

STRATEGIC ANALYSIS OF COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE IN IRAN AND PRESENTATION OF PROMOTION STRATEGIES USING INTERNAL AND EXTERNAL ENVIRONMENT ASSESSMENT TECHNIQUES

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ABSTRACT

INTRODUCTION

Community participation in health affairs and especially in the field of primary health care is one of the requirements for achieving the goals defined in this field. Accordingly, the present study was designed and implemented with the aim of strategic analysis of the internal and external environment in the field of primary health care in Iran and presentation of the promotion strategies to attract community participation.

METHODS

This is a qualitative study that was conducted using the internal and external environment assessment technique called Strengths, Weaknesses, Opportunities, and Threats (SWOT). The data used were obtained through a semi-structured quality questionnaire and a survey on strengths and weaknesses, opportunities, and threats, as well as proposed promotion strategies to improve community participation in the field of primary health care.

RESULTS

Analysis of external environment of the field of primary health care in Iran regarding community participation led to identification of the opportunities such as increasing community literacy. The possibility of using public spaces and media as well as influential people to attract community participation. Threats such as financial and employment constraints of families, citizens' unfamiliarity with their effective role in health, and inadequate intersectoral participation. The evaluation of the internal environment led to the identification of strengths in such as native selection policy for health workers; and weaknesses such as lack of attention to evidence-based performance and poor time access to health activities.

CONCLUSION

The findings of the present study indicate that there are internal weaknesses and external threats to community participation in the field of primary health care.

KEYWORDS:

Primary health care, Community participation, Strategic analysis

INTRODUCTION

Today, the issue of health promotion with emphasis on people's participation has received a lot of attention, and the international community expects countries to do the same. [1, 2] Primary health care (PHC) refers to those health services that are provided to the community during their first contact with the health system. [3, 4] In recent years, the issue of health promotion has become more necessary and accepted by emphasizing the role of people in health development. Despite, emphasis and attention at the international level, the Iranian health care system has not achieved much success in attracting active and effective community participation in the health field due to limited citizen participation in community health affairs, especially in relation to health care and major challenges in this regard. [8-10] It should also be noted that it seems that the epidemiological approach that used to be the basis for assessing health needs is no longer responsive to meet the needs and challenges facing the health system, especially primary health care, and there is a need for an approach called participatory approach (based on demand, needs, and perspectives of interested partners including professionals, policymakers, patients, and the general public) with an emphasis on a culture of participation. [12] The present study was designed and implemented with the aim of strategic analysis of the internal and external environment of primary health care in Iran and presentation of promotion strategies to attract community participation. SWOT analysis is considered as one of the most common tools for analyzing internal factors (strengths, weaknesses) and external factors (opportunities and threats) in the organization. The main purpose of SWOT analysis is to move forward based on strengths, minimize weaknesses, seize opportunities, and reduce threats. Internal analysis enables the organization to identify its competencies and weaknesses.

METHODS

This qualitative study was conducted on 25 health policy makers (head of the network, head of the health centre) from January to October 2019. Purposeful sampling method was used to select participants. Inclusion criteria included having at least 15 years of experience in the health system. Data collection was carried out using semi-structured interviews. The interviews lasted between 45 and

60 minutes using an electronic recorder. The interview site was a quiet room in the health centre.

At this stage, the data collection tool included a semi-structured qualitative interview guide. Literature review as well as in-depth interviews were used to design the interview guide. This guide could be updated during the interviews. In other words, the researcher conducts additional interviews with previous people so that everyone can answer all the guide questions.

Data collection method: Before conducting all interviews with the participants, prior coordination was conducted by phone or in person. After providing the necessary explanations about the research objectives and its importance and necessity and obtaining informed and voluntary consent from participants, the interviews were conducted. SWOT technique or matrix is a tool for identifying threats and opportunities in the external environment of a system and recognizing its internal strengths and weaknesses to assess the situation and formulate a strategy to guide and control the system. [13]

Steps of SWOT analysis include determining the objectives of the analysis, identifying the strengths and weaknesses of the organization (resources and capabilities), identifying opportunities and threats in the micro and macro external environment, as well as assessing the interaction of strengths and weaknesses against opportunities and threats to develop effective strategies. [16, 17]

This study was approved by the Islamic Azad University of Semnan with the Code of Ethics:

IR.IAU.Semnan.REC.1396.4. Written and oral consent form were received from all participants before interviews.

Participants were assured that their information would remain confidential and that they could withdraw from the study at any time.

RESULTS

According to the purpose of the present study, its findings can be presented in five main areas of strengths, weaknesses, opportunities, and threats related to community participation in primary health care, as well as promotional suggestions for appropriate strategic management in this area. The findings related to each of these areas are mentioned in detail below in Table 1, 2

TABLE 1: ANALYSIS OF THE EXTERNAL ENVIRONMENT OF THE PRIMARY HEALTH CARE SYSTEM REGARDING COMMUNITY PARTICIPATION

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> - Relatively increasing literacy of the public people and their increasing potential for effective participation -The possibility of using public spaces (neighborhoods, schools, mosques, etc.) in programs related to community participation - The possibility of using mass media to educate the public and encourage them to participate - The possibility of financial participation of philanthropists, especially in the provision of spaces and health equipment - The possibility of using communities such as Friday prayers, religious ceremonies, charity food, etc. in order to educate the public and attract their participation 	<ul style="list-style-type: none"> - Low-income status of men and lack of enough time to participate in health affairs -Impossibility for women's active participation due to their family concerns - Irrational expectations and financial and political abuses of some philanthropists - Lack of a suitable cultural, social, etc. context for people's participation - Lack of awareness of people about their rights and effective role in health issues -Lack of appropriate laws and policies to support and promote community participation in the health field - Inadequate intersectoral cooperation between different departments in the health field

TABLE 2: ANALYSIS OF THE INTERNAL ENVIRONMENT OF THE PRIMARY HEALTH CARE SYSTEM REGARDING COMMUNITY PARTICIPATION

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> - The effective role of health center officials in attracting community participation - Selection of health personnel from native forces and familiar with native culture -The effective role of health liaisons and ambassadors - Physical access of people to health workers, liaisons, and ambassadors - Providing the potential to attract community participation in health programs from a hardware and software perspective 	<ul style="list-style-type: none"> - Lack of understanding of health conditions and needs by the relevant authorities -Lack of knowledge and skills in some managers and health personnel in attracting the community participation and especially philanthropists - Lack of research to assess resources and identify deficiencies and needs -Lack of written and transparent guidelines regarding community participation in health affairs - Political abuses of people's participation and gatherings - Short access to health centers and non-participation of employed people due to their job affairs - Lack of manpower providing services in order to attract community participation

SELECTIVE STRATEGIES

SWOT analyses performed based on the interaction between the internal and external environment of the

health system led to the development of 18 promotion strategies to improve community participation in the health field, and SO, WO, ST and WT domains consisted of 6, 5, 5 and 2 strategies, respectively (Table 3).

TABLE 3: PROMOTION STRATEGIES DETERMINED BASED ON THE INTERACTION OF INTERNAL AND EXTERNAL FACTORS

INTERNAL AND EXTERNAL FACTORS	EXTERNAL ENVIRONMENT	
	Opportunities (O)	Threats (T)
	<p>O1: The relatively increasing literacy of the community and the increase of their potential for effective participation</p> <p>O2: The possibility of using public spaces (neighborhoods, schools, mosques, etc.) in programs related to community participation</p> <p>O3: The possibility of using mass media to educate the community and encourage them to participate</p> <p>O4: The possibility of financial participation of philanthropists, especially in the provision of spaces, equipment and health personnel</p> <p>O5: The possibility of using communities such as Friday prayers, religious ceremonies, charity food, etc. to educate the community and attract their participation</p>	<p>T1: Low-income status of men and lack of enough time to participate in health affairs</p> <p>T2: Impossibility for women's active participation due to their family concerns</p> <p>T3: Irrational expectations and financial and political abuses of some philanthropists</p> <p>T4: Lack of a proper sociocultural context for public participation</p> <p>T5: Lack of awareness of people about their rights and their effective role in health issues</p> <p>T6: Lack of appropriate laws and policies to support and promote community participation in the health field</p> <p>T7: Inadequate intersectoral cooperation between institutions in the health field</p>

INTERNAL ENVIRONMENT	<p>Strengths (S)</p> <p>S1: The effective role of health center officials in attracting community participation</p> <p>S2: Selection of health personnel from native forces and familiar with native culture</p> <p>S3: The effective role of health liaisons and ambassadors</p> <p>S4: Physical access of people to health workers, liaisons, and health ambassadors</p> <p>S5: Providing the potential to attract community participation in health programs from a hardware and software perspective</p>	<p>SO strategies</p> <p>S5O1: Empowering the public and people who are willing to participate in health-related activities</p> <p>S2O3 and S1O2: Encouraging the public to participate in community health issues through the mass media as well as influential people, especially in communities</p> <p>S2O2: Using public facilities and spaces to attract community participation</p> <p>S3O1: Increasing the knowledge and skills of health liaisons and ambassadors</p> <p>S1O4: Leading philanthropists to community health priorities by raising their awareness</p> <p>S5O1: Providing the necessary hardware and software platform to maximize health participation among the public and governmental and non-governmental institutions</p>	<p>ST Strategies</p> <p>S2T1, S3T2 and S4T1: Effective and purposeful use of the ability of native health personnel, liaisons and health ambassadors to establish an active and constructive relationship between the health system and the community</p> <p>S1T3: Careful attention of managers and officials of health centers in preventing philanthropists and participants abusing of their social status</p> <p>S4T5: Training the general public about the importance of their participation in health programs and their inalienable rights in this regard</p> <p>S5T6: Efforts to create a legal context and prestige public for people to participate in the health affairs of their community</p> <p>S1T7: Effective and targeted activity of health center officials in order to promote intersectoral support and cooperation outside the health sector</p>
	<p>Weaknesses (W)</p> <p>W1: Lack of understanding of health conditions and needs by the relevant authorities</p> <p>W2: Lack of knowledge and skills of some health managers and personnel in attracting the participation of</p>	<p>WO Strategies</p> <p>W1O1: Entrusting the management of health centers to people with sufficient knowledge and experience in the field health management</p> <p>W2O1: Empowering health managers about the importance and</p>	<p>WT Strategies</p> <p>W6T1: Holding health sessions in the evening and at night shifts or on holidays to allow employees to participate in the health affairs</p> <p>W6T2: Active referral of health personnel to homes as well as private and public institutions to establish effective communication</p>

	<p>people and especially philanthropists</p> <p>W3: Lack of research studies to review resources and identify deficiencies and needs</p> <p>W4: Lack of clear guidelines regarding community participation in health affairs</p> <p>W5: Political abuses of people's participation and gatherings</p> <p>W6: Short access to health centers and lack of public participation due to their job affairs</p> <p>W7: Lack of manpower providing services to attract community participation</p>	<p>attraction of the community actively</p> <p>W3O1: Promoting evidence-based and research-based management in the health field, especially to attract the community participation, especially health philanthropists</p> <p>W4O1: Development of clear guidelines to prevent any political, guild or personal abuse by participants in the health field</p> <p>W7O4: Attracting the support of philanthropists in order to recruit health personnel needed by health centers and increase their capabilities</p>	<p>between the health sector and the community</p>
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DISCUSSION

The aim of the present study was to perform a strategic analysis of the internal and external environment of primary health care and presentation of promotion strategies to attract community participation. Analysis of external environment of the field of primary health care in Iran regarding community participation in health affairs led to identification of opportunities such as increasing the level of community literacy and improving the ability of people to participate in health affairs, the possibility of using public spaces to hold conference with the community, the possibility of using media and influential people in the

community in encouraging people to take an active part in health affairs as well as the influence of health philanthropists in removing financial constraints in this area.

The most important threat identified included the impossibility of people's participation due to financial constraints and consequently their busy work and family schedule, unfamiliarity of the society with its valuable role in the field of health, political and financial abuse of officials and philanthropists of health gatherings and insufficient participation of organizations which are outside of the health sector. Assessment of the internal environment of primary health care led to the identification of few

strengths, including native selection policy in the case of health personnel and the existence of relative basic infrastructure for community participation. This assessment also led to the identification of significant weaknesses such as the inefficiency of some health managers, lack of attention to evidence-based performance, absence of community participation due to poor time access to health activities and the lack of health personnel.

Another study conducted in Iran by Mohammadi-Shahbolaghi et al., Introduces issues such as centralization at the community level, separation of government from people, and the lack of equal access to information as the main barriers to community participation [10] Findings of this study also showed a relationship between level of education, hours of leisure time, existence and duration of social participation in the past with the level of social participation of citizens (10). In a study conducted in Saudi Arabia, Abdulhadi referred to illiteracy, low health awareness of citizens, irresponsibility of people towards participation in community health, lack of information needed for health personnel to make decisions, the presence of non-native and non-Arabic speaking health personnel in health system of Saudi Arabia, the tendency of the society towards private medical centers, and the non-participation of women in health affairs as the most important challenges of community participation in health affairs. [23]

Gatewood also divides the factors influencing social non-participation to health promotion into individual (monthly income, level of education, leisure and family size) and environmental dimensions (school, work, family and friends). He also refers to self-efficacy of participants as one of the important factors in social participation and believes that people with high self-efficacy are more participatory than others. [24] Existence of committed, experienced and motivated personnel, direct and effective displacement and activity of employees of organizations involved in promoting community health, is an important source for attracting social participation. [25] Organizational management model, introduction of community health promotion interventions and plans [26], management network, managers' resources, and the attitudes of those involved in policymaking are among structural-organizational factors affecting social participation in health promotion. [27] Overall, it can be claimed that political, legal, legislative, and economic factors affect social participation in health promotion. [27] Kenny et al. have also referred to challenges in defining concepts such

as community and participation, the purpose and logic of community participation, disregard for research and creation of evidence related to community participation, determining people participating in the health field, the role of government in attracting community participation, and continuation of this participation. [28]

The most strategies proposed to promote public participation in community health can be summarized and reported as follows. Increasing awareness and empowerment of citizens to participate in health-related activities with the cooperation of the media and influential people, provision of public spaces and facilities, holding participatory meetings, continuous empowerment of health personnel and liaisons, directing and targeting the assistance provided by philanthropists to health priorities. Providing the necessary hardware and software facilities to attract maximum participation of people and governmental and non-governmental institutions in the health field. Entrusting the management of health centres to people with sufficient knowledge and experience. Increasing their skills in attracting community participation, promoting evidence-based and research-centered management in the health field. Developing clear guidelines to prevent any political / guild or personal abuse of those involved in health affairs, active referral of health personnel to people's living environment to obtain their views and support. Improving the timely access to health activities, creating appropriate legal and social contexts for community participation in health affairs, strengthening intra- and inter-sectoral cooperation with individuals and health institutions.

In their study, Mohammadi-Shahbolaghi et al. suggested promotion strategies such as creating a correct image in the authorities regarding the issue of community participation, educating people to have appropriate interpersonal communication and building a collaborative culture, as well as creating the ground needed to promote community participation and thus to increase prosperity in this area. [10] Abdulhadi also suggested the following important promotion strategies to increase community participation in matters related to primary health care: eradicating illiteracy, especially among women, expanding health education through the media, expanding cooperation with local institutions, active referral of health personnel to homes to encourage community participation, creating health-friendly communities, creating appropriate incentives for participants, selection of experienced and preferably

indigenous health personnel as well as decentralization in the field of primary health care. [23] Draper et al. also referred to creation of appropriate political facilities and conditions for discussion and dialogue between people to reach a single definition of problems, a single decision, public education, and legal and financial support for these programs as important and necessary factors for expansion of community participation. [26]

The effort and accuracy of the research team in selecting the best experts using purposeful sampling and directing the analysis of the external and internal environment of the organization to the point to develop promotion strategies can be considered the strengths of the present study. They are few relevant domestic and foreign studies, and the present study focused only on the community participation in the field of primary care, therefore, the results cannot be fully generalized to other areas of health services, namely treatment and rehabilitation.

CONCLUSION

The present study showed that there are major problems and challenges in the internal and external environment of primary health care to expand effective community participation in health activities and we can overcome them by relying on the strengths of the health system and external opportunities. Undoubtedly, the results of the present study and the promotion strategies presented can pave the way for managers and policy makers in the field of primary health care in Iran.

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