Ranking the obstacles to integrating health insurance using the three- ramifications theory

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Abstract: Insurance extension is one of the government solutions especially the Democratic and people oriented governments, achieving the healthy society with sustainable health. So in consequence of insurance extension and generalization, all sides of human life in society will be covered by the insurance. The aim of this study is determination and prioritization of health insurance system implementation obstacles. The primary model of study consists of three structure, context and behavior obstacles. This study has been done in both quantitative and qualitative procedures. The statistical society of study in qualitative procedure consists of 30 person of social security experts. Data have been gathered via the interview. After that, the interview content was analyzed, using the content analysis procedure. The sub-dimension of triple challenges then was recognized and after that the Analytic Hierarchy Process (AHP) and expert choice software were utilized. The results of AHP usage have shown that the inconsistency rate of this test is 0.03 that is less than 0.1 limit and therefore the stability of study tools approved. Also the results showed that context side has the highest priority with the weight equal to 0.582. The structure and behavior sides have the next priority with the weight equal to 0.279 and 0.139 respectively. In section two, after the recognition and prioritization of challenges, the effectiveness of obstacles on health insurance system was studied. So some questionnaires were distributed among the 250 employee, randomly. After the questionnaire gathering the data were analyzed using the Average Test.

Keywords: structure obstacles, behavior obstacles, context obstacles, health insurance system.

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Introduction

Health is a valuable asset that its sustainability and improvement should be the most important part of human daily routine. Healthy man is the axis of sustainable development and the health is a crucial issue for the enjoying of Divine blessings, therefore attention to the health and trying to keep it sustainable and developed have always been an important priority. The main mission of the health system is the improving of health level and responding to the people and society demands. These demands are changing because of the economic, social, political and environmental situation continuously. Due to the importance of this issue, the health has been considered as a right in constitution and the health level improvement of citizens is accounted as one of the most important targets in the outlook document of Islamic Republic of Iran. In outlook, Utopian society has been plotted that must have the maximum health level for the society (the schedule of health system revolution, 1390). Upon to the World Health Organization (WHO) report in 2008, five major feature of an initial health care system are the effectiveness and safety, people-oriented, comprehensiveness and integrity, continuity and providing the certain entering point for the access to the second and third

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levels of cares. Health systems, involved in the grip of bureaucratic relations, couldn't adapt themselves to the requirements of these changes. Therefore a distance will be occurred inevitably between the real and novel demands and classic things of health system (Shadpour, 1385).

Funding the health care is one of the most important challenges in most countries. Despite of various efforts in developing countries in this field, pervasive health coverage has not been achieved so far. 1.3 billion People can't access to the surgery operation, needed drugs and the other essential materials yet (Priker, 2004). Funding system, the mechanisms and operations that money is transferred via them, is one of the most vital parts of health system to provide the health branch activities. Also the mechanism of this fund usage (the allocation) contain the health system financial resources (Marc et al., 2006). In summary, revenue receipt, funds integration and Services purchasing are three duty of a healthcare financing system. Different countries use various ways for the financing. Government executive policy is so important in determination of various financing methods (Asef Zadeh and Rezapour, 2009).

Health insurance organizations is the most suitable choice that provides its needed finance by the public participation of healthy people and responses their needs at the sickness, without the affecting of economic incentives (Moghadasi et al., 2011). Along with the technology development, the insurance industry also improved and covered all sides of human life, from the personal to social level and properties. Health insurance is one of the most important branches of insurance industry and among the insurance subjects has an essential status. This importance is because of its relation to the human health and as it is known the healthy society depends on healthy people.

Mind peace and avoiding the anxiety-inducing stress in dealing with diseases directly, the way of their costs supply and healthcare provider organizations have been the other concern of people and governments (Bahrami, 1393). Considering the mentioned subjects, the aim of health insurance organizations is the creation of fund cashes for the saving of capital and risk reduction. Unfortunately these two basic philosophy in health insurance system of Iran have been ignored despite of various health insurance cashes existence and the other problems (Raeisi et al., 1392). For the quantitative and qualitative development of health insurances upon to the article 38 of health insurance, achieving the Inclusive and fair distribution of health services and reducing the people share of health costs to 30% is done via the various ways such as the cashes structure modification, management of resources, tariffs justifying, using the interior resources of fund cashes and if it is necessary from the government aid budget in annual budget form and during the program performance.

Therefore considering the existing challenges in this domain, the necessity of healthcare insurance integrations is so obvious. However the most of health plans have not been performed yet in Iran during the 1394 such as the family physician program, Currency allocation to import medicine, the nursing domain rules and Iranian healthcare insurance organization. Since the health insurance integration provides the base of health domain efflorescence, therefore the creation of health insurance in country will be caused the insurance integration. Also it can prevent the parallel work and causes the quantitative and qualitative development in healthcare services and cooperation with Ministry of Health and Medical Education as the pretender of the provision of services especially in city family physician and the referral system. Albeit sometimes there is lack of management, lack of following up and monitoring the correct implementation of projects and the lack of public projects funds such as health insurance and family physician, caused the obstacle against the health plan. Country health system also finding the solution for these obstacles. In former government lots of people were disturbed because of the disorganization and health planning dispersion, also the Sanction's burden on the medication and drug domain.

Nowadays, along with the advent of the new government with a slogan about the prudence and rationality, it seems that health problems and related costs being seen and disappeared (Khoshniat, 1392)

Considering the existence of challenges and obstacles against the establishment of Iran health insurance system integration, the present study is going to determine and rank these obstacles, using the three- ramification theory and the content analysis method. After the determination of these dimensions, the AHP method assessed and ranked these obstacles. So the main problem of this study can be stated as a question about the obstacles in front of health insurance integration using the three-ramification theory.

Research conceptual model

The aim of this study is the determination and ranking of the obstacles against of health insurance integration based on the three- ramification theory. The initial model of study is based on Mirzaei Ahranjani (2000) general model that stated the three general structure, context and behavior obstacles.
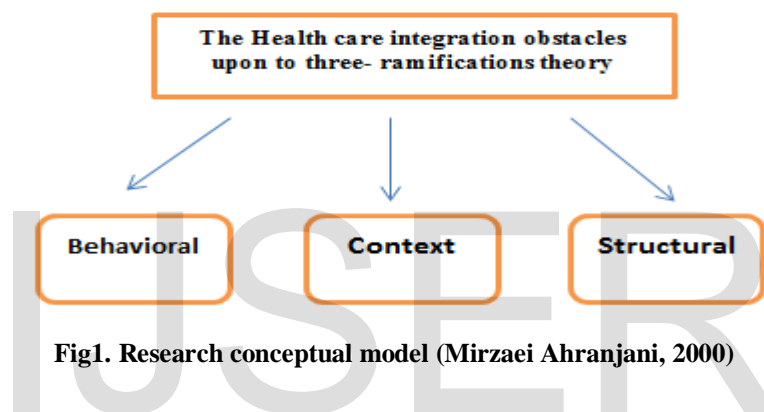

Fig1. Research conceptual model (Mirzaei Ahranjani, 2000)

Main Question

What is the rating of the obstacles against of health insurance integration based on the three-ramification theory?

The secondary questions

1. Do the structure obstacles effect the health insurance integration?

2. Do the behavior obstacles effect the health insurance integration?

3. Do the context obstacles effect the health insurance integration?

Research methodology

This research is practical because it tries to use the results, solving the current problems at organization.

Also this research is a hybrid one of exploratory inductive kind in terms of procedure.

In this way, at first the factors and obstacles of health insurance system performance determined via the interview and initial research and after that the recognized obstacles in target statistical society were surveyed and the effect of each one was determined. The statistical society is divided in two category.

Statistical society of quality section:

The qualifications of experts, practitioners and specialists of Social Security Organization in this research are as below:

✓   More than 10 year work experience.
✓   Enough motivation for the participating in content analysis process and Feel that resulted information will be valuable for themselves.
✓   Enough familiarity to the health insurance plan

Considering the aforementioned qualifications, the number of statistical society will be limited. Therefore 30 person were chosen.

Statistical society of quantity section:

In this part the statistical society consists of Zahedan Social Security Organization employees equal to 255 person. In qualitative section the research is limited to the experts. All qualified persons were chosen as the sample volume. In quantitative section considering the society volume and upon to the Krejcie and Morgan the sample volume was calculated equal to 153 person that questionnaire was distributed to them. Library and field methods were utilized, gathering the needed data. In library studies the collecting and writing of articles about the subject were done, using the articles, books, thesis and journals. Field study and initial data gathering section consists of quality and quantity analysis.

In qualitative analysis the interview and content analysis was used for the determination of health insurance obstacles. In quantitative section a questionnaire was designed and distributed among the employees for the assessment of factor effects. For the validity of questionnaire and interview form (semi structured) the apparent and content form were used. These questionnaire and forms were approved by the supervisor and adviser. For the final approve of interview form the inconsistency rate was utilized. When this rate be less than 0.1 the consistency of form will be permitted and given data are reliable. Considering the accomplished analysis the inconsistency rate was less than 0.1 and therefore the interview form is reliable. For the stability assessment of questionnaire the Alpha research of Cronbach was used. At first 48 questionnaire was distributed among the statistical sample as default and α Cronbach coefficient was calculated equal to 0.86, using the SPSS software.

The below methods were utilized, analyzing the data:
- Determination of research criteria, using the content analysis method (theme analysis).
- Prioritization of research factors by the AHP method
- Surveying the variables effect in performance of health insurance system by a society average test.

Research results

Part 1: qualitative analysis by the content analysis approach
Context side (dimension): in this section the context side (dimension) in health domain means the obstacles that applied by the environmental domains. The conceptual categories related to content analysis (Theme) can be seen in table 1.

Table 1. Constituent conceptual categories of context theme (content analysis)

Frequency percentage	Frequency	Context side (dimension)

63/33	19	Public management support obstacles
43/33	13	required Infrastructure obstacles
53/33	16	Public culture
70	21	The lack of public demand recognition
50	15	The lack of other insurances Protection
43/33	13	Economic inconstancy situations

In this table the sub-themes related to context theme has been presented. Upon to this it can be said that the top table factors have been stated as the integration obstacles. As it can be seen in table 1 in most cases the repetition frequency code related to determined theme has been more than 50% of participants, revealed the high approval of determined indices in people interview.

Structure side (dimension):

Referring to the obstacles that mostly have the organization sides and they are related to the structure and the body of organization. After that the researcher tried to state the people interviews as the defined codes. In table 2 the results of determined factors coding related to this topic have been presented.

Table2. Constituent conceptual categories of structure theme

Percentage	Frequency	Structure side (dimension)
56/67	17	specialized courses existence
53/33	16	structure flexibility
63/33	19	career proportionality with Options
53/67	17	Observe the hierarchy
43/33	13	the unsuitability of rights and payment terms
53/33	16	the duties ambiguity
46/67	14	lack of authority
46/67	14	lack of financial benefits
53/33	16	Lack of needed facilities
50	15	lack of management skills
66/67	20	the extreme Bureaucracy

Considering the table 2, the respondents, in two management and expert groups, presented various related factors in structure domain. As it can be seen in table 2 in most cases the repetition frequency code related to determined theme has been more than 50% of participants, revealed the high approval of determined indices in people interview.

Context side (Dimension):
In this side the obstacles against the health insurance integration were assessed in context theme. After the initial assessment of applied interview in the software environment, it has been tried to considered categories defined as the coded form. The results of this categorization have been presented in table 3.

Table3. Constituent conceptual categories of context theme

percentage	abundance	Context side (dimension)
60	18	level reduction of changes acceptance
43/3	13	the lack of motivation among the employees and people
50	15	the employee's relationships to clients
53/3	16	Lack of forces participation
43/3	13	public trust reduction

Answering the questions of this section, another side of effective obstacles in health insurance integration as the content side was recognized. In this section 5 sub-theme have been determined that has explained the important barriers in experts and managers viewpoint. As it is obvious in table 3 in most cases the repetition frequency code related to determined theme has been more than 50% of participants, revealed the high approval of determined indices in people interview.

Part2: AHP prioritization
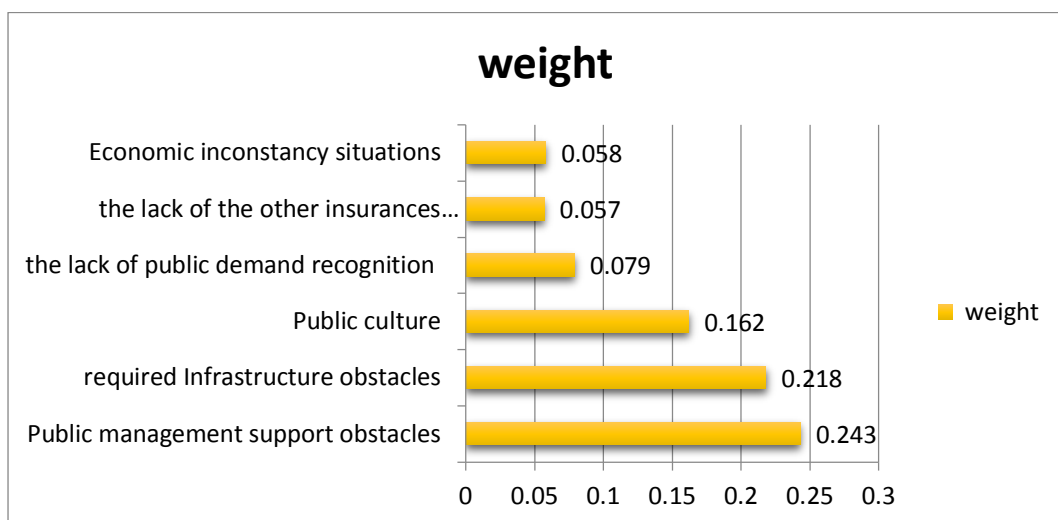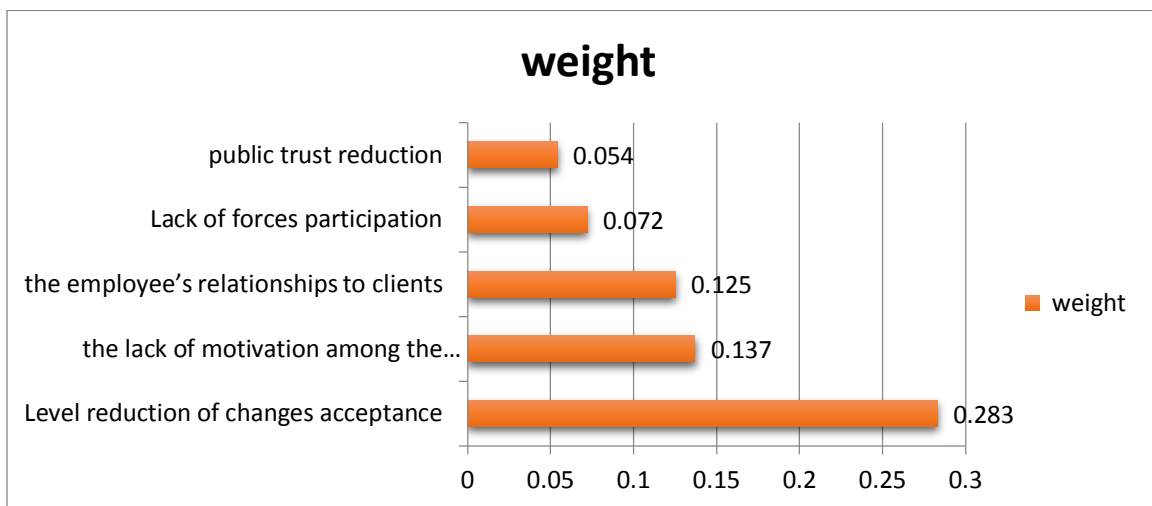

Graph1: context factors prioritization

As it can be understood from the upper graph, that the barriers of public manager's support achieved the highest priority with weight equal to 0.243. After that the needed infrastructures, social culture, the lack of the public demand recognition, the lack of the other insurances protection and the economic

instability situations have the most to the least priority by the weights equal to 0.218, 0.162, 0.079, 0.058 and 0.057 respectively.
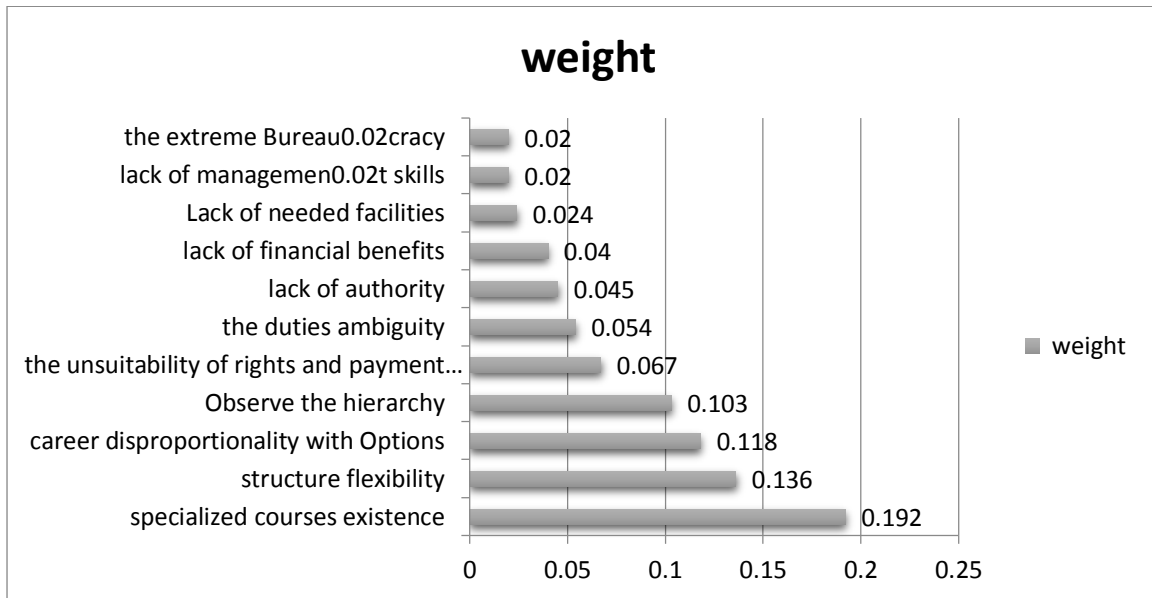
Graph2: structure factors prioritization

In graph 2 the specialized courses existence has the highest priority with the 0.192 weight. After that the structure flexibility, career proportionality with Options, Observe the hierarchy, the unsuitability of rights and payment terms, the duties ambiguity, lack of authority, lack of financial benefits, Lack of needed facilities, lack of management skills and the extreme Bureaucracy have the maximum to minimum priority with the weights equal to 0.136, 0.118, 0.103, 0.067, 0.054, 0.045, 0.040, 0.024, 0.020 and 0.020 respectively.

Graph3: behavior factors prioritization

As it is obvious in graph 3, the level reduction of changes acceptance has the most priority with the weight equal to 0.283. Then the lack of motivation among the employees and people, the employee's relationships to each other, Lack of forces participation and public trust reduction have the highest to the least priority with the weights equal to 0.137, 0.125, 0.072 and 0.054 respectively.

Analytic hierarchy process of main factors

As it can be seen in table 4 the average answer of experts comparing the other criteria has been presented as the decimals.

Table4.the expert's paired response matrix

behavioral	Structural	environmental	
3/5	2/5	– – – – – – – – – – – – – –	environmental
5/4	– – – – – – – – – – – – – –	– – – – – – – – – – – – – –	Structural
– – – – – – – – – – – – – –	– – – – – – – – – – – – – –	– – – – – – – – – – – – – –	behavioral
0/03			Inconsistency rate

As it can be seen in table 4 the inconsistency rate of this test was calculated equal to 0.03. This is less than 0.1 and therefore the research tool stability is approved. In graph 4 the calculated factor's priority have been presented.
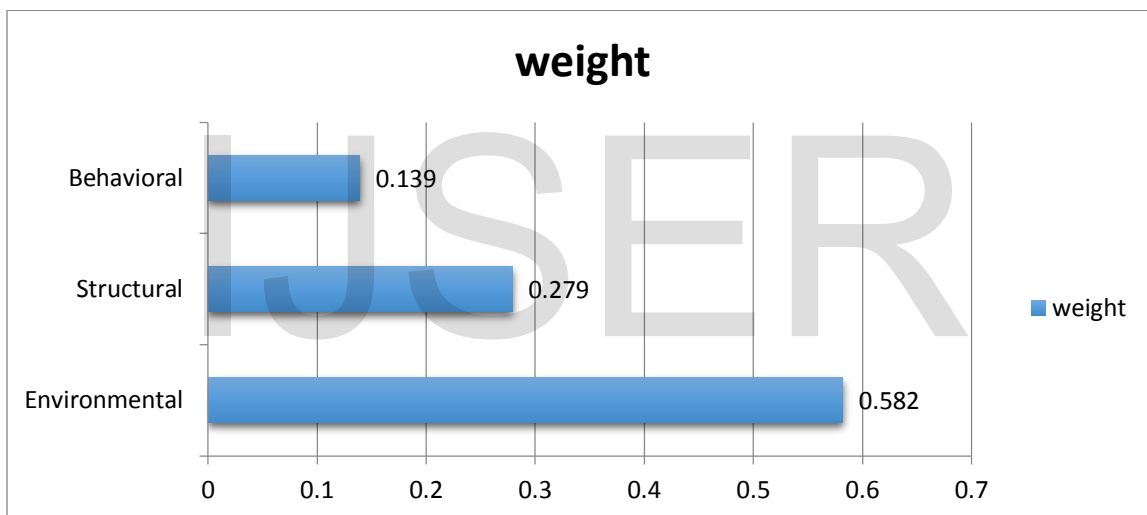
Graph4. Main factor prioritization

As it is apparent in graph 4 the context side has the highest priority with a weight equal to 0.582 and the structure and behavior sides have the second and third priority with 0.279 and 0.139 weight respectively.

Inferential statistics

In this part the effectiveness of each factor and sub-factors will be surveyed about the lack of health system implementation, using the society average test.

The first hypothesis: the behavior obstacles is effective on health insurance system implementation.

Table5. Effective behavior obstacles in health insurance system

Test Value = 3	Examined Indicators

95 percent confidence level		Mean difference	The significance level	Degrees of freedom	Statistic of test	
Upper limit	Lower limit					
0.41	0.32	0.421	0.001	153	8.232	Behavior obstacles
.61	.45	.531	.000	153	12.844	level reduction of changes acceptance
.87	.70	.784	.000	153	17.620	the lack of motivation among the employees and people
.25	.04	.143	.008	153	2.677	the employee's relationships to clients
.19	.02	.104	.017	153	2.405	Lack of forces participation
.19	.02	.104	.017	153	2.565	public trust reduction

Considering the table 5 it can be said that most people have agreed with the behavior obstacles effect on the implementation of health insurance system because of both upper and lower limits positivity. Among the sub-factors the lack of motivation between the people and employees has the most effect.

The second hypothesis: the structure obstacles is effective on health insurance system implementation.

Table6. Effective structure obstacles in health insurance system

Test Value = 3						Examined Indicators
95 percent confidence level		Mean difference	The significance level	Degrees of freedom	Statistic of test	
Upper limit	Lower limit					
0.23	0.41	0.51	0.000	153	8.256	**Structural**
.53	.70	.612	.000	153	14.148	specialized courses existence
.03	.21	.120	.007	153	2.695	structure flexibility
.95	.77	.859	.000	153	19.273	The lack of career proportionality with Options
1.00	.88	.940	.000	153	11.295	the lack of hierarchy observation
.25	.48	.362	.000	153	6.131	the unsuitability of rights and payment terms
.44	.66	.549	.000	153	9.452	the duties ambiguity
.30	.57	.435	.000	153	6.180	lack of authority
.14	.34	.237	.000	153	4.582	lack of financial benefits
.37	.65	.510	.000	153	7.388	Lack of needed facilities
.12	.09	.013	.811	153	3.239	lack of management skills

Considering the table 6 it can be said that most people have agreed with the structure obstacles effect on the implementation of health insurance system because of both upper and lower limits positivity. Among the sub-factors the lack of job fit has the most effect on the lack of health insurance system implementation.

The third hypothesis: the context obstacles is effective on health insurance system implementation.

Table7. Effective context obstacles in health insurance system

95 percent confidence level		Mean difference	The significance level	Degrees of freedom	Statistic of test	Examined Indicators
Upper limit	Lower limit					
0.41	0.23	0.521	0.000	153	11.241	**Context obstacle**
.74	.57	.659	.000	153	15.425	Public management support obstacles
.25	.01	.133	.030	153	2.175	required Infrastructure obstacles
.60	.42	.510	.000	153	10.616	Public culture
.87	.79	.831	.000	153	37.035	The lack of public demand recognition
.92	.67	.797	.000	153	12.710	The lack of other insurances Protection
.40	.18	.289	.000	153	5.045	Economic inconstancy situations

(Test Value = 3)

Considering the table 7 it can be said that most people have agreed with the context obstacles effect on the implementation of health insurance system because of both upper and lower limits positivity. Among the sub-factors the lack of public demand recognition has the most effect on the lack of health insurance system implementation.

Results and discussion

In priority surveying the context side the barriers of public manager's support achieved the highest priority with weight equal to 0.243. After that the needed infrastructures, social culture, the lack of the public demand recognition, the lack of the other insurances protection and the economic instability situations have the most to the least priority by the weights equal to 0.218, 0.162, 0.079, 0.058 and

0.057 respectively. In this field Baiat et al. (1392), Raeisi et al. (1392), Sadiqi et al. (1391) and Li et al. (2015) obtained the similar results. The inconsistency rate for this side was obtained equal to 0.09 that is less than 0.1, so the stability of research tool is approved. Finally, surveying the structure side, the specialized courses existence has the highest priority with the 0.192 weight. After that the structure flexibility, career proportionality with Options, Observe the hierarchy, the unsuitability of rights and payment terms, the duties ambiguity, lack of authority, lack of financial benefits, Lack of needed facilities, lack of management skills and the extreme Bureaucracy have the maximum to minimum priority with the weights equal to 0.136, 0.118, 0.103, 0.067, 0.054, 0.045, 0.040, 0.024, 0.020 and 0.020 respectively. In this field Marc Petrich et al (2013) and Don Brand (2012) found the similar results. In behavior side, the level reduction of changes acceptance has the most priority with the weight equal to 0.283. Then the lack of motivation among the employees and people, the employee's relationships to each other, Lack of forces participation and public trust reduction have the highest to the least priority with the weights equal to 0.137, 0.125, 0.072 and 0.054 respectively. Maleki et al. (1389), Zaribaf et al. (1392) and Shin Ya chua et al. (2015) found the similar results. The AHP results revealed the inconsistency rate of this test was calculated equal to 0.03. This is less than 0.1 and therefore the research tool stability is approved. Also the context side has the highest priority with a weight equal to 0.582 and the structure and behavior sides have the second and third priority with 0.279 and 0.139 weight respectively.

Research suggestions

Considering the research results the below suggestions are presented:

- ✓ In the field of health insurance integration, at first the needed Infrastructures for the insurance development should be determined and then considering the present resources the suggested infrastructures could be modified and improved.

- ✓ The collaborative work culture is one of the most important infrastructures in insurance development. Therefore it needs to needed cultural contexts be applied for the insurance integration.

- ✓ The clear recognition of the client's needs in the society should be considered in insurance integration

- ✓ Other insurance patronage can be useful in giving the speed to the health insurance implementation.

- ✓ The lack of economic stability is one of the needed prerequisites for the each organization growth.so it should be considered in organization health implementation.

- ✓ Holding the educational courses and the employees' empowerment in specialized fields along with integration can be effective in preparing the social capital.

- ✓ It needs to use the organization information resources such as the processes management and also the needed software for saving and analyzing the data in organization upon to the organizational growth period.

It suggested to the managers:

- ✓ Managerial supports in insurance section especially using the managers' experiences about the origination and implementation of insurances can be effective in in development and integration of them.

- ✓ Suitable delegation of authority among the organizational parts can be effective on employee's abilities.

- ✓ Using the alignment projects in organization can be effective in coordination between the different parts of organization.

- ✓ Coordination between the job and employee and employing the qualified people

- ✓ Elimination of Unnecessary bureaucracies for the giving speed for the integration of the health insurance system

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