Determining the best Strategy in the Ministry of Health and Medical Education of Iran with the strategic planning model approach

Banar Ahad ¹, Kazemeini Hossein ²*, Mehrabi Jamshid ³, Maleki Fatemeh ⁴, Golnezhad Morteza ⁵ Mahmoudipour Maedeh ⁶, Roohi Narges ⁷, Maleki Dayood ⁸

- 1-Deputy for Public Health, Ministry of Health and Medical Education and Department of Public Management, Central Tehran Branch, Islamic Azad University, Tehran, Iran.
 - 2- PHC Center, Ministry of Health and Medical Education, Tehran, Iran. (Corresponding author)
- ${\it 3-Department of Public Management, Faculty of Management, University of Ghaemshahr, Mazandaran, Iran.}$
 - 4- Department of PHC, Ministry of Health and Medical Education, Tehran, Iran.
 - 5- Director of ICT Office in University of Applied Science and Technology, Tehran, Iran.
 - 6- Department of PHC, Torbat-e Heydariyyeh Medical University, Iran.
 - 7- Deputy of Public Health, Ministry of Health and Medical Education, Tehran, Iran
 - 8- Department of International Law, Ministry of Economy and Finance Corresponding author: Hossein Kazemeini

Abstract

The importance of developing a strategy at the organization level in the face of complex environments has been largely discussed in various research, but the need to pay attention to them is so great that it will be very effective in achieving organizational excellence. The purpose of this study is to consider this and select the top strategy in the Ministry of Health based on the model of the strategic planning process based on prescriptive attitudes. The present study is applied study. Study was conducted in 2012-2013 at the Operational Planning Headquarters of the Ministry of Health with a population of 33 planning managers. In terms of collecting data is descriptive and field study and research method is library and survey. Data collection tools are library studies, interview and questionnaire that were analyzed using matrixes of the strategic planning process. Out of the four identified strategies: increased access to services, trained staffing, improved awareness and increased community health literacy, and appropriate infrastructure for equally benefiting from services, the strategy for increasing access to services, with 136 points in the Strategic planning Stakeholder Model Matrix and 4.6 in the Quantitative Strategy Planning Matrix (QSPM), was identified as a top priority in the Ministry of Health. The results of this research can help improve performance in today's complex organization environment. The selection of the Ministry of Health's best strategy is one of the findings of this study that helps university directors and affiliated organizations to formulate their own plans based on this strategy and based on this process. Strategy, Strategic Planning, Prescriptive Attitude, Ministry of Health.

Keywords: Best Strategy; QSPM; Strategic planning; Ministry of Health and Medical Education.

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I. Introduction

Strategic planning is a process that most successful organizations use to manage their programs and activities with a long-term horizon and to implement missions and organizational goals. Thiskind of planning, if properly used and developed, leads to the selection of strategies that, if executed correctly and on time, brings the organization's competitive advantage [1]. When this important process succeeds in the organization, it affects all operational areas and ultimately becomes a part of organizational philosophy and culture [2]. In the process of strategic planning, it is important to formulate strategies and determine the main strategies. The organization's strategy represents how to reach the desired point and goal of the organization [3].

Strategy is also the processof determining the long-term goals of the organization, choosing the path and the mode of activity, and providing the necessary resources to achieve these goals [4]. Strategies introduce tools that help organizations achieve their long-term goals [5]. The organization's strategy shows how the organization intends to value the interests of its customers and members [6]. Various methods and patterns have been proposed for categorizing different strategies and choosing the best strategy, including the studies of

Porter, Miles and Snow, Slater et al., Which were also considered by other researchers such as Croteauand Bergeron [7][8][9][10]. In recent years, competition among organizations has grown and organizations have to develop strategic indicators to improve their organizational performance and competitive advantage [11]. In order to maintain its competitive advantage, businesses need to effectively align their strategies with the goals of the organization and consider the indicators based on the organization's strategies [12][13].

Strategies make the organization go beyond its present state in the gradual stages and reach the target base in the future [14]. In order to achieve such a situation, organizations tend to try to transform their core assets into key competencies in a value chain and therefore have a competitive advantage [15]. The importance and necessity of formulating a strategy at the level of the Ministry of Health have been considered in research, but less studies have been conducted on the evaluation of developed strategies and the choice of the preferred strategy in order to achieve the competitive advantage of the organization.

Theoretical

Strategic planning in the Ministry of Health and in general health has followed a coherent trend over the past years. During this period, the process of strategic planning has been hierarchical and haslevel. At the first level of this process, the vision of the country is considered as the basis and basic document. At the second level of this process, the health perspective of the country is presented.

The country's health perspective is being compiled in accordance with the country's vision document and identifying the health sector's strategies. At the third level of this process, the overall policy adopted by the system in the field of health is determined. These policies are elaborated and coordinated with the various departments and agencies of the country in the field of health. At the next level from the planning process, quantitative macroeconomic targets are developed in countrydevelopment programs (Fifth CountryDevelopment Plan).

At the next level of this process, which is conducted at the level of the headquarters of the Ministry of health, the quantitative and health objectives are defined in the medium term. These goals are developed in cooperation with different internal and external departments and along with the main strategies and support, approved by the council of deputies and the ministry decision-maker, and operational planning is also carried out to implement strategic plans [16].

The direction and the mission of the health system in the strategic planning process

The Community Healthis the responsibility of governments and is one of the preconditions for realizing sustainable development. Experienced and empowered staffing, research achievements, collaborative activities in the environment, widespread communication and social networking across the country and popular participation in different sectors are considered as the most important competitive advantage for the health system. Organizational structure, goals, management practices and financial, human and information resources, and political, social, economic, technological, environmental and international contexts are one of the most important weaknesses indifferent parts of the health system in the country especially for long-term planning and achievement of goals in the direction of their mission [16][17].

The first part of the organization's headquarters is its mission. The mission represents the organization's creation and is, in fact, the cause of the organization's existence. The mission of the organization is presented within the mission statement. A mission statement is a document that distinguishes an organization from other organizations and defines its range of activities [14]. The mission, general beliefs of the managers of an organization about the target, capabilities and position of the organization in the environment justifies the existence of the organization [14]. Mission is the official statement of the fundamental objective behind the existence of an organization [19].

Special attention to the health system in the strategic planning process

The organizational perspective represents the future position of the organization. In fact, in the organizational perspective, the question "How will the future of the organization be? Will be answered[14]. The future and the hopes that the management of the organization would ultimately know for the organization [20].

According to the health system's mission in the 1404 horizons, the country will be with a healthy and capable society and people with health literacy, including the analysis and use of information and health services, and the informed choice of care and health, and having a healthy lifestyle and healthy families, and lowest health threats [16].

The Islamic Republic of Iran in the health sector, with its maximum utilization of its power and capabilities in various fields, including organizational, informational, human, etc., is responsive to the needs of people in the field of health, and will inspire a model for the countries of the region [16].

The fundamental values of the health system in the strategic planning process

In each organization, the fundamental beliefs that are cherished and there is sensitivity to them are valuable. Value represents the principles that are considered to be superior to the organization in terms of both internal and external environment [20]. For the health system, five fundamental values can be stated that these values are defined as follows:

- ✓ All-round health: including physical, mental, social and spiritual health. This value as a national and transnational value will bring about the cooperation and influence of all social institutions.
- ✓ Human dignity: This value takes into account the inherent and dominant value of human beings.
- ✓ Maximum possible health as the right of all people to benefit from quality health care is considered as the natural right of all people.
- ✓ Justice: Here, in addition to the general concept of justice, Justice in the utilization of health services and equity in health financing is considered.
- ✓ Social cohesion: Co-ordination between different sectors and stakeholders of society is considered as another value [16].

II. Materials and Methods

In the present study, the purpose of the research is the applied research method. In terms of research methodology, a qualitative approach and a quantitative method of strategic planning matrix have been used for analysis. The method of collecting information and data is descriptive and field studies. The research method is library and survey method. The tool for collecting information in this study is library studies and interviews with a group of experts and managers of the Ministry of Health.

In the first stage, reviewing and reviewing the subject matter was done using various sources such as books, articles and theses, valid and relevant documents related to the subject and collecting the concepts and literature of the research. In the second stage, the survey section of the research was interviewed using an openended questionnaire with managers and experts of the statistical community. Quantitative information was obtained and summarized using tables and matrices prepared for the research.

In the third step, Quantitative information and data collected are analyzed using the matrices and tables of the strategic planning process and the results were determined.

Also, in this research, a study was conducted on 50 experts, consultants and managers of various functional areas of the Ministry of Health at the Operational Planning Headquarters of the Ministry of Health in 2017-2019. Considered as the study population istaken. For this purpose, the method proposed by Henry and Parker was used to determine the minimum sample [21].

In this research, as the total number of people in the statistical society is less than 200 cases and equal to 50, the number of statistical samples is equal to the total population of the statistical population. As a result, it was not necessary to use random numbers and to determine the number of samples.

The data collected were used in strategic planning tables and matrices, which are presented in the following sections. For this purpose, the researcher referred to each of the staff members and then explained during the briefing session, the necessary explanations, and the method and stages of the research for them, and received quantitative data from them. Simple method was used to use these quantitative data in the tables and final matrices. Because there was no definite criterion for weight allocation to the opinions of each interviewee, the use of weighted average was not possible to calculate the final quantitative data and the simple mean method was used.

III. Findings

According to the data obtained from the population of the research in the demographic range, 25 people are male and 8 are female. 75.7 percent of the statistical population is male and 24.3 percent is female. Of these, 11 had MA and 22 had doctorate, As a result, 33.3 percent of the people were MA and 66.7 percent of those had a doctorate.

The main findings of the research have shown that internal factors and external factors affecting the health system, including opportunities, threats, and weaknesses and powers, are of equal importance and their impact on choosing the main strategy of the Ministry of Health by gaining close scores(2.55 and 2.48 with the same coefficient of importance) the analysis of tables and matrices is approximately equal. However, the importance of external factors in choosing a superior strategy is slightly more than internal factors.

Also, the findings showed that in terms of competitiveness, the Ministry of Health has a lower level than its main rivals in the health system of the country.

The results of analysis of the matrices mentioned in the last two matrices were used and analyzed. The results show that in the quantitative Strategic Planning Matrix (QSPM) based on the strengths, threats and opportunities identified by the coefficient of significance and the scores of attractiveness, the increase in access to services by obtaining a final score of 4.6 was considered as a major strategy. Also suitable placement

strategies for the same benefit from services with a final score of 4.46, recruited trained and experienced staff with a final score of 4.3, and a strategy for improving awareness and increasing the health literacy of the population with a final score of 4.16 are next.

Also, matrix analysis of stakeholder model in strategic planning showed that based on environmental factors and the viewpoint of planning experts, increasing access to services by obtaining a final score of 137 are the main strategies of the Ministry of Health and the appropriate substrate strategy for the same benefit of the services with the score of 77 is in the next rank.

The main objectives of the health system

As discussed in the previous sections, improving community health and improving service delivery and quality of services provided to people at various levels is considered as the main goal of the health system. Although clear objectives for the activities of the Ministry of Health have been taken into account in various areas, the main focus of the organization's activities in the health system is on its main objective, namely to promote community health and fair access to health care for Community members [17].

Critical factors facing the health system

At present, people's access to quality and fair services at various levels is a concern for the Ministry of Health. The implementation of important plans such as the Family Physician Program and referral system in recent yearshave highlighted the importance and the place of quality and justice in health services [16][17].

Prognosticating the organization's future with respect to these main goals of the organization

It seems that the health system of the Islamic Republic of Iran and the Ministry of Health, as the main custodian, are planned and regularized with attention to and highlighting items such as health map and economic, social and cultural development programs of the country and executing and operating the exact health system related issues in these programs, by introducing fundamental changes in the health system of the country, will promote the development of community health excellence in the organizational horizons[16][17].

Collecting environmental information (internal and external factors evaluation matrices)

External factors are a group of factors that form the external environment of the organization that are largely uncontrollable and affect organizational processes and create opportunities and threats. Internal factors are also a group of intra-organizational factors that constitute organizational strengths and weaknesses [22]. In this section, we examine the inputs for organizing the strategies of the organization. Quantitative data from this section of the statistical population of the study, have been collected. As shown in Tables 1, this stage involves the study of external and internal factors [23].

Table 1: External and Internal Factors Evaluation Matrix (EFE and IFE)

External factors	Importance factor	Rank	Score
Opportunities			
Improved age and sex composition and natural population growth	.06	2	.12
Increasing the coverage of health insurance	.06	1	.06
Increasing the literacy rate among the community	.04	3	.12
Increasing the percentage of private sector services	.05	3	.15
Increasing the number and percentage of graduates in medicine and sub-disciplines	.06	4	.24
Increase the budget and healthcare credits	.06	3	.18
Improve the status of tariffs for health services	.05	2	.1
Attention to the health sector in the parliament and government and other institutions	.06	3	.18
Development and improvement of the status of subsidiary organizations (medicaluniversities, etc.)	.06	4	.24
The quantitative and qualitative expansion of independent and popular and scientific organizations (NGOs)	.04	2	.08
Threats		•	•
Increased mortality rate in target population (infants, children, mothers, general)	.06	3	.18
Increase in the incidence and prevalence of diseases	.06	3	.18
Increasing the average age of marriage	.05	2	.1
Unofficial and undefined Received money from patients	.04	2	.08
Drug Abuse	.04	2	.08
Increasing patterns of inappropriate and harmful nutritional and physical behaviors	.05	2	.1
Low attention of community members to periodic tests and their necessity	.04	1	.04
Increasing inflation in the community and health sector (services and medicine, etc.)	.05	3	.15
Reduce the cost of households in the health sector	.04	2	.08
Increase in exchange rates and global sanctions	.03	3	.09
Total	1	-	2.55
internal factors	Importance	Rank	score

	factor	1 to 4	
Strengths			
Training programs and staff upgrades	.06	2	.12
Proper organizational structure and requirements	.06	4	.24
Ownership of property and buildings and possessions	.03	3	.09
Organizational Management at Different Levels	.06	2	.12
Appropriate rules and regulations	.05	2	.1
Written Regulations and Instructions	.05	3	.15
Clarity of organizational goals	.05	3	.15
Supportive and Motivational Programs for Managers	.05	4	.2
Coherent and accurate monitoring and evaluation	.05	2	.1
Specific duties and authority	.05	3	.15
weaknesses		•	
Lack of required human resources and available personnel (age composition and	.05	2	.1
scientific levels, etc.)			
Reduce the amount of employment of required human resources	.06	2	.12
Low payment, Welfare status and personnel satisfaction Relative to the existing working conditions	.05	1	.05
Increased organization costs	.04	2	.08
Inadequate and inappropriate coordination in some parts of the organization	.03	3	.09
The weakness and lack of integrity of the information and data in the internal system	.05	2	.1
The lack of accurate and up-to-date information	.06	2	.12
Organizational bureaucracies	.05	3	.15
Lack of proper power in the system to meet needs and demands	.05	2	.1
Increasing and expanding the provision of Costly healthcare	.05	3	.15
Total	1	-	2.48

The results of external factors assessment (EFE) matrices and internal factors evaluation (IFE) show that the organization In terms of external and internal factors, in general, is in a relatively decent position.

Compare with competitors using the CPM matrix

Before designing a strategy and choosing a solution, it should evaluate the status of the competitors. The CPM Matrix introduces the main competitors of a company with all its strengths and weaknesses. This matrix is the same as the expansion of the IFE matrix, and in fact the coefficients and sum of the scores of the two matrices have the same meaning, But CPM's existing factors are internal and external and the ratings represent the strengths and weaknesses.

As shown in Table 3, the Competitive Evaluation Matrix (CPM) can be used to compare firms with competing companies. This analysis sometimes results in important from inside the organization[23].

Table 2:Review competition Matrix (CPM)

D	The main factors of	ctors of Weight		Ministry of Health		of Co-operation, d Social Welfare	Private sector firms and cooperatives		
Row	success	factor	score Weighted score Weighted		Weighted score	score	Weighted score		
1	Financial power	.2	4	.8	3	.6	4	.8	
2	Market share	.15	3	.45	2	.3	3	.45	
3	Competitive price	.1	2	.2	2	.2	2	.2	
4	management	.15	3	.45	4	.6	4	.6	
5	How to provide services	.1	3	.3	4	.4	4	.4	
6	Quality of service	.2	4	.8	3	.6	3	.6	
7	advertisements	.1	3	.3	3	.3	2	.2	
	Total	1		2.5		3		3.25	

According to the results of the Competitiveness Review Matrix (CPM), two other rivals are in a better condition and more powerful than the Ministry of Health in the current situation.

Identify the nature of the main strategy using the IEM matrix

The use of this matrix is to formulate a strategy at the company level and in different parts of a collection or products manufactured by an organization, whether public, private or nonprofit. In this matrix, the status of an organization in a functional environment are examined in a schematic diagram. This matrix is based on two key dimensions. As can be seen in Table 3, the sum of scores obtained from the evaluation of internal factors on the horizontal axis and the sum of scores obtained from the evaluation of external factors on the vertical axis is considered [23].

Table 3: Identifying the nature of the main strategymatrix (IEM)

	The final score of internal factor assessment-IEF									
Weak	medium	S		Strong						
					Strong		Final score for evaluating external			
	✓				Medium		factors-EFE			
					Weak					
				Develop	ment strategy					
				Stability strategy						
				Retreat strategy						

The results of identifying the nature of the main strategyMatrix(IEM) based on the scores obtained from external and internal factors evaluation matrices indicate that the nature of the company's main strategy is steady. However, in the dimension of external factors, the tendency toward development is also apparent.

Comparison step

At this stage, the strategies aligned with the missions and the internal and external agents of the organization are identified [14][23]. According to Table 5, at this stage, the strengths and weaknesses of the organization, along with threats and opportunities of the organization, are examined in the form of a matrix. In fact, the purpose of drawing this matrix is to cover threats using the strengths of the organization and exploiting opportunities to address the weaknesses of the organization.

Swat Matrix (SWOT)

In fact, SWAT matrix is a tool for comparing information from the main internal and external factors of the organization [14]. Table 4 presents the results of this matrix.

Table 4:SWOT Matrix (SWOT)

	Strengths (S)	Weaknesses (W)		
	Training programs and staff promotion	Lack of required human resources and available personnel (age composition and scientific levels, etc.)		
	Proper organizational structure and requirements	Reduce the amount of employment of required human resources		
	Ownership of property and buildings and possessions	Low payment, Welfare status and personnel satisfaction Relative to the existing working conditions		
	Organizational Management at Different Levels	Increased organization costs		
	Appropriate rules and regulations	Inadequate and inappropriate coordination in some parts of the organization		
	Written Regulations and Instructions	The weakness and lack of integrity of the information and data system in the internal system The lack of accurate and up-to-date information		
	Clarity of organizational goals			
	Supportive and Motivational Programs for Managers	Organizational bureaucracies		
	Coherent and accurate monitoring and evaluation	Lack of proper power in the system to meet needs and demands		
	Specific duties and authority	Increasing and expanding the provision of Costly healthcare		
Opportunities (O)	strategies (SO)	strategies (WO)		
Improved age and sex composition and natural population growth				
Increasing the coverage of health insurance	✓ Increase access to services;	✓ Recruiting trained personnel;		
Increasing the literacy rate among the community	✓ Use of native and expert human resources;	✓ Reduction and moderation of overhead manpower;		
Increasing the percentage of private sector services	✓ Accurate and coherent training programs.	✓ Strengthening management and information systems in the subsystems.		
Increasing the number and percentage of graduates in medicine and sub-disciplines				

Increase the budget and healthcare credits		
Improve the status of tariffs for health services		
Attention to the health sector in the parliament and government and other institutions		
Development and improvement of the status of subsidiary organizations (medical universities, etc.)		
The quantitative and qualitative expansion of independent and popular and scientific organizations (NGOs)		
Threat(T)	strategies (ST)	strategies (WT)
Increased mortality rate in target population (infants, children, mothers, general) increase in the incidence and prevalence of diseases Increasing the average age of marriage Unofficial and undefined Received money from patients Drug Abuse Increasing patterns of inappropriate and	 ✓ Empowerment of staff and manpower; ✓ Increasing the coverage of health insurance 	 ✓ Improvement of the health network coverage; ✓ Increase general education programs;
Low attention of community members to periodic tests and their necessity Increasing inflation in the community and health sector (services and medicine, etc.) Reduce the cost of households in the health sector	✓ Improving awareness and increasing the health literacy of the community.	✓ Appropriate foundation for the same benefit of the service.

Quantitative Strategic Planning Matrix (QSPM)

In this section, using the scientific analysis and using intuitive judgment, possible strategies are identified and then their priorities are dealt with, and, while determining their relative attractiveness, superior strategies will be identified [23]. In this section, we review the proposed strategies in the SWOT matrix according to the current situation of the company.

- ✓ (SO1) increasing access to services;
- ✓ (WO1) Attraction of trained and experienced human resources;
- ✓ (ST1) Improving awareness and health literacy of the community
- ✓ (WT1) Appropriate fitting for the same benefit of the service

As shown in Table 5, we use the quantitative Strategic Planning matrix to select the superior option.

Table 5: Quantitative Strategic Planning Matrix (QSPM)

External factors		Increase access to services		Employment of staff and manpower		Improving awareness and increasing the health literacy of the community		Appropriate fitting for the same benefit of the service	
Opportunities	Coefficient	charm score	Sum of the charm score	charm score	Sum of the charm score	charm score	Sum of the charm score	charm score	Sum of the charm score
Improved age and sex composition and natural population growth	.06	1	.06	1	.06	1	.06	2	.12
Increasing the coverage of health insurance	.06	4	.24	2	.12	1	.06	3	.18
Increasing the literacy rate among the community	.04	3	.12	1	.04	4	.16	2	.08
Increasing the percentage of private sector services	.05	4	.2	2	.1	2	.1	4	.2
Increasing the number and	.06	3	.18	4	.24	3	.18	3	.18

				0.7					
percentage of									
graduates in									
medicine and sub-									
disciplines									
Increase the									
budget and	.06	2	.12	3	.18	2	.12	3	.18
healthcare credits	.00		.12		.10	_	.12	3	.10
Improve the status									
	.05	2	.1	1	.05	1	.05	3	.15
of tariffs for health	.05	2	.1	1	.03	1	.03	3	.13
services									
Attention to the									
health sector in the	0.6		06	1	06	2	10	1	06
parliament and	.06	1	.06	1	.06	3	.18	1	.06
government and									
other institutions									
Development and									
improvement of									
the status of									
subsidiary	.06	2	.12	2	.12	2	.12	2	.12
organizations									
(medical									
universities, etc.)									
The quantitative									
and qualitative									
expansion of									
independent and			<u> </u>	_	20	_	20		<u> </u>
popular and	.04	1	.04	2	.08	2	.08	1	.04
scientific									
organizations									
(NGOs)									
Threats									
				l		l .	I	I	I
Increased									
mortality rate in	06	2	10	2	10		24	2	12
target population	.06	3	.18	3	.18	4	.24	2	.12
(infants, children,									
mothers, general)									
Increase in the									
incidence and	.06	2	.12	2	.12	3	.18	3	.18
prevalence of		_							
diseases									
Increasing the									
average age of	.05	1	.05	1	.05	2	.1	1	.05
marriage									
Unofficial and									
undefined	.04	1	.04	1	.04	1	.04	1	.04
Received money	.04	1	.04	1	.04	1	.04	1	.04
from patients									
Drug Abuse	.04	2	.08	1	.04	3	.12	2	.08
Increasing patterns									
of inappropriate									
and harmful	.05	2	.1	1	.05	3	.15	3	.15
nutritional and	.05	_		1	.03		.13		.13
physical behaviors									
Low attention of									
community	0.4	2	10	1	0.4	2	10	2	10
members to	.04	3	.12	1	.04	3	.12	3	.12
periodic tests and									
their necessity									
Increasing									
inflation in the									
community and	.05	1	.05	2	.1	1	.05	1	.05
health sector	.03	1	.03		.1	1	.03	1	.03
(services and									
medicine, etc.)									
Reduce the cost of									
households in the	.04	2	.08	1	.04	1	.04	3	.12
health sector									
Increase in									
exchange rates and	.03	1	.03	1	.03	1	.03	1	.03
global sanctions	.55		.55		.55	•	.55	_	.55
Total	1		2.03		1.74		2.18		2.25
Strengths			2.00		2.77		2.10		2,20
Training programs	.06	2	.12	3	.18	2	.12	3	.18
rranning programs	.00		.12	د	.10	<u> </u>	.12	J	.10

and staff									
promotion									
Proper									
organizational	.06	1	.06	2	12	2	.12	2	12
structure and	.06	1	.06	2	.12	2	.12	2	.12
requirements									
Ownership of									
property and	.03	3	.09	1	.03	1	.03	3	.09
buildings and									
possessions									
Organizational									
Management at	.06	4	.24	3	.18	2	.12	3	.18
Different Levels									
Appropriate rules	.05	3	.15	4	.2	3	.15	3	.15
and regulations	.03	3	.13	4	.2	3	.13	3	.13
Written									
Regulations and	.05	2	.1	3	.15	3	.15	2	.1
Instructions	.02	_						_	
clarity of	05	2	1.5	2	1.5	2	1	2	1.5
organizational	.05	3	.15	3	.15	2	.1	3	.15
goals									
Supportive and									
Motivational	.05	2	.1	3	.15	2	.1	1	.05
Programs for	.03	~		,	.13	[•	.03
Managers									
Accurate and									
coherent training	.05	3	.15	1	.05	1	.05	2	.1
programs			-						
Specific duties and									
	.05	1	.05	3	.15	1	.05	1	.05
authority	L	<u> </u>	L	<u> </u>	<u> </u>	L		<u> </u>	
weaknesses	ı	1	1	1	1	ı	T	T	ı
Lack of required									
human resources									
and available									
personnel (age	.05	3	.15	4	.2	3	.15	3	.15
composition and									
scientific levels,									
etc.)									
Reduce the									
amount of									
employment of	.06	3	.18	4	.24	1	.06	3	.18
required human		_							
resources									
Low payment,									
welfare status and									
personnel	05		05	2	1.5	4	05	2	
satisfaction	.05	1	.05	3	.15	1	.05	2	.1
relative to the									
existing working									
conditions									
Increased	.04	1	.04	3	.12	2	.08	1	.04
organization costs	.04	1	.04		.12		.00		.04
Inadequate and									
inappropriate									
coordination in	.03	2	.06	1	.03	3	.09	2	.06
some parts of the		1 -		1			,	_	
organization									
The weakness and									
lack of integrity of	05	2	1.5		0.5			4	05
the information	.05	3	.15	1	.05	2	.1	1	.05
and data in the									
internal system									
The lack of									
accurate and up-to-	.06	3	.18	1	.06	1	.06	1	.06
date information									
Organizational		_		_	_	_		_	
bureaucracies	.05	3	.15	2	.1	1	.05	1	.05
Lack of proper									
Lack of proper									
power in the	05			4	2	2	1.5	2	1.5
system to meet	.05	4	.2	4	.2	3	.15	3	.15
needs and									
demands									
Increasing and	.05	4	.2	1	.05	4	.2	4	.2
		_							

expanding the provision of costly healthcare					
Total	1	2.57	2.56	1.98	2.21
total sum		4.6	4.3	4.16	4.46

The analysis of quantitative Strategic Planning Matrix (QSPM) results shows that according to the calculated privileges, the strategy of increasing access to services due to higher scores is a priority and is the best strategy of the organization.

Investigate stakeholder model in strategic planning process

The emergence of a stakeholder model in strategic planning is based on Freeman's theory (1984). According to this theory, the management of an organization is responsible for paying attention to the rights of all stakeholders and maintaining their interests, and it has to coordinate and integrate different aspects of the expectations and motivations of competition and stakeholder participation in the organization's existential philosophy.

As in Table 6, in this matrix, the selected strategies are examined for environmental impacts (economic, political, social, cultural, technology, and other environmental factors). At this stage, each strategyin environmental factors referenced is characterized by 3 parameters. In fact, the final score of the effect of an environmental factor in each strategyis specified with the product of the multiplication of two parameters, the effect of that environmental factor on the strategy (from 5+ to 5- strongly-positive to highly negative axis of this parameter) and the relative importance of the environmental factor in the realization of the strategy (from 0 non-essential to 10 very important) [23].

Table 6: Matrix of Stakeholder Model in Strategic Planning

					strategies					
Environmental Factors	Increase ac		Employment of staff and manpower		Improving av increasing literacy of the	the health	the same be	Appropriate fitting for the same benefit of the service		
TT	8	4	5	2	5	1	4	3		
Economic	32		10		5	5		12		
nolitical	3	1	4	2	3	2	5	2		
political	3		8		6		10			
Social	8	4	5	2	8	4	5	3		
Social	32		10		32	2	15	15		
Cultural	6	3	4	2	6	4	4	4		
Cultural	18		8		24		10	16		
Tachnalagy	9	5	5	3	7	4	6	3		
Technology	45		15		28	3	18			
Other Factors	3	2	3	2	3	2	3	2		
o mer i uetors	6		6	6		6		6		
Total	136		57		10	1	7'	77		

The results of the stakeholder model matrix analysis indicate that increasing access to services with the highest score among the four organizational strategies is considered as a major strategy in the Ministry of Health.

IV. Discussion

Based on the results of the matrices used in the strategic planning process, stakeholders believe that the first priority is the strategy to increase access to services which is approved by score 136 for this strategy in Table 7.Experts from the field of strategic planning and strategists also believe that, Because in the Strategic Planning Matrix, this strategy is rated 4.6 as a top strategy. Accordingly, it can be confirmed that increasing access to services in the Ministry of Health can be identified as a top strategy in the strategic planning process.

Also, according to one of the strategic documents of the health system titled "Health and its social determinant factors, the main strategy toexpand equity in health and creating a fair opportunity for all", the creation of justice in the health system and the equal and fair access of all people in society as a Strategic and main target in the health system of the country has been determined.

Of course, this large strategy has been accompanied and completed by sub factors such as fairness in care, including equal access, equal enjoyment and equal quality, which suggests that the results of this research in the view of planning managers are consistent with the document. Based on the results of this study, increasing access to priority services is the main strategy in the Ministry of Health.

Also, by comparing the results of the present study with the other strategic documents of the health system and strategic policies of the Ministry of Health in the Third Development Plan, which includes twenty nine macro strategic subjects, indicate improvement access to quality services in the health system and the creation of a suitable platform for the equal access and benefit of health services to all people are of the priorities set out in this document, which are clear in policies 1, 7, 11, 23 and With two strategic priorities derived from the results of the research, the increase of access to services and the proper setting up for the same benefit of the services has a significant overlap and adaptation.

By comparing the results of this research with some researches and upstream documents in the health system, it was found that the results of this study have a large overlap with those documents and researches. In the health map of the Islamic Republic of Iran in the fifth development plan, attention to issues such as healthy people and universal health, equity in health, the equitable development of health services, the integrity of the health system, and sustainable human and financial resources in the health system are a special necessity.

V. Conclusion

Based on the results, four strategies include: increasing access to services, recruiting trained and experienced staff, improving awareness and increasing the health literacy of the community and establishing a suitable framework for equally benefiting from services as basic strategies in the Ministry of Health is the subject of attention and approval of specialists and managers and experts in the field of planning. By identifying these four strategies and after analyzing them using the tables and matrices of the strategic planning process, the strategy of increasing access to services was determined as the top organizational strategy. Undoubtedly, identifying and categorizing the basic strategies in the organization and determining the main and superior strategy is useful for the success of the organization and achieving its transcendental goals, and is very important. The strategy of increasing access to services was selected as a top priority strategy. This selection is based on a quantitative analysis, the strategic planning model withusing a strategic planning matrix model and a quantitative strategic planning matrix.

It was also found that the Ministry of Health had no choice but to pay attention to the strategy to increase access to services in order to improve its performance in the current environment in the health sector.

VI. Suggestions

Finally, as a future research in this area, it is suggested that the process be inter-disciplinary, collaborating and playing the role of other areas involved in the field of health (environmental organization, municipalities, etc.). Also, the implementation of similar research with this process in other areas and sectors, in addition to the health system, can help to generalize and streamline the process used in the research.

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References

- [1]. Fry L Fred, Stoner R Charles (1995). Strategic Planning For the New and Small Business. Upstart Publishing Company, INC.
- [2]. Lerner L, Alexandra (2002). A Strategic Planning Primer for Higher Education. Available at: http://www.des.calstate.Deu/strategic. Html, accessed.
- [3]. Daft R, (2009). Organization theory and design: South-Western Cengage Learning.
- [4]. Robbins SP, (1987). Organization theory: structure, design, and applications: Prentice-Hall, One Lake Street, Upper Saddle River, New Jersey, United Sates.
- [5]. David FR, (2011). Strategic Management: Concepts and Cases (13Ed.) Prentice Hall PTR, One Lake Street, Upper Saddle River, New Jersey, United States.
- [6]. Kaplan RS, Norton D PA, (2004). Strategy Maps: Converting Intangible Assets into Tangible Outcomes: Harvard Business School Publishing India Pvt. Limited.
- [7]. Porter ME, (2008). Competitive Strategy: Techniques for Analyzing Industries and Competitors: Free Press, New York, United States.
- [8]. Miles R E, Snow CC, Meyer A D, Coleman H J Jr, (1978). Organizational Strategy, Structure, and Process. The Academy of Management Review, 3(3): 546-562.
- [9]. Slater S F, Olson E M, &Hult G T M, (2006). The moderating influence of strategic orientation on the strategy formation capability–performance relationship. Strategic Management Journal, 27(12): 1221-1231.
- [10]. Croteau A M, Bergeron F, (2001). An information technology trilogy: business strategy, technological deployment and organizational performance. The Journal of Strategic Information Systems, 10(2): 77-99.

- [11]. Huang H, Lai MC, Li LH, (2011). Developing strategic measurement and improvement for the biopharmaceutical firm: Using the BSC hierarchy. Expert Systems with Applications, 38(5): 4875–4881.
- [12]. Wu HY, (2012). Constructing a strategy map for banking institutions with key performance indicators of the balanced scorecard. Evaluation and Program Planning, 35(3): 303–320.
- [13]. Sordoa C D, Rebecca L, Padovania O E, Procedia S G, (2012). Assessing Global Performance in Universities: An Application of Balanced Scorecard, Social and Behavioral Sciences, 46 (2012): 4793–4797.
- [14]. ParsayyanA, Arabi M, [Translation of Strategic Management]. Stoner J, Freeman E, Gilbert D, (2005). (auothors) Tehran: Office of Cultural Research. (In Persian).
- [15]. Aliahmadi AR, Fatollah M Tajeddin, (2008). [A Comprehensive Approach to Strategic Management]. Tehran: ToolidDanesh. (In Persian)
- [16]. The health sector development plan, based on the Iranian Islamic model of progress, the Ministry of Health, the Secretariat of the Policy Council; March 2011.
- [17]. Interactive Map of Iran in the Fifth Development Plan, vice-chancellor and the Secretariat of the Council and reform policy. Sixth Edition; May 2009.
- [18]. Stoner, James AFR, Edward F, Daniel R, Gilbert Jr, (1995). Management.US: Prentice Hall.
- [19]. Plunkett, Warren R, Raymond F Attner, (1989). Introduction to Management. Boston: PWS KENT.
- [20]. Tabibi J, Maleki, M R, (2003). [Strategic planning]. Tehran; Ministry of Health. (in Persian)
- [21]. Arabi M, Izadi D, (2005). [A survey practice guide]. Tehran: the Office of Cultural Research. (Persian)
- [22]. Hosseini S M, [Translation of Strategic Management]. Piers J, Richard B Robinson, (auothors) Tehran: publisher side; 2009. (in Persian)
- [23]. Ghorbanizade V, [Translation of Strategic Management, concepts and findings]. David R, (auothors) Tehran: Basij organization, 2011.(in Persian)
- [24]. Jassbi J, Mohamadnejad F, Nasrollahzadeh H, (2011). A Fuzzy Dematel framework for modeling cause and effect relationships of strategy map. Expert Systems with Applications, 38(5): 967–5973. (in Persian)

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