy implementation of the country's health system in hospitals. On the other hand, according to the obtained path coefficients, it can be said that among the identified components, the horizontal governmental management component has the greatest impact on the implementation of health system policies, followed by, respectively, support of senior managers, decentralized and flexible administrative

structure, existence of a performance appraisal system, creation of team and self-governing structures in the organization and finally the component of managerial stability in the public sector in charge of policy implementation has the least impact on the implementation of health system policies in the country's hospitals.

Research reliability

Testing the research reliability

The reliability of the questionnaire was tested by measuring the factor loadings. Results confirm that the variance between this construct and its indicators is greater than the variance of the measurement error of that construct. So, reliability of the measurement model is acceptable. All questions of the questionnaire had a factor loading greater than 0.4, which shows the appropriateness of this criterion.

Table 3. values of factor loadings

Dimensions	Indicator	Factor loading
Structural components	Creating team and self-governing structures in the organization to implement the policy	772/0
	Existence of performance evaluation system	816/0
	Support from top managers	866/0
	Decentralized and flexible administrative structure	824/0
	Formation of horizontal government management	903/0
	Managerial stability in the public sector in charge of policy implementation	766/0

Cronbach's alpha which is a classic measure of reliability and a suitable measure of internal stability evaluation was 0.906, which shows the good fit of the measurement model.

Since the Cronbach's alpha criterion is a traditional criterion for determining the reliability of constructs, the PLS method uses more modern criterion of "composite reliability". The composite reliability coefficient of the construct components

variable is 0.928, which shows the good fit of the measurement model.

Investigating the validity of the research

Convergent validity examines the degree of correlation of each construct with its questions (index). The mean variance extracted by PLS software is used for this purpose. The AVE criterion represents the mean variance shared between each construct with its own indices. The higher the correlation, the greater the fit (26). Fornell & Larcker determined 0.5 and above an appropriate value for the average variance extracted. As the results show, in structural components, the value of this index is 0.682, which indicates good fit of the model.

After examining the validity of the first-order hidden variables, it is time for the second-order hidden variables, which include implementation of health system policies. The average variance extracted criterion for the second-order hidden variable of health system implementation is equal to 0.422. As the value of average variance extracted of the first and second order hidden variables increases, the convergent validity of the model and the appropriateness of the fit of the measurement models are confirmed. Also, the root of average variance extracted value of all first-order variables is greater than the correlation value between them, which indicates the appropriate divergent validity and good fit of the measurement models.

Investigating fit of the structural model

Significance of coefficients by Z score: For the fit of the structural model the t-coefficients must be greater than 1.96 at the 95% confidence level. Among paths in the model, t-scores of all paths are greater than 1.96, which shows the significance of these paths and the appropriateness of the structural model.

which is more than 0.67, which shows the strong effect of these variables on the endogenous variables of the model. Therefore, the values of R2 indicate a good fitness of the structural model.

Q2: Determines the prediction power of the model and if the value for an endogenous construct is 0.02, 0.15 and 0.35, respectively, indicates the weak, medium and strong predictive power of the construct or related exogenous constructs (28). According to the results, the value of Q^2 related to structural component constructs is 0.489, which indicates the strong prediction of endogenous variables of the model. In general, the value of Q^2 indicates the proper fitness of the structural model.

GoF: The GoF criterion is calculated to check overall goodness of the fit of the model, and controls both the measurement and structural model. The value is obtained from the average of communality of the first-order hidden variables. As a result, the average of communality is equal to 0.627. To calculate $\dot{R}^2$, the R^2 values of all the hidden endogenous variables of the model, including the first and second order variables, must be considered and their mean values must be calculated. The average of these $\dot{R}^2\ values$ is 0.645. Considering the three values of 0.01, 0.25, and 0.36 as weak, medium and strong values for GoF, the result of 0.636 for GoF indicates the strong overall fit of the model.

Discussion

Comparison of the present study with previous models and frameworks

There are different models and frameworks regarding the implementation of the policy each of which can be divided in the "top-down" and "bottom-top" and "hybrid" approaches. By taking a closer look at the previous models and explaining the variables forming the implementation, it can be courageously stated that the variables forming the implementation are the same in terms of content in most of these models and frameworks. The only difference in the implementation models and frameworks is the executive structure and the process of formation of implementation, which have been developed in accordance with the approach chosen. In this study, performance appraisal system, support of senior managers, managerial stability in the public sector responsible for policy implementation have a top-down approach. The component of creating team and self-governing structures in the organization for policy implementation, decentralized and flexible administrative structure and formation of horizontal governmental management also have a bottom-up approach. Therefore, this research has a " hybrid " approach. With this description and with a comprehensive look at the factors identified in this dissertation, the differences of the variables forming the implementation extracted from exploratory interviews will be as follows:

Latifi, Rangriz and Kheirandish (2019) dealt with the pathology of policy implementation and found barriers related to policy development, to policy implementers, managerial, structural, financial resources, informational, and technological and environmental obstacles. In fact, this study is similar to the present study in terms of structural indicators. The research approach is also hybrid[4].

Shojaei, hozoori, eivazi (2019) dealt with the pathology of policy implementation and in this regard referred to these barriers: individual barriers (lack of appropriate service compensation strategies), organizational barriers (lack of strategies for equitable and appropriate distribution of welfare facilities), and environmental barriers (lack of the culture of accountability among stakeholders). In fact, the results of this hybrid research are different from the present research[5].

Keramat, Zemahati, Daraei (2019) dealt with the pathology of policy implementation and found that political factors have the most influence on policy implementation and after that economic factors, social factors, technological factors, and psychological factors, respectively, have the most influence. This is also a research with a hybrid approach[6].

Zabet Pour, Amin Bidokhti, Mohammad Rezaei (2019) dealt with the pathology of policy implementation and have concluded that barriers to the implementation of higher education policies include barriers related to policy development, environmental and instrumental barriers, barriers related to society and culture, managerial and structural barriers, intra-organizational barriers, individual barriers, national barriers, barriers related to education system, barriers related to upstream documents. In fact, this study is similar to the present study in terms of the barrier indicators related to structural barriers. This is also a research with a hybrid approach[7].

Asadi, Hadi Peykani and Rashidpour (2018) dealt with the pathology of policy

implementation and found that factors affecting the effective implementation of public policies includes factors related to implementers, factors related to developers, factors related to the target community, factors related to the essence and factors related to the environment. In fact, the results of this hybrid research are different from the present research[9].

Haji mollah mirzaie (2017) presented a model of policy implementation. In this model, the first dimension is community mindset and community value space. The second dimension is stakeholder network including people, organizations and institutions and the characteristics of implementers, and the third dimension of implementation includes resource mobilization, implementation tools and implementation approach and methods. This is also a research with a hybrid approach[12].

Iyanda KA, Bello SD (2016) dealt with the pathology of policy implementation and found lack of precise and clear definition of goals, vague political goals, lack of appropriate technology for implementation, lack of commitment to policy, lack of precise definition of responsibilities and coordination, corruption (corrupt tendencies of government officials and politicians), comparison during policy implementation. In fact, this research is similar to the present research in terms of the indicators of accurate and clear definition of goals and political orientations. The research approach is also hybrid. In fact, the results of this hybrid research are different from the present research[15].

Hosseini, Beiginia and Ghasemi (2016) dealt with barriers to the implementation of public policy (case study: Civil Service Management act) and have identified environmental barriers, managerial barriers, legal barriers, human barriers, systemic barriers, target group barriers and communication barriers. In fact, the results of this hybrid research are different from the present research[17].

Abbasi, Motazedian and Mirzaei (2016) have examined obstacles to the implementation of public policies in the Ministry of Labor, Cooperatives and Social Welfare and identified problems related to policy makers, implementers and users, nature of the policy, the implementing organization, types of actions and pressure groups and the environment of the implementation of the policy. In fact, the results of this hybrid research are different from the present research[18].

Majidpour and Namdarian (2016) also dealt with the pathology of policy implementation and the problem of prioritization, lack of using futuristic results in documents formulation, incompatibility of policies with challenges, lack of networking among policy makers, lack of governance of superordinate policies, lack of cross-sectoral vision, fragmented bureaucracy structure and lack of long-term vision to managing and leading policy programs are identified as obstacles of effective implementation. The research approach is top-down[11].

Suggestions

The appropriate structure for effective implementation of health system policies must be developed in the early stages. Paying attention to the following assumptions will increase readiness of the health system to improve the implementation capacity.

One of the limitations of the health system is the traditional governmental management structure. By centralized and controlled procedures of governance and bureaucratic and hierarchical structure which is the result of the breadth and complexity of health system activities and using horizontal governmental management, the cycle of health system activities will be accelerated and the capacity to implement policies will be effectively improved. In order to achieve this goal, the structural patterns of the health system must be changed and the dysfunctional hierarchical method must be replaced by non-hierarchical and group attitudes. The first step in reforming the structure is to institutionalize horizontal governmental management through participatory management and introducing appropriate models for attracting the organized participation of implementers in the health system. The administrative and organizational ability of the country's health system plays a major role in implementation of formulated policies. The researcher's recommendation to the hospitals is to form an efficient organization by creating and strengthening managerial and personnel capacities and abilities and try to implement policies accurately and correctly. Even financial resources without a well-equipped and efficient administrative structure have no effectiveness and cannot pave the way for implementation of health system policies. Among the indicators studied in the structural component and formation of horizontal governmental management has

the greatest impact on improving implementation capacity. The researcher's advice to the country's health system is that the traditional model of governmental management is no longer effective because the real costs of the health system are increasing, but the services must be kept at the same level as before. In such a situation, the only solution is to improve productivity. Horizontal governmental management advocates outcome-based performance. Therefore, examining the position and impact of horizontal governmental management in policy making and implementation of the policies of the country's health system should certainly be on the agenda of researchers of the country's health system. According to the implementers and target community, one of the main reasons of incomplete implementation of health system policies is lack of attention to appropriate tools of implementation. In interviews with research experts, lack of attention to implementation mechanisms and a tendency to use coercive tools and neglecting prediction of voluntarily, market-oriented and economic incentives-based tools were observed, which is worth considering. Attention of drafters of the health system policies to prediction of the implementation tools in the text of the policies guarantees successful implementation and facilitates the possibility of monitoring and follow-up. Policies sometimes sway from their original goals due to the low ability and limited awareness of the executives about the novel policies. To enhance the capacity to implement health system policies, in the implementation process, policy makers must consider the factor leading to successful implementation of policy learning.

If top managers of the health system pay attention to the issue of learning and training

of executives, they will gradually become professionals who will be able to implement the policies at any time according to the situation and the possibilities. The health system must create this awareness in the society by informing people through the mass media. Being aware of the missions of health system policies by the community has a high impact on the effective implementation of health system policies in the country's hospitals.

In interviews with hospital elites, we found that the nature of policies is different. Implementing some policies can be very simple, while for some other policies, the executors face many problems. Obviously, the less complex the policy, the easier it is to implement. Also, the more transparent and enforceable the developed policies, the less problems it will face in practice and in the real environment. Identifying factors affecting implementation of the policies of the country's health system cannot be a temporary and short-term process, but it should be considered as a continuous cycle that must constantly receive feedback and be developed by target community and implementers in line with environmental changes. The main prerequisite of the effective implementation of policies is the belief and support of the top managers of the Ministry of Health. Of course, this depends on the feeling of the need for innovation on one hand and the feeling of inadequacy and shortcomings in implementation of policies on the other hand. Effective implementation of policies is not based on tastes and administrative instructions and should be implemented based on real needs of the health system. Senior managers of the health system participate in the relevant processes, from the beginning of the design to the full implementation of this system model. The power and positive aspects of effective

policy implementation should be emphasized and we must not just magnify the shortcomings of incomplete policy implementation. Establish a performance applause mechanism to honor implementers who have focused on effective policy implementation. Conducting external evaluation about the effective implementation of health system policies must be possible and a scientific organization, not affiliated with the health system, should cooperate in conducting internal and external evaluation. If all the effective factors be in the desired condition, a kind of "synergy in the implementation of health system policies" will be created, which is certainly more than the sum of each of the above options and will significantly help to implement the health system policies. It also turns many of the previously considered shortcomings and hardware threats into opportunities and cause empowerments.

Research limitations

We faced many limitations and problems in conducting the research including the following:
During the exploratory interviews, the researcher tried to interview with the Minister of Health as the highest implementer of the health system policies, but, it did not happen.
The researcher intended to conduct exploratory interviews in a short period of time to eliminate the impact of environmental variables on the opinion of research experts. However, due to the problems related to coordination with the top managers of organizations, it last for six months, and in practice, due to the changing political and economic situation of the country, environmental variables have

affected expert's opinion during the research.

The special items of the questionnaire and the complexity of imagining their relationship with the implementation of policies and their ranking, required the presence of the researcher when filling the questionnaires and frequent explanation of the items. Therefore, the researcher could not use remotely transmission or e-mail, and attendance in person was very time consuming to complete each questionnaire.

Conclusion

It should be noted that the process of developing health system policies and policy implementation phase are not separate from each other but intertwined; therefore, it can be argued that in the process of policy-making in the health system of the country, formulation and implementation should be considered together. According to the path coefficients, it can be said that among the identified components, formation of horizontal governmental management component has the greatest impact on implementation of the policies of the country's health system. After that, the components of top managers' support, decentralized and flexible administrative structure and existence of performance appraisal system have impact on implementation of health system policies.

Conflicts of Interest:

The author declares that, there is no conflict of interest.

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