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Content analysis of family physician plan using social marketing approach: Qualitative- document analysis

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Abstract:

BACKGROUND: The family physician plan formed at the heart of the health system can play a vital role in the results and the optimal cost of resources. Social marketing is a process that uses the basics and principles of commercial marketing in the field of health to develop and implement a health plan. This study seeks to analyze the documents related to the program from the perspective of social marketing components.

MATERIALS AND METHODS: This qualitative document analysis study was conducted in 2021 by reviewing the documents and content of the texts related to family physician plan. The obtained data were analyzed by the directed content analysis method after extraction and collection.

RESULTS: The results showed the identification of social marketing components in the family physician plan. However, the two most essential parts of “insight” and “behavior theory,” which address the underlying issues in an intervention, were not found in the analyzed documents and texts.

CONCLUSION: It is necessary to use a coherent and appropriate approach to revise and develop the family physician plan. To resolve the current challenges and problems of the family physician plan, the application of components and the social marketing approach that addresses all the required aspects of a health plan is a suitable model and approach.

Keywords:

Family, physicians, qualitative research, social marketing

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Introduction

A healthy person is the center of economic, social, and political development. Therefore, health planning is one of the responsibilities of governments.^[1] Countries pursue health system reforms with goals such as improving the quality of health services, reducing costs, and achieving justice in health. Iranian healthcare networks are based on three goals: the priority of prevention over treatment, the priority of deprived rural areas over urban areas, and the priority of outpatient to hospitalization.^[2] There is also a level referral system for better management of these networks.^[3] Despite this structure, Iran’s health indicators in

the area are in good condition. However, the health indicators in Iran are more suitable compared to the countries in the region.^[4] But this structure has not been able to meet the growing needs, and numerous changes health have challenged it.^[5] So that the network system in urban areas is not practically functioning correctly, and the cost of providing health services mainly relies on direct payment from the pocket.^[6,7] To carry out reforms, the family physician plan was expanded at the same time as health insurance coverage in rural areas and in line with the fourth development plan of the country since 2005 to increase people’s benefit from health services, reducing health costs

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and productivity improvement began in rural and nomadic areas and cities with less than 20,000 people.^[8] Currently, this program is implemented in Shiraz and Mazandaran universities in the towns with more than 20,000 populations. The World Health Organization considers this to be the key to achieving health goals.^[9] In many countries, the program directs the referral system by physicians performing the “gatekeeper” task which leads to the optimal distribution of resources, increased performance, and satisfaction with the health system. The family physician is mentioned directly and indirectly in the country’s upstream documents, and Iran’s health managers were aware of the need to implement this plan, so using a situation that arose, the program began to be implemented.^[10] After the implementation of the family physician plan, several studies investigated its various aspects. But so far, the family physician plan has not been analyzed from the perspective of social marketing.

One of the models of program design and health interventions is social marketing. Social marketing is defined as the design, planning, implementation, and evaluation of a specific program to influence the voluntary behavior of the target group to promote the well-being of the individual and society. In 2002, Cutler and Lee defined social marketing in health as the customer-centric application of market principles and techniques to develop programs, interventions, and evaluations to change or modify health behavior.^[11,12] Applying concepts: “perspective” (insight and understanding of people’s behavior), “competitive,” “exchange,” “behavioral theory,” “audience segment,” and “marketing mix” along with “consumer” focus, are the seven components of successful social marketing in the field of health.^[13,14] Familiarity with the basic concepts of social marketing and its application in health is a new and effective way for the health of society. The perspective component means that social marketing addresses the deep underlying facts and deals with the formation of the current situation. Cholera defines the expected intervention by preparing a comprehensive map and analyzing the environmental, economic, and social factors affecting the case. The concept of competition includes paying attention to the principle of competition and understanding the target market. The third component of the exchange addresses the financial benefits and aspects of an intervention from the perspective of the target groups. The behavioral theory component deals with the formation and institutionalization of an intervention by analyzing of the behavioral scope, motivations, and related barriers to determine the appropriate model. The concept of audience classification in the field of health includes the geographical, cultural, demographic, economic, and social characteristics of the audience to ensure the effectiveness of interventions to form homogeneous

groups. The concept of audience classification includes geographic, cultural, demographic, economic, and social characteristics and aims to create homogeneous groups. The marketing mix includes four tools: product, location, price, and promotion; by combining them, it is possible to respond to the community and the target group. In the social marketing model, the customer as the main component is the center of a program and intervention. The basis of this model is awareness of the opinions, requirements, and preferences of the target group.^[15]

Because the family physician plan is built as a social policy in the health sector to provide health services to the community, and its success requires a regular and organized social approach, paying attention to social marketing concepts seems to make it more possible to achieve the goals of the family physician plan. Therefore, this study for the first time and retrospectively, with the aim of identifying the components and principles of social marketing in related documents, analyzed the policy of the family physician plan. The findings of this study can provide a comprehensive insight into addressing the challenges of the family physician plan from a social marketing perspective. By recognizing the components of social marketing in the program, appropriate guidelines and suggestions are provided to health managers and planners to review existing policies and programs.

Materials and Methods

Study design and setting

The present study was a qualitative document analysis that analyzed the content of documents related to the family physician plan from the perspective of social marketing concepts and components.

Study participants and sampling

A total of 22 upstream documents include “Executive Instruction of and Rural Insurance plan and Related Memorandums” from 2005 to the end of 2021 published by the Ministry of Health, Treatment and Medical Education, “Development plans” Third, Fourth, Fifth, and Sixth, Document “Vision of the Islamic Republic of Iran” was identified on the horizon of 1404 AH, “General Health Policies of the Supreme Leader ‘and’ Comprehensive Scientific Health Map” [Table 1].

Documents address major policy issues across the country as well as guidelines which outlining family physician executive plans.

Data collection tool and technique

To identify, classify, and codify the themes in the 22 documents collected in Table 1, directed content analysis approach, introduced by Hasieh and Shannon, was

Table 1: Details of the reviewed documents

Document	Publication date	Number	Access path
Family physician and rural insurance plan executive instructions and related memoranda of understanding	From 1984 to the end of 2020	15 copies	Portal of the Deputy Minister of Health of the Ministry of Health, Treatment and Education medical
Five-year development plan	Third Development Plan 2000	one copy	Website of the Islamic Parliament Research Center of the Islamic Republic of Iran
	Fourth Development Plan 2004	one copy	
	Fifth Development Plan 2010	one copy	
	Sixth Development Plan 2016	one copy	
The text of the final document of the 20-year vision of the republic Islamic of Iran	4 November 2003	one copy	Website of the Islamic Expediency Council
Comprehensive scientific map of health	December 2007	one copy	Website of the Supreme Council of the Cultural Revolution
General Health Policies of the Supreme Leader	April 7, 2014	one copy	Expediency Council website

used.^[16] The content analysis approach is useful when the researcher wants to re-evaluate the assumption in a model or theory. In other words, the purpose of a directional approach in content analysis is to validate or conceptually expand a topic with a theoretical or theoretical framework. In this study, based on the social marketing model, the content of documents related to family physician policies was analyzed from the perspective of social marketing components qualitatively and with a deductive approach. To identify the initial themes, each document was reviewed several times by the research team based on the seven components of social marketing. Each member of the research team coded the documents independently. Thus, early themes were formed. To reach an agreement on the extracted themes, team members met in four 2-hour sessions to discuss disagreements. The meetings continued until all disputes were resolved. Themes and sub-themes were identified at this stage, and the initial framework was developed. Finally, the coded sections related to each theme and sub-theme were reviewed and corrected, as well as the non-overlap of themes and sub-themes. Finally, the codes related to each sub-theme were identified based on the seven social marketing models. In this study, MAXQDA Analytics Pro 2020 (VERBI GmbH Berlin) Release 20.0.8 software was used for document management and analysis.

Ethical consideration

This article is the first part of a research that was approved by the Research Ethics Committee of Isfahan University of Medical Sciences, Isfahan, Iran with ethics code No: IR.MUI.RESEARCH.REC.1399.72

Results

In the upstream documents that determine the country's macro-policies, the program as an infrastructure program in the field of health is less discussed. So that in the "text of the final document of the 20-year vision of the Islamic Republic of Iran," the relevant code was not obtained.

The components of social marketing were identified in the instructions of the family physician plan and related memoranda (copies published from 2005 to 2020), which were prepared by the Ministry of Health and Medical Education, and are the method of implementing the family physician plan. As shown in Table 2, the marketing mix is the component that has the most code in the upstream documents, and the product code has more frequency in this component. There is a "" code in five documents and a referral and grading system code in three upstream documents. In the upstream document of the "Comprehensive Health Scientific Map," only one code was identified in the component or theme of the competition, "Responsibility of the medical education system in the field of human resource development required by the health service delivery system." Code or content related to the components of "behavioral theory" and "behavior (perspective)" was not identified in any of the documents and sources examined. The results of qualitative content analysis in the documents and sources reviewed in Table 2 are carefully presented.

Discussion

This study aimed to analyze the content of family physician plan documents and resources from the perspective of social marketing and its components. "Marketing mix" with product components, location, promotion, and price is the most well-known component in the social marketing model.^[17] "Goods" that provide the possibility of achieving health goals with the contents of the service package, referral system, and electronic file is stated that the service package is limited to primary healthcare services, so it is not comprehensive.^[18] "Location" refers to the path that a service or product is accessible to the customer and the community, and the way to health services is provided by the public sector. Given the governance structure of the Iranian health system, ignoring the private sector is one of the challenges of the current plan.^[19] "Promotion" in the "marketing mix" is a set of actions that lead to creating a

Table 2: Theme, sub-theme, extracted codes, document address, and sample text

Theme	Sub-Theme	Code	Document address	Sample text containing code	
1	Marketing mix	Product	Family physician	Fourth Development Plan, Fifth Development Plan, Sixth Development. Family physician plan and rural insurance plan executive instructions and related memoranda and Comprehensive Scientific Health Map	The Ministry of Health and Medical Education is obliged to implement a "comprehensive and public health services system" with priority on health and prevention over treatment and based on primary health care with a focus on the referral system and using general practitioners and family, nursing group in providing nursing care at the community and home level, service leveling, electronic health record of Iranians, transfer of tenure in accordance with Article (13) of the Civil Service Management Law and performance-based payment Perform in accordance with relevant laws and take into account their rights, so that by the end of the second year of implementation of the program law, all Iranians will be covered by the referral system.
			Healthcare package	Family physician and rural insurance plan executive instructions and related memoranda	
			Referral system	Sixth Development Plan, General Health Policies of the Supreme Leader, Implementing Guidelines for the Family physician and rural insurance plan executive instructions and related memoranda	
		Electronic health record	Sixth Development Plan		
		Service leveling	Sixth Development Plan, Supreme Leader's General Health Policy, Family physician plan Guidelines		
		Health insurance booklet	Family physician and rural insurance plan executive instructions and related memoranda		
		Place	Health networks	Family physician and rural insurance plan executive instructions and related memoranda	
	Promotion		Quality and quantity of services	Family physician and rural insurance plan executive instructions and related memoranda	Perhaps the simplest way to evaluate a program is to measure the satisfaction of service recipients, which should be considered in the design, implementation and evaluation stages of the rural program as the most central indicator of the success of rural services.
		Evaluation	Family physician and rural insurance plan executive instructions and related memoranda		
	Price	Monitoring	Family physician and rural insurance plan executive instructions and related memoranda	Family physician and rural insurance plan executive instructions and related memoranda	
			Percentage of tariffs	Family physician and rural insurance plan executive instructions and related memoranda Sixth Development Plan	The health centers where the rural insurance program is implemented are required to receive an amount equivalent to 10% of the GP tariff from the patients who refer to receive services. Also, to provide dental, pharmaceutical, laboratory, and radiology services, 30% of the total cost must be received from the patient
2	Consumer	Internal	Health service organizations and centers	Sixth Development Plan	The Ministry of Health, Treatment and Medical Education is obliged to cooperate with organizations and centers of health services and health insurance within six months after the full establishment of the above system, health insurance services in an integrated manner and based on information technology in interaction with the system "Electronic file" Organize the health of Iranians. The country's basic insurance organizations and funds are required to strategically purchase family-based health services in the country from the Ministry of Health, Treatment and Medical Education and only through the Iranian electronic health record system
			Health insurance	Family physician and rural insurance plan executive instructions and related memoranda	
	External	Recipients of service	Sixth Development Plan		
		Health insurance affiliated with other organizations and departments	Family physician and rural insurance plan executive instructions and related memoranda		

Contd...

Table 2: Contd...

Theme	Sub-Theme	Code	Document address	Sample text containing code	
3	Segmentation	Geographical	Urban rural	Family physician and rural insurance plan executive instructions and related memoranda	Issuance of healthcare insurance booklet for all residents of rural areas and cities below 20,000 people made it possible to benefit from health services in the form of program and through the referral system.
4	Exchange	Regulatory	Supreme Insurance Council	Fourth Development Plan	By the end of the fourth program of the Supreme Council of Health Insurance, to provide the necessary arrangements for the establishment of health insurance with a focus on family physician and the referral system.
		Income	Health insurance organizations and funds	Fourth Development Plan Sixth Development Plan	
5	Competition	For-profit private sector	Strategic purchasing	Fifth Development Plan	Family physician focus on service leveling, strategic purchasing of services, the transfer of custody will be redesigned by the Ministry of Health, Treatment and Medical Education in the first year of the program and during implementation, in accordance with Article (13) of the Civil Service Management Law and with emphasis on performance-based payment
			Assignment of affairs	Fifth Development Plan	
		Government sector	Inter-sectoral cooperation	Family physician and rural insurance plan executive instructions and related memoranda	
		Responsiveness	Comprehensive scientific map of health		
6	Behavioral theory	-	-	-	-
7	Perspective	-	-	-	-

need and continued use of the product or service by the customer. As a result of this study, communication and propaganda elements were not found in any documents. The studies of Honiara, Najimi, and Alidosti introduced the poor awareness and knowledge of the service recipients from the plan.^[20]

The last part of the “marketing mix” is “price” and refers to customer payments, which may be money or time. Only the “price” is mentioned in the executive instructions, primary healthcare services are free, and a tariff of 10–30% is set for other services, free or low-cost services, as stated in the Big Study, which can lead to moral hazards for recipients and a waste of resources.^[21] Insufficient attention has been paid to the client, a critical component of health programs, as Mehtarpour’s study examined the program using a policy analysis triangle. It refers to ignoring potential customers and lack of transparency in people’s roles and responsibilities. While in the family physician plan, only clients and stakeholders in the public sector are addressed.^[22] Segmentation of target groups, including providers and recipients of health services, based on their preferences, leads to their participation in health plans. In the family physician plan, only segmentation is done based on the urban and rural situations among the recipients of services. Ignoring the preferences and not categorizing the providers in the family physician plan has led to a weakness in the persistence and satisfaction of service providers such as physicians and midwives. It has led to recipients ignoring principles such as

the referral systems by them.^[23] Health financing is a challenging topic, covering the “exchange” component of the benefits and financial aspects of the intervention from the perspective of the target groups rather than the principles of program sustainability. In the current program, due to lack of active participation and lack of awareness of the cost to service recipients, overuse and waste of resources have been reported. It is necessary to pay attention to the various actors in the health market and to observe a “competitive” role. In the present family physician plan, internal competitive aspects such as the medical education system and inter-sectoral cooperation are mentioned only to organizations and insurance funds. There is no trace of the competitive factors of the private sector. In parallel with this study, Demarihas also pointed to the failure of the private sector and even its sabotage.^[24]

The concepts of “perspective” and “behavioral theory” are necessary for the integrity and coherence of how and when to implement an intervention program. The Longfield study examines the ten-year practice of an international non-governmental organization active in the field of population and states that customers’ perspectives and insights go beyond their experiences; therefore, focusing on customers’ perspectives and insights improves the preparation of evidence-based results strategy.^[25]

Twinbo and Kojo’s research, first using a set of questions, extracted people’s attitudes toward the subject of

intervention and then used the “theory of planned behavior” to provide the desired intervention; they also expressed the effect of attitude stronger than mentality and intention in the behavior of individuals.^[26] Shiani research also shows the neglect of social, economic, cultural, and political contexts to implement the family physician plan.^[27] Moshiri also announced that the start and performance of the family physician plan lacked the necessary coherence, and without a designed program, this defect has continued in the implementation process of this program so far.^[10]

The shortage of social marketing studies, especially regarding the planning of health interventions, was one of the challenges of this study. Besides, policy studies and family physician plan implementation based on health models are limited.

For future research, it is suggested to use the components and principles of social marketing in revising and developing the family physician plan. Also, other health planning models should be investigated for this plan.

Conclusion

With the formation in the heart of the health system and institutionalization in society as a cohesive structure in the health system, the power to meet the health needs of community, in general, and even in emergencies such as epidemics of infectious diseases, has both good service and health system resilience. Since following a suitable model can solve the current challenges of the family physician plan and bring it closer to its goals, it seems that before its development in urban areas, it should be reviewed and modified based on the social marketing approach. A social marketing model can be a good model with components that include all the necessary aspects for the comprehensive design of a health plan.

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Conflicts of interest

There are no conflicts of interest.

References

- Jafarzadeh S, Mobasheri F, Bahramali E. Caregivers awareness about the rules of family physician plan in Fasa in the year 2014. *J Adv Biomed Sci* 2016;6:326-33.
- Mosadeghrad AM. Rethinking health reforms in Iran: Letter to the editor. *Tehran Univ Med J* 2020;78:473-4.
- Abdolahtabar H, Sajjadi H, Sam Aram E, Tajmazinani A. The institutional context of the health system and its developments in Iran. *Soc Welfare* 2021;21:87-127.
- Doshmangir L, Bazayr M, Doshmangir P, Mostafavi H, Takian A. Infrastructures required for the expansion of family physician plan to urban settings in Iran. *Arch Iran Med* 2017;20:589-97.
- Jalali Khan Abadi T, Alvani SM, Vaezi R, Ghorbanizadeh V. Designing a network governance model in Iran's health care system. *Iran J Manag Sci* 2020;15:1-30.
- Jahangiri Rad M, Motavali MS. Investigating the selected sub-goals of sustainable development indicators in the health, environment and sanitation sectors in Iran and their comparison with the world situation during the years 2013 to 2018. *J Behdasht Dar Arseh (ie, Health in the Field)* 2020;8:1-12.
- Rezaee M, Daei-Karimzadeh S, Fadaei M, Etbarian A, Bahrami H. Relationship of provision financial resources, physical and legal infrastructures, and manpower in implementing “health insurance of villagers and nomads program” developed by Iran health insurance organization. *Iran J Health Insu* 2019;2:21-9.
- Khadivi R, Saebian A, Khosravi M, Nasehi R. The Pattern of Costs by the health insurance organization for the people in urban areas with population under twenty thousands and nomads in Isfahan Province, Iran, 2009-2013. *J Isfahan Med Sch* 2016;33:2341-50.
- Fardid M, Jafari M, Moghaddam A, Ravaghi H. Challenges and strengths of implementing urban family physician plan in Fars Province, Iran. *J Edu Health Promot* 2019;8:36.
- Delgoshaei B, Vatankhah S, Sarabandi A, Promotion H. Performance payment challenges for family physician plan. *J Educ Health Promot* 2020;9:225.
- Wettstein D, Suggs L. Is it social marketing? The benchmarks meet the social marketing indicator. *J Soc Mark* 2016;6:2-17.
- Zarei A, Feyz D, Rezaei Rad M. Designing a model of factors affecting the implementation of integrated social marketing mix in health care. *J Health Admin* 2017;19:20-30.
- Baptista N, Alves H, Pinho JC. Uncovering the use of the social support concept in social marketing interventions for health. *J Nonprofit Public Sect Mark* 2020;34:1-35.
- French J, Russell-Bennett RJJ. A hierarchical model of social marketing. *J Soc Mark* 2015;5:139-59.
- Chin JH, Mansori S, Behavior C. Social marketing and public health: A literature review. *J Mark Manag Consum Behav* 2018;248-66.
- Kleinheksel A, Rockich-Winston N, Tawfik H, Wyatt T. Demystifying content analysis. *Am J Pharm Educ* 2020;84:127-37.
- Layeghiasi M, Malekzadeh J, Shams M, Maleki M. Using social marketing to reduce salt intake in Iran. *Front Public Health* 2020;8:207.
- Sobhanian SMH, Ebadi J, Mehrara M. Identification and evaluation of the factors that influencing the decision of Tehran citizens to enter to family practice, using a discrete choice experiment. *J Econ Res (Tahghighat- E- Eghtesadi)* 2015;50:327-57.
- Damari B, Rostamigooran N, Salarianzadeh MH, Malekafzali S. Analysis of intersectoral collaboration in the Iranian health system for implementing health in all policies: Challenges and the way forward (this research was conducted before the covid-19 pandemic). *J Sch Public Health Inst Public Health Res* 2020;18:1-6.
- Honarvar B, Lankarani KB, Kazemi M, Shaygani F, Sekhavati E, Raooufi A, et al. Five years after implementation of urban family physician plan in Fars Province of Iran: Are people's knowledge and practice satisfactory? *Int J Prev Med* 2018;9:41.
- Kabir MJ, Ashrafian Amiri H, Rabiee SM, Keshvarzi A, Hoseini S, Nasrollahpour Shirvani SD. Are all of the services offered in the urban family physician plan free? The perspective of administrators and executives. *J Health Res Community* 2019;4:1-12.
- Mehtarpour M, Tajvar M. Policy analysis of family physician plan and referral system in Iran using policy analysis triangle framework. *J Health Based Res* 2018;4:31-49.

23. Bafghi A, Zare Z, Rahimi N, Health R. Quality of work life in family physicians of Bam, Iran. *J Family Reprod Health* 2020;14:32-7.
24. Damari B, Vosoogh MA, Rostami GN, Kabir MJ. Evaluation of the urban family physician and referral system program in Fars and Mazandran Provinces: History, achievements, challenges and solutions. *J Sch Public Health Inst Public Health Res* 2016;14:17-38.
25. Longfield K, Moorsmith R, Peterson K, Fortin I, Ayers J, Lupu O. Qualitative research for social marketing: One organization's journey to improved consumer insight. *Qual Rep* 2016;21:71-86.
26. Tweneboah-Koduah EY, Adams M, Nyarku KM. Using theory in social marketing to predict waste disposal behaviour among households in Ghana. *J Afr Bus* 2020;21:62-77.
27. Shiyani M, Rashidian A, Mohammadi A. A Study of the challenges of family physician implementation in Iran health system. *Hakim Health Syst Res J* 2016;18:264-74.