Pathology of Administrative System's Health Policies in Iran

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Abstract

According to the reports of relevant national and international authorities about corruption, the rank of Iran is high according to the determined indicators. In such a way that among the 133 evaluated countries, it has been ranked 79th, which has harmful effects on the country's development. What is certain is that many efforts have been made in the field of administrative health in Iran. However, administrative health policies have not been very successful with regard to the injuries suffered. The main purpose of this article is to identify the harms of administrative health policies in the areas of planning and formulating policies, implementing and monitoring the implementation of administrative health policies, and designing its conceptual model. Therefore, for the first time in Iran, this research has investigated the damage components of administrative health policies by using the existing theoretical foundations. The statistical population of this survey consists of 390 employees and academics in the fields of political science, law, management, and economics, in five provinces of the country (Tehran, Golestan, East Azerbaijan, Qom, and Hormozgan); which were selected by multi-stage cluster sampling method. The findings of the survey show that the following components are confirmed as damages of administrative health policies:
1- Damages related to the formulation of administrative health policies.
2- Damages related to the implementation stage of administrative health policies.
3- Damages related to monitoring the implementation of administrative health policies.

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Introduction

Examining the actions of the Islamic Republic of Iran in the field of administrative health policy-making indicates the existence of important harms facing administrative health policy-making, which has caused the adopted policies not to reach their goal, which is to control corruption and administrative health. The most important obstacle in this field is the lack of a suitable model in administrative health policy that covers all aspects of the administrative health problem. This factor has caused that there is no specific framework for the design, formulation, implementation and evaluation of administrative health policies in the country, and the measures taken are scattered and lack comprehensiveness.

In addition, administrative health policy-making in Iran indicates the maximum presence of the government and the weak presence of civil society and the private sector in different stages of policy-making; In a way, it can be said that administrative health policy-making in the Islamic Republic of Iran consists of two main government actors: bureaucracy and regulatory institutions. Meanwhile, the study of the results of administrative health policies in Iran shows that the fight against corruption will not be successful without the cooperation and participation of the private sector and civil society.

Another harm of administrative health policy is a one-dimensional view of the phenomenon of administrative health in the country, which is often viewed as political or economic. This is despite the fact that administrative health has different economic, political, cultural, and administrative dimensions, and policy-making brings positive results if it includes

appropriate solutions to eliminate harm in all the aforementioned dimensions.

Studies show that the most important damage to the administrative health policy in the country is caused by the government's extensive involvement in the economy and government entrepreneurship in this field. And the government is the main political and managerial obstacle, the centralization of the country's executive system and the existence of conflicts of interest in decision-making, the weakness of non-governmental organizations in the areas of fighting corruption, and the weakness of party organizations in the country's political structure. Cultural barriers are mostly due to weak public awareness of laws and regulations. And the culture of lawlessness in the country is due to the lack of common understanding of national interests and the existence of conflict of interests even in individual behaviors; which is not in line with national interests and has become a law-abiding culture.

Therefore, in the ideal model of administrative health policy, along with the government as the main actor, two other important actors, civil society and the private sector, should also be present to cooperate and participate with each other in different stages of policy making. The field of this cooperation should be provided in different economic, political, managerial and cultural dimensions. Good governance with its indicators such as transparency, participation, accountability, rule of law, efficiency and effectiveness of the government provides us with this framework (Malek Mohammadi and Haqshenas, 2013: pp. 149-150).

Although the proper formulation of policies increases the capacity of policies in the

structuring of implementation, it is not enough for the proper formation of policies in the field of administrative health. Administrative health is the complete result of social and cultural norms and infrastructure in general in the long term, which, due to the increase in public awareness and the growth of public expectations from public institutions, keeps institutions accountable and cultivates positive cultural and social values in citizens (Schnell, 2014).

Unfortunately, according to the reports of authorities and national and international groups; about corruption; According to the determined indicators, the rank of Iran is high, so that among the 133 evaluated countries, it has achieved the 79th rank; which has harmful effects on the development of the country (Qaderi, 2018).

Therefore, the question is raised, what harms do administrative health policies face in the planning, formulation, implementation, and monitoring stages that did not have the necessary efficiency to improve administrative health and increase public trust?

Concepts definition

1-Politics

There are various definitions of "politics". Among them: politics, the study of the exercise of power and influence that flows in a wide way in human societies. or policy is a set of measures that the government adopts in order to manage the country's affairs (Eskandari, 9/4/2019. Methodology of Humanities).

According to the general definitions and specifications mentioned for politics, from the author's point of view, the definition of politics is; "From the administration of public affairs of the society through the compilation, implementation and monitoring of the decisions made by the legitimate and powerful elites and aimed at the national interests with the organized and transparent participation of the society."

2-The concept of damage from a social point of view (Humanities)

In social sciences, pathological situations are usually considered either normal (such as the functionalist explanation of things such as divorce, murder, theft, economic inflation, and job dissatisfaction) or critical (such as the structuralist explanation of the legitimacy of the political system in certain circumstances). Based on the reflections and approaches of social sciences, phenomena such as theft or cultural incompatibility are considered normal unless they exceed a limit and the said limit is determined by the society. But the criterion that the society ultimately has to determine this limit is the continuation of the expected functions of the components of the social system (Zaker Salehi, 2009: pp. 35-36).

3- Administrative health

"Administration" also means planning or administrative performance and execution of executive duties; And in its terminological meaning, it means all classes of public officers and those who are in charge of administrative or executive department affairs. And the administrative system refers to the set of government and public organizations and institutions that provide services and public goods.

According to Layden and Klingel, organizational health includes the organization's ability to perform its tasks effectively in line with organizational growth and improvement (Mazloumi et al., 2002: p. 54).

A "healthy organization" is a place where people come to their workplace with interest and are proud to work in this place (Jahed, 2005: p. 16). Nowadays, the term administrative health is used against administrative corruption. Administrative health refers to the situation beyond the short-term effectiveness of the organization; And it refers to a set of relatively long-lasting organizational characteristics. In this sense, a healthy organization not only remains stable in its environment, but in the long term it is able to adapt sufficiently to the environment, continuously create and expand the necessary capabilities for its survival (Zarandi, 2006: p. 10).

Subject literature

Policy-making is not separate from political science, and in fact, thoughts, approaches and political tendencies are resolved in the form of policies. Because there are few non-political policies.

The policy-making process determines the ideas and priorities of the government in different situations for individuals or decision-making authorities. And by this, they determine which option and when should be turned into a practical action. Policy making is also the implementation of orders and decisions of individuals and decision-making authorities by ministries and institutions as the main factor in the implementation of orders in order to obtain desirable results.

This complex process is the result of at least four groups of variables, which are; Public issues and events, decision makers, including the Cabinet of Ministers, parliamentarians, the first person in government (leader, president, sultan, etc.), policy implementers, the flow of solutions and options. The interaction of these four groups of variables creates a process that can be divided into four main stages (Danish Fard, 2014: pp. 29-30).

Different authors refer to different people and groups about actors in the field of policy making, who divide them into political actors and intermediaries.

1- Actors

Von Horn is among these writers who refer to these people as political actors;

1. Legislators

2. Bureaucrats

3. Executive directors

4. Judges

5. Business elite

6. The media

7. Public opinion

The role of these actors is not the same in all policies. Each game's weight is different. They differ from one policy to another and from one country to another. (Malek Mohammadi, 2015: pp. 25-26).

Discussion of mediators

Intermediaries are groups that stand between the government or policy makers and the

people. The important work of the intermediaries is to translate the language of the people into the understandable language of the government. Therefore, the work of intermediaries in policymaking is a kind of translation. Mediators are bilingual. They know both the language of the people and the language of the policy makers (Malek Mohammadi; 2015: pp. 29).

One of the important approaches to understanding policies is the cyclical or phased approach in policymaking, which has 6 stages.

1. Agenda (policy calendar)

2. Formulation of policy

3. Policy implementation

4. Policy evaluation

5. Policy changes

6. The end of politics (Daneshfard, public policy process: p. 29).

In the first stage, the agenda is set, that is, where it should be decided what will become a policy? In the second stage, we come to the formulation of the policy or its formatting. This stage is perhaps the most important stage of policy formulation in which we are faced with drafting the law.

The third stage is policy implementation. It means the place where the law enforcers execute. After implementing a policy in the fourth stage, it is time to evaluate it. In the evaluation of works, it is to compare the current and desired situation and to find the gap and distance between these two components. The result of the evaluation can lead to the change of a policy in the fifth stage. Policies may undergo

changes for various reasons, and finally, like any phenomenon, politics reaches the end of the road, which is called the sixth stage or the end of policies.

Of course, there are objections to this cycle. For example, it is mentioned that the steps are not completed or the steps are delayed (Malek Mohammadi, 2015: pp. 68-76).

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This complex process is the result of at least four groups of variables, which are; Issues and public events, decision-makers, including the Cabinet of Ministers, parliamentarians, the first person in the government (leader, president, sultan, etc.), implementers of policies, the flow of solutions and options. The interaction of these four groups of variables creates a process that can be divided into four main stages (Daneshfard, 2014: pp. 29-30).

Although, so far, no comprehensive research has been done to evaluate the evolution and administrative health. But the review of the studies and research and the researches of the researcher from the scattered research shows that the transformation and administrative reforms in Iran have not been very successful in order to make it healthy and improve its efficiency, which is mentioned below:

• Managers' disbelief in administrative transformation, lack of foundation, and culture have always faced administrative reforms with failure (Farshid and Adibi, 2005).

• The change in the employment system, the structure, and the size of the government has been insignificant (Qahremani, 2007).

• Reforms did not have results because they were scattered and insignificant (Bagheri, 2008).

• The existence of a traditional organizational structure, a large number of government employees, the disproportionate growth of managerial positions, and the easing of the conditions for obtaining a managerial position, even in proportion to before the revolution, are among the inadequacies of the administrative system (Management and Planning Organization of the Country, 2002).

• Monopoly in the public sector, non-responsiveness of the public sector, and the negative motivation of employees are among the institutional factors of the administrative system in the occurrence of corruption (Memarzadeh and Karrahi Moghadam, 2004).

• The influence of those in power, the disparity of the interests of the decision-makers, and acting intuitively are among the problems of the administrative system (Beikzad, 2005).

• The strong influence of the administrative system from the political system, the weak role of specialists and professionals in the country's macro-management level, the identity crisis of government employees, lack of attention to meritocracy are among the existing problems of the administrative system (Faqihi and Danaei Fard, 2006).

• Ambiguity of the objectives of political attitude dominance in the government, centralism, and lack of performance management are among the shortcomings and obstacles in the transformation of the administrative system.

• Lack of strategic plan and lack of attention to cultural, economic, and political-social factors are among the inadequacies in the administrative system (Mirsepasi and Etebarian, 2008).

The position of general administrative health policies compared to other laws

In any organized legal system, the relationship between the norms is set based on a hierarchical structure, and each of the norms has a specific dignity. In fact, a legal system is classified into superior and subordinate norms, and thus the said system is classified. The consistency and durability of the legal system and the rule of law justify the existence of hierarchy between legal norms.

In the Islamic Republic of Iran, the general policies of the system are written down and communicated; Therefore, the need to determine its position is of great importance (Strategic Research Center, System Expediency Recognition Forum; the position of general policies of the system in the hierarchy of norms, specialized meeting, 2014).

The general policies of the system in the domestic legal system have a place beyond the normal law. Because although the authority to formulate policies and legislation, both of them originate from the principles of the constitution; However, in the legislation, the condition of "non-contradiction with the

Constitution and Sharia standards" is emphasized, and the Guardian Council also supervises this matter. While regarding the general policies of the system, with regard to the issuing authority of these policies, no such emphasis has been made. In terms of the issuing authority, the policy issuing authority is higher than the Islamic Council as the law issuing authority and even supervises it according to Article 59 of the Constitution. In terms of content, as stated, these policies are issued overseeing all the affairs of the society and address all the elements of the system as per the case. Although the application of the constitution also includes general policies, this supervision is not a priori and automatic, like the existing supervision of the parliament's approvals, and the approvals of the assembly will not need the opinion of the Guardian Council to be final and final. (Research Center of the Islamic Council; monitoring the good implementation of the general policies of the system, p. 17).

There are also comments that confirm the superiority of general policies over ordinary laws and their unconstitutionality. Among them, the explicit emphasis of the leadership in the notification of the first set of general policies of the system dated 22/01/2001 is:

• "The announced policies are in force within the framework of the principles of the constitution and a violation of this law is not accepted in the implementation of general policies".

• Some have looked at the issue from a different point of view, and the vast majority of relevant jurists and experts agree on the non-lawfulness of general policies (Mousazadeh, pp. 162-164).

• Some believe that these policies, in principle, include the criteria of dos and don'ts for setting priorities, and generally do not contain definite and specific commands and prohibitions. These policies are more goals and ideals than a legal rule with a specific limit and limitation and with a specific and specific command and prohibition (Mousazadeh: 164).

• General policies are after values and goals and are a set of general solutions that are designed to achieve a specific goal. Therefore, general policies are formed in order to realize the values and goals stipulated in the constitution (such as the second and third principles) and to make its principles efficient (Komeili Fard, 2017: p. 80).

• General policies are not considered "law" in its specific sense in terms of substance and form; At the same time, after going through the process provided in the constitution, they are considered legal and binding for government authorities. In fact, general policies are a platform for the formation of laws, which should be differentiated between general policies and laws in terms of the degree of detail and the degree of necessity (Esmaili and Mansourian, 2000: p. 5).

Administrative reforms do not always have the same function everywhere. Administrative reforms in transition societies can be quite different from reforms in developed societies. Both in terms of the form of work and in terms of its results. For example, if self-governance is the best solution to reduce administrative corruption in a developed society; In a developing society and without preparations, this can be corrupt at one point (Farhadinejad, 2000: p. 63-64).

With the victory of the Islamic revolution, considering its goals which are based on Islam and eliminating tyranny, it was expected that existing corruption problems in the government system and administrative activities would be eliminated and reduced to a minimum. However, according to the reports of relevant national and international authorities, unfortunately, the index of the existence of administrative corruption in Iran is high. In such a way that it has been ranked 79 among 133 countries, which has harmful effects on the country's development (Qadri, 2006).

What is certain is that many efforts have been made in this field in Iran after the revolution. Both in upstream documents (constitutional law, general policies of the administrative system, policies of the first to sixth development programs, anti-corruption law). And also, in normal laws and regulations, etc. (about a hundred laws and bills have been passed in the fight against administrative corruption), but it has not been very successful.

Research methodology

It should be noted that nowadays injuries happen systematically. In this article, we seek to identify injuries and design a conceptual model of injuries in administrative health policy. For this purpose, the objectives, research method and data analysis are explained in this study.

General objectives:

Identifying the harms of administrative health policies in the Islamic Republic of Iran.

1- Special and practical goals:

A- Identifying the harms of administrative health policies in the field of planning and formulating policies.

B- Presenting the harms of administrative health policies in the field of policy implementation.

C- Presenting the harms of administrative health policies in the field of monitoring the implementation of policies.

Research Methods:

In order to identify the harms of the policies of the administrative health system and to design a conceptual model, the analytical descriptive method is used.

The field method is also used to verify and validate the explained damages.

1- Method of collecting information

Questionnaire, receipt

2- Statistical population, sampling method and sample size

Scientific and executive experts (including holders of bachelor's and master's degrees, doctoral students and professors of public law and public policy, management, economics and sociology and other fields).

Sampling method: a multi-stage cluster method was used for sampling, which according to the number of statistical populations; The sample size is determined based on Morgan's table.

3- Information analysis method

After completing and collecting completed questionnaires, data extraction and descriptive analysis have been done.

In order to confirm and validate the identified damages, the correlation between the components has also been calculated.

Data analysis

1- Examining demographic characteristics:

Table (1) distribution of the frequency and percentage of the sample of the studied respondents by province

State	Abundance	Percent
Tehran	157	40.3
Golestan	64	16.4
East Azerbaijan	73	18.7
Qom	45	11.5
Hormozgan	51	13.1
Total	390	100

Table (2): Distribution of the frequency and percentage of the sample of the studied respondents according to their educational qualifications

Degree of education	Abundance	Percent	The stated percentage
Bachelor	68	17.4%	20.5
Master	159	40.8%	48.3
PhD student	53	13.6%	16
PhD	51	13.1%	15.4
total	331	84.9%	100
Undeclared	59	15.1%	
total	390	100%	

Table (3): Distribution of the frequency and percentage of the sample of the studied respondents by position according to the field of study

Side	Abundance distribution	Field of Study			Total
		Political science, Law and Sociology	Management and Economics	Other fields	
Employees	Abundance	98	40	100	238
	Percent	41.2%	16.8%	42%	100%
Students	Abundance	46	26	25	97
	Percent	47.4%	26.8%	25.8%	100%
University professors	Abundance	25	19	11	55%
	Percent	45.5%	34.5%	20%	100%
Total	Abundance	169	85	136	390
	Percent	43.3%	21.8%	34.9%	100%

Findings:

41.2% of the employees' study in political science, law and sociology, 16.8% in management and economics and 42% of them study in other fields.

47.4% of student's study in political science, law and sociology, 26.8% in management and economics and 25.8% of them study in other fields.

45.5% of university professors study in the fields of political science, law and sociology, 34.5% in the fields of management and economics, and 20% of them study in other fields.

2- Examining the state of damage components of administrative health policies

2- 1- Examining the state of consequences of administrative health policies in the stage of planning and compiling policies

At this stage, the damage component of administrative health policies is examined in two components, which are:

A- Damages of administrative health policies of compilers

B- Damages of administrative health policies of the compilation structure

The opinions of the respondents have been analyzed in terms of the factors related to both of

the above components, and the rating of each of them has been determined based on the calculated average, which is significant in table number (4).

Table No. (4): Damages of administrative health policies in the stage of planning and formulation of policies

Damages of administrative health policies related to compilers.	Average	order	Result
Centralized decision-making and neglect of interest groups in policies.	2.49	2	second priority
Predominance of group, local and ethnic tendencies over national interests in policy making.	2.33	8	Eighth priority
Lack of accurate and realistic understanding of problems and issues on the part of policy makers.	2.48	3	Third priority
Neglecting the capacity of people's participation in determining and realizing the general health policies of the administrative system.	2.47	4	Fourth priority
Not using the elites of different fields in formulating policies.	2.57	1	first priority
Uncertainty of theoretical foundations and literature supporting the general policies of the administrative system and their interpretation by agents and executives.	2.38	7	seventh priority
Policymakers' lack of attention to the ability, capacity and facilities of policy implementers.	2.39	6	Sixth priority
Neglecting the implementers, beneficiaries and implementation issues in the formulation of macro health policies of the administrative system.	2.40	5	Fifth priority
Damages of administrative health policies related to the compilation structure.	**Average**	**order**	**Result**
The multiplicity of policies and their lack of prioritization.	2.4675	5	Fifth priority
Ambiguity and defects of policies.	2.4677	4	Fourth priority
Policy makers not paying attention to the applicability or implementation of policies.	2.49	3	Third priority
The idealism and rhetoric of the general health policies of the administrative system.	2.56	1	first priority
Non-compliance, alignment and coherence between general administrative health policies and other laws.	2.36	8	Eighth priority
The number of policy centers.	2.4675	5	Ninth priority

Chart No. (1): Column chart of the priorities of administrative health policy injuries in the formulation of policies
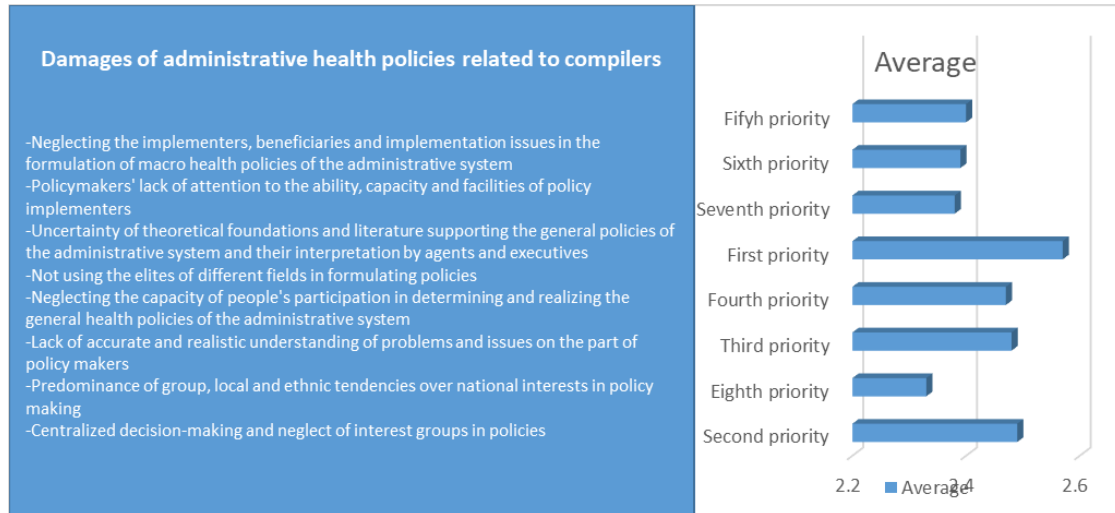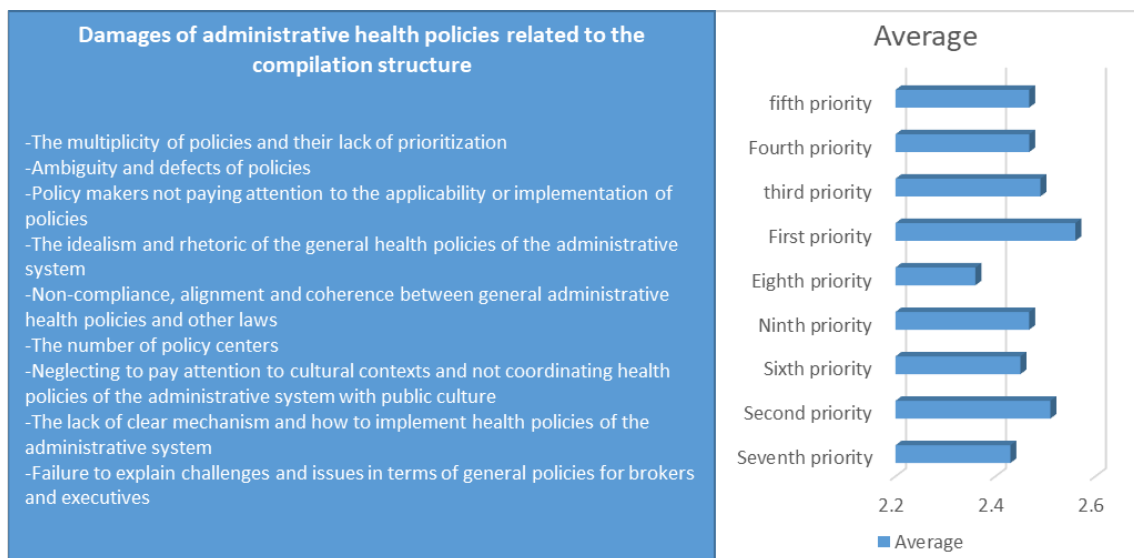

Chart No. (2): Column chart of the priorities of administrative health policies in the compilation structure

2-2- Examining the state of the consequences of administrative health policies in the implementation of policies

At this stage, the damage component of administrative health policies is examined in three components, which are:

1. Damages of administrative health policies of administrative system structure in implementation

2. Damages of administrative health policies of executives

3. Damages of administrative health policies of society

The opinions of the respondents were analyzed in the context of the factors related to all the above three components, and the rank of each of them was determined based on the calculated average, which is significant in table number (5).

Table No. (5): Damages of administrative health policies in the implementation of policies

Damages of administrative health policies related to the structure of administrative system in implementation	Average	order	Result
Incompatibility of the intellectual foundations of the presenters with the editors	2.41	7	seventh priority
Incompatibility of the values governing the administrative system with the values governing general policies	2.37	9	Ninth priority
The lack of structural and cultural agreement of the administrative system with the reformative and transformational nature of the general policies of the administrative system	2.38	8	Eighth priority
Politicization of the administrative system and executive level policymakers	2.45	3	Third priority
Lack of coordination and cooperation of various administrative health policy enforcement agencies	2.49	2	second priority
Lack of management stability	2.53	1	first priority
Lack of clarity of responsibilities and overlapping duties of executive bodies	2.44	4	Fourth priority
Inconsistency between the views of policymakers and executives on how to implement policies	2.42	6	Sixth priority
The ineffectiveness of the organizational structures of the administrative system for the implementation of administrative health policies	2.43	5	Fifth priority
Damages of administrative health policies related to executives	**Average**	**order**	**Result**
Giving importance to the executives to their political concerns and goals in the implementation of policies	2.51	3	Third priority
Predominance of individual, party, group and local tendencies of the executives in the implementation of policies	2.52	2	second priority
Not having enough skills and expertise of executives to implement policies	2.53	1	first priority
Lack of belief and determination of senior and political managers in the implementation of policies	2.50	4	Fourth priority
Existence of an idealistic view of policies and considering them non-operational by the executives	2.34	7	seventh priority

2-3- Examining the state of damage components of administrative health policies in the monitoring phase

At this stage, the damage component of administrative health policies is examined in two components, which are:

1. Damages of administrative health policies and supervision structure

2. Harms of supervisors' administrative health policies

The opinions of the respondents were analyzed in the context of the factors related to both of the above components, and the rank of each of them was determined based on the calculated average, which is significant in table number (6).

Table No. (6): Damages of administrative health policies in the monitoring phase

Damages of administrative health policies related to the supervision structure	Average	order	Result
The existence of several monitoring devices	2.43	7	seventh priority
Lack of independence of regulatory bodies	2.37	8	Eighth priority
Lack of coordination of supervisory and parallel work	2.48	4	Fourth priority
Lack of legal mechanism to use public participation in monitoring	2.48	4	Fourth priority
Lack of specific indicators and criteria to monitor and evaluate the compliance of executive performance with policies	2.47	5	Fifth priority
Absence of a correct and efficient monitoring and follow-up system for the implementation of policies	2.55	2	second priority
Weakness in attracting and retaining skilled and competent human resources	2.59	1	first priority
Failure to provide the material and security needs of observers to protect them against bribery and threats	2.45	6	Sixth priority
Failure to protect observers in order to prevent them from deviating and not taking decisive action in case of deviation	2.51	3	Third priority
Damages of administrative health policies related to supervisors	Average	order	Result
The involvement of political and group interests of observers in the matter of supervision	2.55	2	second priority
Lack of supervisors with high expertise and independent	2.61	1	first priority
Weakness of observers' religious beliefs for their internal control	2.37	5	Fifth priority
Observers not being aware of new quality monitoring methods	2.39	4	Fourth priority
The use of traditional monitoring methods by supervisors	2.43	3	Third priority

Chart No. (3): Column chart of the priorities of health policies, the structure of the administrative system in monitoring
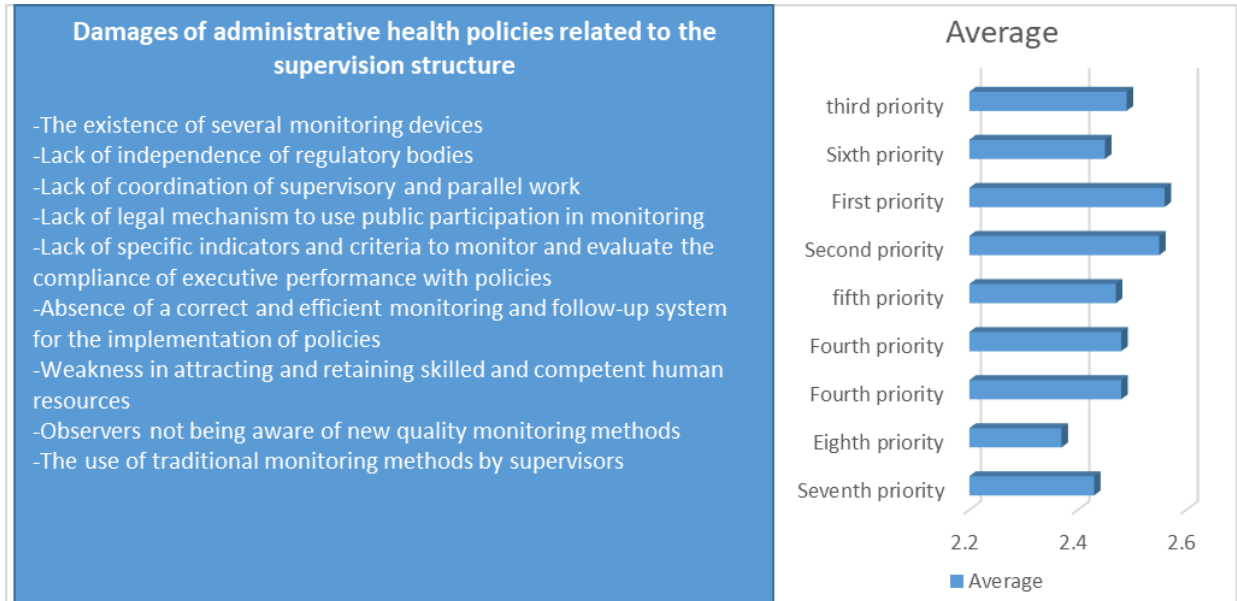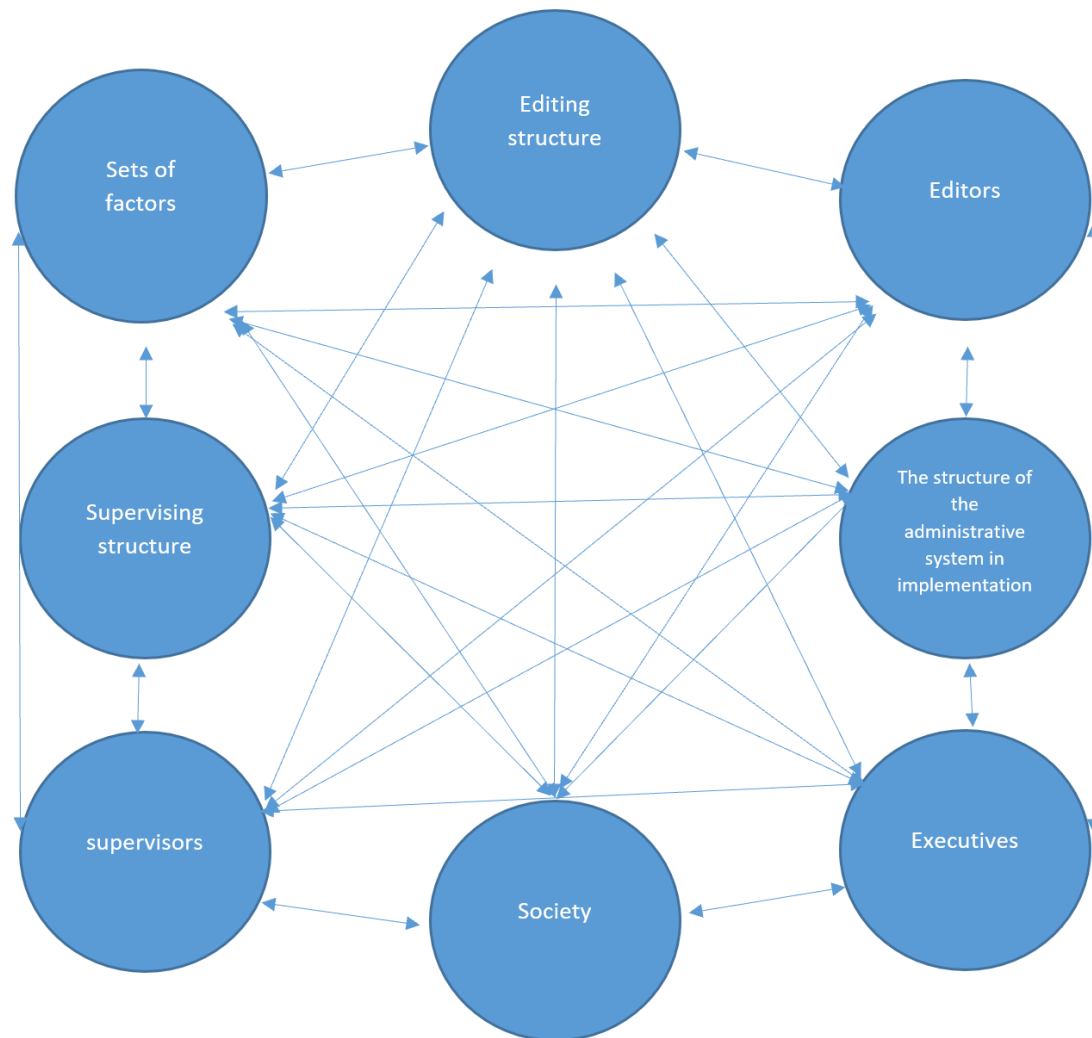

Damages of administrative health policies related to the supervision structure

-The existence of several monitoring devices
-Lack of independence of regulatory bodies
-Lack of coordination of supervisory and parallel work
-Lack of legal mechanism to use public participation in monitoring
-Lack of specific indicators and criteria to monitor and evaluate the compliance of executive performance with policies
-Absence of a correct and efficient monitoring and follow-up system for the implementation of policies
-Weakness in attracting and retaining skilled and competent human resources
-Observers not being aware of new quality monitoring methods
-The use of traditional monitoring methods by supervisors

Chart No. (4): Column chart of the priorities of administrative health policies of supervisors

Damages of administrative health policies related to supervisors

-The involvement of political and group interests of observers in the matter of supervision
-Lack of supervisors with high expertise and independent
-Weakness of observers' religious beliefs for their internal control
-Observers not being aware of new quality monitoring methods
-The use of traditional monitoring methods by supervisors

The design of the conceptual model of administrative health policy damages

Conclusion:

Examining the actions of the Islamic Republic of Iran in administrative health policy-making indicates the existence of important harms in administrative health policy-making, which has caused the adopted policies to not reach their goal, which is to control corruption and create administrative health. The most important obstacle in this field is the lack of a suitable model in administrative health policy that covers all its dimensions. This factor has caused that there is no specific framework for formulating, designing, implementing and evaluating administrative health policies in the country, and the measures taken are a scattered and lack of comprehensiveness.

The present study, which examines the harms of the administrative health policy, has come to the conclusion that the harms are effective in 3 parts. 1- Planning and formulation of policies (2 components and 17 indicators); 2- Implementation of policies (3 components and 19 indicators); 3- Monitoring of policies (2 components and 14 indicators) can affect administrative health policies.

Based on descriptive and inferential statistics, the most important indicators in each of the components are as follows.

Part 1: Damages of administrative health policies in the stage of planning and formulation of policies

A) Damages of administrative health policies of compilers

Not using elites from different fields in formulating policies (first priority)

Centralized decision-making and neglecting interest groups in policies (second priority)

Lack of accurate and realistic understanding of problems and issues by policy makers (third priority)

B) Damages of administrative health policies of the compilation structure

Idealism and rhetoric of the general health policies of the administrative system (first priority)

Not clear the mechanism and how to implement health policies of the administrative system (second priority)

Policymakers' lack of attention to the applicability or implementation of policies (third priority)

Part 2: Damages of administrative health policies in the policy implementation phase

A) Damages of administrative health policies of administrative system structure in implementation

lack of management stability (first priority)

Lack of coordination and cooperation of various institutions implementing administrative health policies (second priority)

Politicization of the administrative system and executive level policy makers (third priority)

B) Damages of administrative health policies of executives

Not having enough skills and expertise of the executives to implement the policies (first priority)

Predominance of individual, party, group and local tendencies of the executives in the implementation of policies (second priority)

Giving importance to the executives to their political concerns and goals in the implementation of policies (third priority)

C) Damages of public administrative health policies

lack of public awareness of administrative health policies (first priority)

Absence of legal mechanisms to attract people's participation to implement administrative health policies (second priority)

Lack of public and popular support in the implementation of policies (third priority)

Part 3: Damages of administrative health policies in the supervision phase

A) Damages of administrative health policies of the supervision structure

Weakness in attracting and retaining skilled and competent human resources (first priority)

Absence of proper and efficient monitoring and follow-up system for the implementation of policies (second priority)

Failure to protect observers in order to prevent them from deviating and not dealing decisively in case of deviation (third priority)

B) Damages of supervisors' administrative health policies

Lack of supervisors with high and independent expertise (first priority)

The involvement of political and group interests of observers in the matter of supervision (second priority)

Using traditional monitoring methods by supervisors (third priority)

Based on the calculated correlation coefficient of Spearman, the conceptual model of damages of designed administrative health policies has been confirmed.

Policy recommendations to fix the damage of administrative health policies

The creation of good governance is based on local political, social and cultural coordinates in such a way that:

1. The government that manages the affairs of the country must have the support of the people's choice and trust.

2. The government should recognize the right of public supervision.

3. The legislative process as well as the performance of the government should have acceptable transparency.

4. The principle of meritocracy should be observed in the selection of agents.

5. Public services needed by the society should be provided by the government.

6. The administrative system through which the will of the government is implemented should be efficient and reliable.

7. Neutrality, efficiency and transparency should prevail in the judicial system and arbitration processes.

8. The people and the government should respect the existing laws in the society.

9. Corruption means the use of public power and facilities for personal gain in a controlled society.

10. Creating elite consensus in decision-making and paying attention to all interested groups.

11. Strengthening national identity with the aim of prioritizing national interests over group, local, ethnic and individual interests in the individual and organizational behavior of individuals.

12. Using the elites of different fields in formulating policies.

13. Transparency, completeness and comprehensiveness of policies and avoiding ambiguity, defects and their multiplicity.

14. Compliance of the policies with the objective realities and needs of the society and paying attention to the capacities of the implementation structure and executives.

15. Creating an efficient monitoring system and recruiting skilled and competent human resources in this field.

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