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## Obstacles to the Implementation of Intersectoral Planning in the Healthcare System

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### Abstract

**Introduction:** Health master plan is a tool designed to promote health and it is essential to define strategies, policies, and directions to health system programs. Therefore, the present study aimed to find obstacles to intersectoral planning and help it to implement.

**Methods:** This was a qualitative and content analysis study (Mixed method). The study participants consisted of 12 managers and experts in planning involved in the development of the health master plan of Kerman and were selected through purposive and snowball sampling. Data collection was conducted through semi-structured and were analyzed using framework analysis method. The four criteria of "Credibility, Dependability, Confirmability, and transferability" were considered to increase the validity and reliability of the research.

**Results:** Two themes are internal and external factors in the form of 8 sub-themes, including Stewardship, management commitment, Financing, training, information, policymaking, laws and regulations and intersectoral collaboration identified as obstacles to the implementation of intersectoral planning in health master plan of Kerman.

**Conclusion:** Each plan, especially long-term and intersectoral planning, needs a set of collaboration, resources, legal requirements and most importantly, commitment to achieve its ultimate goal that, if this goal is related to the health of the community, the importance of the program's implementation is doubled.

**Keywords:** intersectoral planning, Healthcare system, health master plan, Kerman

### Introduction

Achieving social, economic and environmental development is not possible without a healthy society. Health development improves the quality of life, the productivity of human resources and strengthens the foundation of family and social relationships. Further, it contributes to the sustainability of people's living place and the environment, provides security, reduces poverty and increases the social participation of individuals (1). Health is a multifaceted subject that requires participation and collaboration in order to be

achieved in the social fields (2). In this regard, WHO has consistently obliged health organizations to identify health-promoting partners and shareholders to organize health promotion systems (3) because there are many factors, which affect societal health, the outcomes of which determine the level of health (4).

Factors, which affect health referred to as "social determinants of health", are influenced by the performance of various organizations. Nowadays, the prominent role of social health determinants is in such a way that 75 to 90 percent of factors affecting health lie outside the



health system (5). This fact necessitates a comprehensive approach to health and endorses the need for all-inclusive social participation (6). Today, organizations need to be able to not only respond dynamically to changes, but also to be able to use them to achieve goals and meet the needs of the society (7). These changes can be predicted by long-term and strategic plans and predetermined solutions can be devised for possible problems. In this regard, Iran's 1404 Vision Policy was proposed to regulate national policies, goals, programs and activities. Subsequently, the Fourth Five-Year Economic, Social and Cultural Development Plan was arranged to reach this 20-year horizon so that it served as a framework for sectoral plans. Beyond that, in line with the Fourth Development Plan, the National Development Plan, Provincial Development Plan and Comprehensive National Development Plan must be drawn up and serve as the basis for other plans (8).

Given the importance and necessity of implementing programs, it is crucial to find out and avoid the causes of plans' failure, one of the most important of which is management. Ghafarian and Ahmadi investigated the causes of strategic planning failure and found out that the greatest cause of program failure is "Senior Executives"; a theme which is shown by the sub-themes of "not using strategic opportunities, misidentification of bottlenecks, lack of key competencies, or organizational paralysis" (9). Striving to identify and prioritize the barriers to strategic plans, Khalili and Mahzari also found four factors: structural and cultural constraints, resource constraints (both human and financial), systemic and managerial constraints, and planning constraints (10).

In their study on the challenges and strengths of the accreditation process, Mahmoodian et al. indicated that the training and development of teamwork culture should be planned for, an overall change in organizational attitude need to be taken into consideration and managers must be further supported (11).

In a study conducted by Asefzadeh and Hosseini on Qazvin University of Medical Sciences' Strategic Plan, insufficient funding, lack of

human resources, and lack of intersectoral cooperation were the major obstacles in achieving the university's goals (12).

Finally, considering the characteristics of Iranian society as specified in Iran's 1404 Vision Policy and underscoring integrated policymaking, planning, assessing, monitoring and allocating of public resources to create consistency and harmony for enhancing health indicators (13), Health Master Plan of Kerman Province was compiled and the present study was set forth to identify obstacles to the implementation of health system intersectoral planning in Kerman province.

## Methods

The present study falls under applied research and is done by a qualitative content analysis method. The study participants included the managers, experts and compilers of the Health Master Plan of Kerman province.

Due to the lack of previous studies and the impossibility of doing quantitative research and collecting objective information, interviewing was used to collect information as the best substitute method for the above-mentioned shortcomings. In this study, 12 individuals were interviewed and data collection continued until a saturation point was reached. The time and place of the interviews were scheduled with the participants and each interview lasted between 20 and 60 minutes. Interviews were recorded by the permission of the participants, and in order to enhance the accuracy and precision of the collected data, the interviews were conducted immediately after each session. In order to preserve the confidentiality and code of research ethics, the relevant codes were referred to as citations (M interviewee codes).

Purposive and snowball sampling was used to select the study population; after each interview, the interviewee introduced other people.

Data were collected through semi-structured interviews consisting of 6 primary questions and 8 secondary questions. These questions were extracted from 5 pilot interviews and were affirmed by 6 faculty members of Kerman

University of Medical Sciences and were in line with the research objectives.

In terms of ethical considerations, the study participants were informed of the research purpose beforehand, their informed consent was obtained, their permission was asked to record the interviews, and they were assured of the confidentiality of their information.

The four criteria of "Credibility, Dependability, Confirmability, and Transferability" were implemented to strengthen the qualitative data in this study (14). To ensure the accuracy and credibility of data, the researchers were continuously in contact with the data and interacted with the participants. Regarding the dependability criterion, the study was conducted under the supervision of a learned professor in qualitative research and the study findings were confirmed by him. The researchers warranted research verifiability by maintaining

documentation at all stages. In addition, the study was a team-based research supervised by the professors of the Management Department who ensured both data dependability and confirmability. All the stages of research implementation were fully described to ensure transferability.

Framework analysis method was used to make the data usable. It contained 5 steps including: familiarization, identification of the thematic framework, indexing, charting and mapping and interpreting (15). Implementing all the stages was performed without software.

**Results**

In analyzing the data, 86 initial codes were extracted which given their overlap, were categorized into 2 themes and 8 sub-themes (Table 1).

**Table 1. Themes and subthemes pertinent with obstacles to intersectoral planning**

Themes	Sub-themes
Internal factors (under management control)	Stewardship Management Commitment Financing Training Information
Environmental factors (out of management control)	Policymaking Laws and Regulations Intersectoral Collaboration

**Internal Factors (under management control)**

The first theme of this study was Internal Factors that the manager can control using his or her organizational roles and responsibilities. This theme had 5 sub-themes: stewardship, management commitment, financing, training and information.

**Stewardship**

The stewardship of the compilation and implementation of the Health Master Plan of Kerman province was the Health Council and the Governorate. Stewardship plays a supervisory and supportive role in achieving goals; a role, which must be kept continuous. "The stewardship

*should monitor the executive agencies and asks them to carry out the programs. But in practice, they were not asked to do so and continued their work as before" (M 2). Or "The stewardship acted very poorly in overseeing the implementation of the Health Master Plan and it can be said that it had no oversight" (M 12).*

Stewardship should have acted in a way that could provide proper communications among organizations so as to make the Health Master Plan implementation convenient after its compilation. "We had to make the Health Master Plan Secretariat seem much more important through proper planning and goal-setting in the Governorate and the University Health Council but

we didn't. So after the Master Plan was compiled, the atmosphere was not much appropriate for the Secretariat to properly play its role and implement the Master Plan" (M 3).

### **Management Commitment**

Lack of management commitment is a barrier, which was referred to by most interviewees. Most of the interviewees believed that a great deal of the problems and obstacles arise out of the management department and its improper view of the Master Plan. "The idea that the Health Master Plan could have an impact on health promotion was generated by the governor himself and his deputies, but not all provincial administrators had such a view. We should not confine ourselves to key authorities to institutionalize the Master Plan; because they might not hold any longer such position after a few months. But middle managers may not be transferred within the organization that much. We should have worked to change the perspectives of these authorities in the organizations" (M 3). This inappropriate perspective brought about non-commitment among managers. This "caused them not to heed the Health Master Plan in their decisions and programs. And plan-providers did not know that their plans were covered in the Health Master Plan and did not include the Health Master Plan as an upstream document in their programs. If managers seek to set goals for their plans, they should consider the overall aims of the Health Master Plan. Planners and decision-makers are unaware that the Health Master Plan covers all aspects of health and that all programs must be formulated in line with the high-level documents. They do not know that this comprehensive Master Plan has covered all areas and programs" (M 7). Finally, "as the management did not request, no performance progress was reported. Thus, The Master Plan was considered as a plan which had been disregarded and thereby its importance was undermined" (M 4).

### **Financing**

Financing is one of the most important pillars of plan implementation. However, regarding the Master Plan, in practice "no guideline was defined for the organizations as to how individuals were to be involved in the implementation of the Health

Master Plan and how much budget was to be set for them" (M 6). "The aggregation of health-related budgets in the province can direct the provincial health accounts mentioned in the Health Master Plan to implement this Plan. This will turn the Master Plan into a national plan and help it be implemented as a provincial-level pilot. To this end, all organs must be guaranteed in this regard and place their budgets in a joint fund or there should be at least allocated and shared credits for the joint budgets" (M 11).

### **Training**

Before the compiling of the Health Master Plan, training sessions were held for senior executives but "information and training for the middle managers and experts of organizations were assigned to themselves. This led to the impediment of training" (M 11). Or "The lack of organizations' familiarity and ability to play their role in health domains impeded the implementation of the Master Plan, because of the fact that a great number of plans rested on research and education, with which the organs were not familiar and capable of" (M 5).

### **Information**

The scarcity and difficulty of gathering information at the time of Master Plan compilation was one of the reasons for not implementing it at the proper time, because "there were no valid indicators, and reliable and high-precision information for the Health Master Plan compilation, as well as no reliable evidence to decision-making and prioritization. Further, we did not have a clear and reliable system for obtaining information. On the other hand, there was time limitation, and the process owners didn't have consistent information to provide us with so that we could speed up work with the information and have equally effective programs. Where there was no proper information system, experts' views were inevitably used and finally, the priorities were extracted" (M 10). This situation led to decisions being made on the basis of information that depended on the views of individuals rather than reflecting the reality. This affected the implementation of the Master Plan. "Executive affairs and project work divisions should be managed through a comprehensive system, the organization's project risks should be defined and

*project development steps should be identified. It should be made clear that the project is being undertaken in this organization so as not to be duplicated by other organizations" (M 2).*

### **Environmental Factors (out of management control)**

The second theme found in this research was Environmental Factors, which included policymaking, laws and regulations, and intersectoral participation.

#### **Policymaking**

*"When we talk about the Health Master Plan, everyone has a different definition of it and this makes its implementation difficult. If a centralized work is to be carried out at the national level, it must have a specific framework. Also, the Master Plans must have similarities in their implementation and frameworks, rather than being completely different" (M 5).* This inconsistency was evident not only in the macro-scale plans, but also in the Health Master Plan, so that *"in compiling the Master Plan, finding problems was endorsed rather than making policies" (M 4).* Beyond that, *"the policymaking had not yet been fully realized and needed more time" (M 3).* This implies that policymaking must be both all-inclusive and operationalized; something that will take time.

#### **Laws and Regulations**

The proper implementation of high-level plans should be nationally legalized and *"the implementation of the Health Master Plan should have been obligated for the senior managers and the middle managers of organizations affecting Health and University so that the changes in managers' positions hadn't impeded the implementation" (M 8).* Because *"most managers at different provincial levels were replaced for political or other reasons. Such management changes greatly impaired the Master Plan and made it be forgotten in most organizations" (M 4).* Also, *"if we had possessed strong rules and requirements for intersectoral participation, the organizations should have taken the initiative in the formulation and implementation of the Master Plan rather than not even cooperating" (M 12).* *"Due to the lack of legal requirements and the reluctance and preoccupation of managers, we suffered from major*

*weaknesses in making all organs to join at all stages of the Master Plan compilation. The less participation there is in a project, the greater the likelihood of error and failure in its implementation" (M 9).*

#### **Intersectoral Participation**

The provincial Health Master Plan rests on upstream documents and Iran's 1404 Vision Policy. Considering the vast scope of these plans, there should be opportunities for cooperation, participation and exchange of experiences in the country. However, *"no relationship was established between those provinces that compiled the Health Master Plan and they did not use each other's experiences" (M 5).* *"This is the cultural problem of our country where teamwork is difficult because of its routine affairs. The only way to build this culture is to observe problems and resolve executive problems" (M 1).* If we cannot institutionalize this culture, *"each organ would pursue its own mission and find its mission more important than the health issue. This lessens intersectoral participation or even brings it to zero" (M 11)* because no communication was established and *"Organizing the workforces and the secretariat of the Master Plan at the university and its relationship with other organizations was one of the key drawbacks of the non-implementation of the Health Master Plan" (M 3).*

#### **Conclusion**

In the present study, two themes of Internal Factors and Environmental Factors were identified alongside 8 sub-themes as the most important obstacles to long-term intersectoral health planning.

The Health Master Plan specifies priority areas through defining acceptance criteria, evaluating and determining standards, aligning executive plans, establishing comprehensive databases, identifying the investment system and allocating resources (16). The Health Master Plan was set forth to bring all health-related organizations into the health domain and to highlight the importance of health and purposeful work in the health field, while also reminding that health realization requires public participation (7).



As defined in the WHO report, the health system seeks to promote public and societal health, improve the responsiveness of the health system to the population it serves and assure fairness in financial contribution. To achieve these goals, four functions of stewardship, creating resources, financing and delivering services must be taken into account (17). The results of the present study also displayed that one of the most leading causes of the delayed implementation of the Health Master Plan was problems related to stewardship. Moreover, Hong et al. mentioned factors including financial resources constraints, manager's troubles, inflexible organizational culture, inefficient organizational structure, poor perception of strategies and poor organizational communications as the obstacles to implementing a strategic plan (18).

Commitment is one of the principles which needs to be taken into account in planning, because if plans are prepared based on the commitment and responsibility of the planners and are executed by committed individuals, they are more likely to get succeeded. In the case of managers' non-commitment, the necessary facilities to execute plans would not be provided and the staff will not have the necessary incentive to run the program (19). In the present study, managers' non-commitment was defined as the most important factor preceded by stewardship. This finding is consistent with Latif et al. (20) as well as Abdollahzade Barforoush and Haji Heidari (21). Similarly, Sull and Spinosa showed that increased management commitment leads to the effective implementation of strategies (22).

The study results showed that non-financing was an obstacle to the implementation of the Master Plan. In this regard, Mahmoodian et al. concluded that meeting the required budgetary needs is one of the challenges of organizational planning (11). Further, Mosadeghrad et al. realized that the ambiguous budget of the State Welfare Organization was one of the challenges in the way of developing its Strategic Plan and it was found that without budgetary commitment, many of the activities would not be implemented (19). Other studies have also emphasized the

importance of appropriately allocating financial resources to plans (23,24) and have recognized resource scarcity as an important obstacle to implementing programs (20,25,26). Hrebiniak also identified lack of financial resources as one of the factors influencing the non-implementation of strategic decisions (27). In Cascella's view, there are three main reasons for poor implementation of strategic plans: lack of proper organizational communication at organizational levels, inadequate allocation of resources, and inadequate operational measures (28).

Mahmoodian demonstrated that training, developing the culture of team working and effective management lead to the more complete implementation of plans such as accreditation. In addition to positively affecting the staff performance, they reduce the challenges of implementing health plans (11). The study at hand also proved that the proper implementation of managerial roles and duties, training, teamwork, and active participation in high-level plans are counted as key tasks. As Milner demonstrated, there are deficiencies in the areas of communication, participation, and training to implement accreditation programs (29). These results confirm the findings of the present study. Ngonjo and Sindani; Mosadeghrad also endorsed the importance of training the planning team (30,31), because regularly providing the necessary training prior to the plan implementation makes managers and staff aware of planning and grasps their attention to its importance and benefits in the organization and facilitates the plan implementation path (32).

Planning requires information and communication to make the best decisions. Further, the rapid changes in external organizational factors, organizational development, and the complexity of management systems increase managers' need for information, so that without information, managers would not be able to properly perform any of their duties (33). In this regard, the present study showed that inaccurate information caused the existing situation to be misidentified and subsequently brought about

problems for the Health Master Plan. Kabir et al. also referred to the inadequacy and inconsistency of communication patterns, which lead to the failure of organizational goals (34). Rahimnia et al. also enumerated factors affecting failure to execute strategic decisions as following: improper structure, inadequate resource allocation, lack of proper control system, lack of appropriate rewarding system, poor and incomplete communication and lack of proper motivation system (35). These findings are in line with the results of the present study in which Internal Factors are reported as the most important causes of planning failure.

Attracting intersectoral participation to provide and promote comprehensive health development is one of the goals set forth by the Ministry of Health which strives to incorporate this theme into comprehensive programs and endorses the spirit of intra- and inter-organizational cooperation and effective and all-embracing communication (36). The present study also showed that lack of organizations' attention to participation in health domains has brought about failure in properly implementing the Health Master Plan. Rahmani et al. also pointed to the problems arising out of the lack of intersectoral participation in implementing strategies in the Tax Administration of Golestan Province (37)

Consistent with the findings of this research, a study, which was conducted on the chief barriers to achieving strategic goals in Qazvin University of Medical Sciences, showed that 82% of them are intra-organizational (38). Therefore, as the major barriers are found within the organization, it can be said that environmental factors can be mitigated and partially avoided in the light of managerial measures.

### Conclusion

Health is one of the most essential needs of any society which must be planned for. Any plan, particularly long-term and intersectoral plans, requires participation, providing resources and legal requirements; but in planning failure, internal factors are far more influential than environmental factors so that managerial

measures can mitigate the impact of external threats.

There are two main pillars in implementing programs: one is policymakers, planners and executives and the other is participants and collaborators who will facilitate plan implementation. If the two pillars work correctly and the goals are aligned with the status quo and through collective participation, the plan will be fully implemented.

The scarcity of previous research pertinent to this field in our country was the main limitation of this study, which limited the possibility of comparing intersectoral planning. Among the other limitations of this study, reference can be made to participants' career occupations. That was why the researcher scheduled individual meetings with each of them and thus it was not possible to summarize and brainstorm all of their comments and ideas through group panels.

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### Conflicts of Interest

All authors hereby certify that there is no conflict of interest.

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