

Designing a Model for Implementing Human Resource Strategies in the Field of Health

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Abstract

Purpose: One of the main organizational planning is human resource planning. The purpose of this study was to design a model for the implementation of human resource strategies in the field of health.

Methodology: The combined research method and research design were also of the type of mixed exploratory research design. In the qualitative section, using the method of "samples contain rich information" with 20 heads of medical universities and senior managers of the Ministry of Health and Medical Education, using the Delphi method and using semi-structured questionnaires; Was interviewed. In the quantitative part of the research, a researcher-made questionnaire with multi-stage relative stratified sampling method was distributed among 334 senior and middle managers of the country's medical universities and the data were used by exploratory and confirmatory factor analysis. Analyzed with SPSS and AMOS software.

Findings: The results indicate that "human resource strategies" have six dimensions: 1. Human resource provision, 2. Training, 3. Performance evaluation, 4. Development and improvement, 5. Service reward and 6. Participation And "strategy implementation" has three dimensions and nine components as described: a- Structural dimension (1. structure of the implementing organization, 2. Capacities, 3. Resources), b- Environmental dimension (4. Macro environment, 5. Intermediate environment 6. Execution environment) and c- Behavioral dimension (7. Performers' behavior, 8. Target community behavior and 9. Developers' behavior). The results of the quantitative section showed that the impact of all dimensions of human resource strategies on the structural, environmental and behavioral dimensions of strategy implementation was confirmed.

Conclusion: Special attention to human resources, especially in organizations providing health services and health in the community as the most vital element of organizational success and creating a sustainable competitive advantage is always important in management.

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1. Introduction

Today, human capital is one of the most important assets of organizations (Safari, Farrokhi and Salehzadeh, 2015); Existence of human resource planning is necessary to meet the needs of skills, training and ultimately the improvement of human resources. Today, stability in the workplace has given way to instability and uncertainty, and traditional and old industries have given way to new and developed types (Rouhollahi and Rajabi Farjad, 2015). Since today human resources are the most valuable factor of production and the most important capital of any organization and the main source of competitive advantage and create the basic capabilities of any organization, one of the most important organizational planning is human resource planning. Manpower of an organization is a key resource for achieving sustainable competitive advantage and one of the key factors for the success of organizations, so effective management of human resources has become one of the most important issues facing organizations to achieve organizational goals (Samii, 2009). In general, it can be said that human resource activities increase employee productivity, job orientation, commitment to the goal through actions such as hiring, training, performance appraisal, service compensation and promotion, and thus the performance of the organization Affects (Uysal and Koca, 2009). The modern philosophy of human resource management, its structure and organization in its present form are all the result of the interaction between a series of events and developments that began with the Industrial Revolution in England (around 1760) and continues to this day. The concept of human resource management was introduced in the mid-1980s and aims to provide methods for managing employees and helping to improve organizational performance. Human resource management is defined as identifying, selecting, hiring, training and nurturing human resources in order to achieve the goals of the organization (Saadat, 2011).

Organizations; they use different policies of human resource management and systems to achieve the potential capabilities of employees and strengthen competitive advantage (Khan, 2010). Research shows that there is a positive and significant relationship between human resource management policies and organizational performance (Lee et al, 2010). Khan (2010) showed that an integrated approach in applying human resource management policies will increase employee satisfaction and commitment, and the result of these measures is to improve the level of individual and team performance. Competent human resource training and development will depend on the performance of organizations in effectively implementing the set of human resource management policies. These policies include staff selection and recruitment, service compensation, information sharing, participatory decision making, training and performance appraisal. Therefore, it is essential to apply human resource management policies as a systematic approach to the spread of creativity and innovation in organizations (Dong and McCarthy, 2017; Dong and Yang, 2016).

Policy-making is one of the functions of the health system and is perhaps the most challenging function for studying, thinking, reasoning, creativity and innovation in order to create change and improve all or part of the health system. Today, the policy-making process with the rapid growth of information and communication science and technology, has undergone significant changes and from the spectrum of individual wisdom, taste, inexperience, to collective wisdom, having the experiences of others and emphasizing prediction and evaluation. Potential advantages and disadvantages are shifting (et al, Ebrahimi 2015). Regarding the recruitment and selection of human resources in this ministry before 2004 and the implementation of the administrative transformation plan, in all executive bodies of the country, the method of hiring staff and recruitment conditions were regardless of the nature of the job and was based only on the degree. In the long run, a large number of people without sufficient expertise entered the system and eventually became policy makers and executors, some of whom are still in this position, but after 1983, the way of recruitment and employment improved somewhat. This is still not completely resolved. Staff training also became somewhat more scientific in the eighties and the specialization of tasks, which again did not have the necessary results due to lack of proper feedback and low quality of staff training. Regarding job development, job turnover and job enrichment, measures have been taken except

for the first two cases; in the third case, almost nothing special has happened. It can be concluded; In relation to the said cases, relatively incomplete measures have been taken; but the main problem is not in human resource policy. Despite the necessary evidence and documents regarding the retention of employees and creating the necessary motivation in employees, especially after the implementation of the Health Transformation Plan since 1993, the wrong policy in distributing the benefits of the plan to increase the volume of duties and almost eliminate the private sector. From the implementation of some of the tasks in the field of health, practically in policy-making (policy makers without the necessary expertise and knowledge and haste in decision-making and policy-making and taking into account the interests of a particular section of society) as well as eliminating some executives. Another presenter can be the main cause of the mentioned problems. Considering the importance of the issue in the present study, we have designed a model for the implementation of human resources policies in the field of health and will seek to answer the question: What are the dimensions and components of the model for the implementation of human resources policies in the field of health?

2. Methodology

The combined research method and research design are also of the type of mixed exploratory research design (qualitative-quantitative). The statistical population of the research, in the qualitative part, includes the presidents of medical universities and senior managers of the Ministry of Health and Medical Education. In order to sample in this section, due to the importance of the research topic, an attempt was made to select a range of key experts in the field of "designing a model for implementing human resource strategies in the field of health" which according to the quality approach in one of the methods Use qualitative sampling methods called "rich information samples" sampling method. In this section, 20 people were selected. The statistical population of the study, in a small part, includes the senior and middle managers of the staff in each of the medical universities of the country in the winter of 2019 with an approximate number of 1740 people. The sampling method of the present study, according to the statistical population, was sampling of multi-stage relative classes with Cochran's formula and 334 people, so that each of the 5 regions of the country, during the divisions made by the Ministry of Interior, Representing a class and medical universities located in each region, were selected. In the next stage in each region, some universities randomly selected and distributed the questionnaire randomly in each class and in proportion to the population of that class. According to the number of members of the statistical population and the conditions for using structural equations, the number of samples was 334. The research method in this research is combined: a- Qualitative part; By surveying experts and using the Delphi Method. A. Quantitative part; by surveying statistical samples and using structural equations (ISM) and specifically AMOS software.

3. Findings

The Delphi method is one of the qualitative research methods that are used to reach consensus in group decisions. In practice, the Delphi method is a series of questionnaires or consecutive rounds with controlled feedback that seeks to reach a consensus among a group of experts on a particular topic. The Delphi method usually involves the following basic steps. In the first stage, the research problem is defined and based on this, the necessary characteristics for the participants in the Delphi group work are determined. Candidates for participation in this work are then identified by the group and invited. This stage ends with the appointment of the working members of the group. The second stage of the Delphi method is devoted to generating ideas in the field of research problem. At this stage, the members of the working group present their ideas about the factors related to the research issue. By analyzing and refining these ideas, eliminating duplicates and using the same words, the researcher extracts the final list of factors related to the research problem. At this stage, members may be asked for their opinion on pre-determined factors. In the third

stage, the members of the working group determine the importance of the factors or select some of the most important ones. Accordingly, the number of factors is reduced to the extent that it is possible to work with them. In fact, this step is done to reduce the number of factors to an acceptable number to continue working. In this study, the Delphi method was performed in a total of four rounds, in which the findings of each round are presented separately.

In the Delphi quadruple courses for "human resource strategies", descriptive statistics of research variables including mean and standard deviation of variables as well as their importance, to identify the response status of test takers to the items of a semi-structured questionnaire based on Previous research has been calculated. In the first round of Delphi, from the point of view of experts for the dimensions of human resource strategies, the most importance is related to providing human resources with an average of 3.25 and deviation from the standard of 1.13 and the least importance is related to education with an average of 3.20 and deviation from the standard. It was 0.95. In the second part of the first round of the Delphi method questionnaire, the experts were asked if there was a key and important factor in their opinion that has not been paid much attention to or has not been mentioned in previous texts and articles, but in their opinion. It was important to state that by analyzing the content of the open section of the semi-structured questionnaire; Then "Development and Improvement" in this section was added to the Delphi first stage questionnaire. In the second round of Delphi, from the point of view of experts for the dimensions of human resource strategies, the most important is related to providing human resources with an average of 3.30 and deviating from the standard of 1.08 and the least important is related to participation with an average of 3.10 and deviating from The criterion was 1.07. In the third round of Delphi, from the point of view of experts for the dimensions of human resource strategies, the most importance is related to participation with an average of 3.55 and deviation from 0.83 and the least importance is related to providing human resources with an average of 2.20 and deviation from the criterion was 0.95.

In the fourth round of Delphi, for experts, for the dimensions of human resource strategies, the most important aspects were related to the dimensions of service reward with an average of 3.45 and deviation from the standard of 1.10 and participation with an average of 3.45 and deviation from the criterion of 0.83. And the least importance was related to the dimension of human resource supply with an average of 3.15 and deviation from the standard of 0.99. For the four Delphi courses for "strategy implementation", in the first round of Delphi, from the point of view of experts for the dimensions of strategy implementation, the most important is related to the structure of the executive organization with an average of 3 and deviation from 0.97 and the least important To the performance environment with an average of 2.80 and a deviation from the standard of 1.01. In the second part of the first round of the Delphi method questionnaire, the experts were asked if the factor was key and important in their opinion, which has not been paid much attention so far or has not been mentioned in previous texts and articles, but in their opinion is important. To express that by analyzing the content of the open section of the semi-structured questionnaire; The dimensions "resources", "middle environment" and "compilers' behavior" in this section were added to the Delphi first stage questionnaire.

In the second round of Delphi, according to experts, for the dimensions of strategy implementation, the most importance is related to resources with an average of 3.55 and deviation from the standard of 1.10 and the least importance is related to the behavior of developers with an average of 2.90 and deviation from the standard of 0.07. 1 has been. In the third round of Delphi, from the point of view of experts for the dimensions of strategy implementation, the most important is related to the macro environment with an average of 3.55 and deviation from the standard of 1.15, the behavior of executives with an average of 3.55 and deviation from the standard of 1.15 and the least importance It was related to the behavior of the compilers with an average of 2.95 and a deviation from criterion 1. In the fourth round of Delphi, from the point of view of experts, from the point of view of experts, for the dimensions of strategy implementation, the most importance is related to the behavior of executors with an average of 3.25 and deviation from 0.91

and the least importance is related to the dimension of middle environment with an average of 2.75. And deviation from the criterion was 0.85. Kendall coordination coefficient for the dimensions of human resource strategies of the fourth round of responses is 0.819, which has increased by only 2.6% compared to the third round, which was equal to 0.793, and Kendall coordination coefficient for the dimensions of strategy implementation, responses The fourth round is 0.841, which is an increase of almost 3% compared to the third round, which was equal to 0.811, which does not increase significantly with the degree of consensus among the members of the working group between two consecutive rounds.

In the quantitative stage, by conducting a qualitative study and according to the related explanations in the qualitative section, a two-part questionnaire with 30 and 59 items was developed for "human resource strategies" and "strategy implementation". Since the items considered were extracted from the results of the qualitative research of the previous stage, all items of the questionnaire were approved by experts in terms of content validity. To measure the model, this researcher-made questionnaire was distributed among 334 samples by multi-stage relative class sampling method and data were analyzed by exploratory and confirmatory factor analysis by SPSS and AMOS software. In order to determine the dimensions of human resource strategies in the field of health, to determine whether the number of data (sample size and the relationship between variables) are suitable for factor analysis or not? Kaiser-Meyer fitness index and Bartlett test were used. The Kaiser-Meyer fit test is an indicator of sampling adequacy that examines the small partial correlation between variables. According to the results, the KMO value is equal to 0.850 and the significance level of Bartlett sphericity test is equal to 0.0009, so in addition to the adequacy of sampling, the implementation of factor analysis based on correlation matrix is also justified. Therefore, in addition to sampling adequacy, factor analysis based on the studied correlation matrix can be justified. The basic statistical characteristics obtained in the implementation of structural dimension analysis of human resource strategies are shown in Table (1).

Table1. Extracted factors and percentage of variance explained dimensions of human resource strategies

Component	Initial eigenvalues			The sum of the second power of the extracted factor loads			Total power of the factor loads after varimax rotation		
	Total	Percentage of variance	Percentage of cumulative variance	Total	Percentage of variance	Percentage of cumulative variance	Total	Percentage of variance	Percentage of cumulative variance
1	7.50	25.01	25.01	7.50	25.01	25.01	3.38	11.25	11.25
2	3.10	10.33	35.34	3.10	10.33	35.34	3.08	10.26	21.52
3	2.00	6.66	42.00	2.00	6.66	42.00	2.89	9.64	31.16
4	1.84	6.13	48.12	1.84	6.13	48.12	2.81	9.35	40.52
5	1.59	5.30	53.43	1.59	5.30	53.43	2.78	9.27	49.79
6	1.41	4.70	58.13	1.41	4.70	58.13	2.39	7.96	57.75

Eigenvalues of 6 factors under study; Larger than 4, which together account for approximately 57.75% of the total changes, among which the eigenvalue of the first factor is equal to 25.01, the eigenvalue of the second factor is equal to 10.33, the third factor is equal to 6.66, The fourth factor was 6.13, the fifth factor was 5.30 and the sixth factor was 4.70. Second-order confirmatory factor analysis was used to examine the model of human resource strategies. The conclusion is that from the perspective of the samples, the six dimensions of the exploratory model as structures explaining the model of human resource strategies in the health system have a significant effect. In order to determine the dimensions of strategy implementation in the field of health, according to the results, the KMO value is equal to 0.896 and the significance level of Bartlett sphericity test is equal to 0.0009, so in addition to sampling adequacy, factor analysis based on correlation matrix can be justified. Second-order confirmatory factor analysis was used to evaluate the strategy implementation model.

Table2. Second-order factor analysis of strategy implementation dimensions

Explain the dimensions of strategy implementation	Standard coefficients	Values t	P-Value	Results	Priority
The structure of the implementing organization	0.64	9.405	0/0009	It is meaningful.	5
capacities	0.66	10.036	0/0009	It is meaningful.	3
Sources	0.47	7.885	0/0009	It is meaningful.	8
Macro environment	0.69	9.840	0/0009	It is meaningful.	2
Middle environment	0.65	9.144	0/0009	It is meaningful.	4
Execution environment	0.69	11.267	0/0009	It is meaningful.	2
Host Behavior	0.55	7.993	0/0009	It is meaningful.	6
Target community behavior	0.54	9.780	0/0009	It is meaningful.	7
Behavior of editors	0.95	16.019	0/0009	It is meaningful.	1

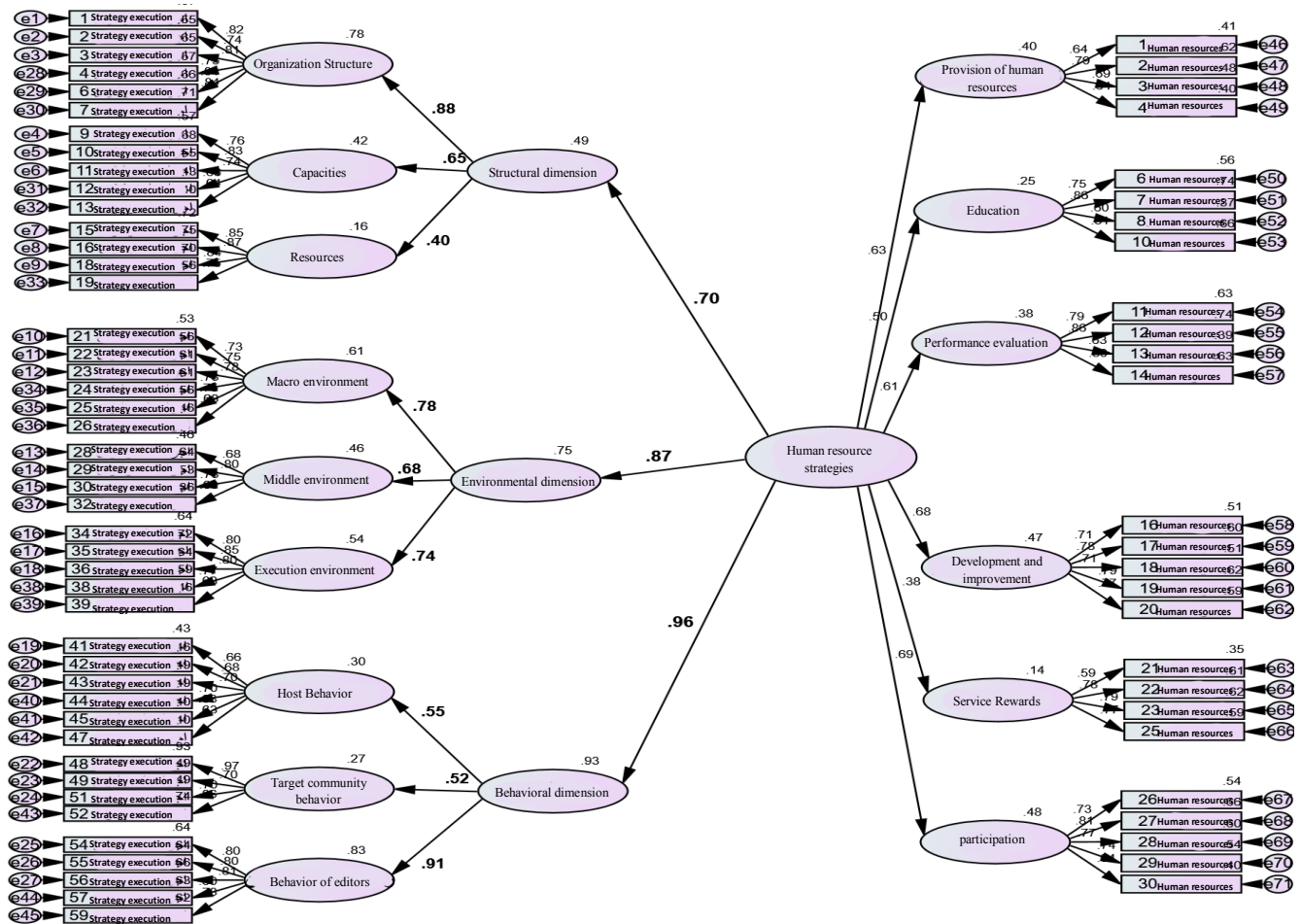
The conclusion is that from the perspective of the samples, the nine dimensions of the exploratory model as structures explaining the strategy implementation model in the health system have a significant effect. Using third-order factor analysis, each of the components of the implementation dimensions of the strategy was explained.

Table3. Third-order factor analysis of strategy implementation

Explain the dimensions of strategy implementation	Standard coefficients	Values t	P-Value	Results	Priority
Structural dimension	0.70	8.766	0/0009	It is meaningful.	2
Environmental dimension	0.72	8.872	0/0009	It is meaningful.	1
Behavioral dimension	0.67	7.528	0/0009	It is meaningful.	3

The conclusion is that from the perspective of the samples, the three dimensions of the exploratory model as structures explaining the strategy implementation model in the health system have a significant effect. To obtain the importance of the dimensions of human resource strategies and components of strategy implementation, considering that the level of priority has been examined in terms of factor standard coefficient; In this question, the priority of Friedman test is examined in terms of performance. The highest priority in terms of performance related to the service reward variable with an average rank of 4.18, second priority, training variable (4.10), third priority, human resource provision (3.56), fourth priority, participation variable (3.31) The fifth priority was the performance evaluation variable (2.98) and the lowest priority in terms of performance was related to development and improvement with an average rank of 2.88. In prioritizing the components of strategy implementation, priority in terms of performance related to the macro environment component with an average rank of 6.17, second priority, implementation environment (5.73), third priority, target community behavior (5.38), priority Fourth, resources (5.29), fifth priority, executors 'behavior (4.78), sixth priority, executive organization structure (4.64), sixth priority, middle environment (4.64), eighth priority, developers' behavior (4.54) and the lowest priority in terms of performance was related to the capacity component with an average rank of 3.85.

Figure 1 shows the output of the relationships between the components of human resource strategies on the implementation of the strategy in the form of standard coefficients:



Chi_square=4405.316; DF=2398; P-VALUE=.000; GFI=.735; CFI=.848; RMSEA=.050

Figure1. The original model in standard coefficient mode

Table 4 shows the impact of human resource strategies on the dimensions of strategy implementation.

Table4. Path analysis of the impact of human resource strategies and its dimensions on the dimensions of strategy implementation

routes	Standard coefficients	Values t	P-Value	Results
Human resource strategies on the structural dimension	0.70	7.076	0.0009	It is meaningful.
Human resource strategies on the environmental dimension	0.87	7.140	0.0009	It is meaningful.
Human resource strategies on behavioral dimension	0.96	5.950	0.0009	It is meaningful.
Providing human resources on the structural dimension of strategy implementation	0.38	3.613	0/0009	It is meaningful.
Training on the structural dimension of strategy implementation	0.41	4.032	0/0009	It is meaningful.
Performance evaluation on the structural dimension of strategy implementation	0.61	5.249	0/0009	It is meaningful.
Development and improvement on the structural dimension of strategy implementation	0.46	4.340	0/0009	It is meaningful.
Reward service on the structural dimension of strategy implementation	0.27	2.845	0/004	It is meaningful.
Participate in the structural dimension of strategy implementation	0.71	5.577	0/0009	It is meaningful.
Providing human resources on the environmental dimension of strategy implementation	0.40	4.474	0/0009	It is meaningful.

Training on the environmental dimension of strategy implementation	0.40	4.803	0/0009	It is meaningful.
Performance evaluation on the environmental dimension of strategy implementation	0.25	3.441	0/0009	It is meaningful.
Development and improvement on the environmental dimension of strategy implementation	0.16	2.287	0/022	It is meaningful.
Reward service on the environmental dimension of strategy implementation	0.41	4.601	0/0009	It is meaningful.
Participate in the environmental dimension of strategy implementation	0.44	5.022	0/043	It is meaningful.
Providing human resources on the behavioral dimension of strategy implementation	0.29	3.567	0/0009	It is meaningful.
Training on the behavioral dimension of strategy implementation	0.31	3.893	0/0009	It is meaningful.
Performance evaluation on the behavioral dimension of strategy implementation	0.32	4.004	0/0009	It is meaningful.
Development and improvement on the behavioral dimension of strategy implementation	0.20	2.899	0/004	It is meaningful.
Reward service on the behavioral dimension of strategy implementation	0.29	3.593	0/0009	It is meaningful.
Participate in the behavioral dimension of strategy implementation	0.40	4.383	0/0009	It is meaningful.

Findings related to research questions showed that, according to the results of heuristic factor analysis and also; Standard coefficients, t-values and P-value in confirmatory factor analysis, dimensions of human resource supply (standard coefficient 0.64 and T-values 8.196), training (0.46 and 6.769), performance evaluation (0.62 And 9/271), development and improvement (0.79 and 10.828), service reward (0.32 and 4.432) and participation (0.73 and 10.253), in explaining "human resource strategies They are effective and meaningful in the field of health of the country. Structural dimensions (standard coefficient 0.70 and values of T 766.8), environmental (0.72 and 8.872) and behavioral dimension (0.67 and 7.528), in explaining the "implementation of strategy" in the field of health they are effective and meaningful. Components of the structure of the implementing organization (standard coefficient 0.64 and values of T 405.9), capacities (0.66 and 10366), resources (0.47 and 7.885), macro environment (0.69 And 9.840), middle environment (0.65 and 9.144), special environment (0.69 and 11.267), behavior of performers (0.55 and 7.993), behavior of target community (0.54 and 9.780) and the behavior of the compilers (0.95 and 169.01) are effective and significant in explaining the "implementation of strategy" in the field of health of the country. In explaining the relationships between research variables, the results indicate that human resource strategies on the structural dimension (standard coefficient of 0.70, t values of 7.076 and P-value of 0.009), environmental dimension (0.87, 7.40 and 0.009) and behavioral dimension (0.96, 5.950 and 0.009) had a significant effect. The effect of the dimensions of human resource strategies on the structural dimension of strategy implementation; Human resource supply dimension (standard coefficient 0.38, t-values 3.613 and P-value 0.009), education (0.41, 4.032 and 0.0009), performance evaluation (0.61, / 249) 5 and 0.0009), development and improvement (0.46, 4.340 and 0.0009), service reward (0.27, 2.845 and 0.004) and participation (0.71, 5.577 and 0.0009), had a significant effect on the implementation of the strategy. The effect of the dimensions of human resource strategies on the environmental dimension of strategy implementation; Human resource supply dimension (standard coefficient 0.40, t values 4.474 and P-value 0.009), education (0.40, 4.803 and 0.0009), performance evaluation (0.25, 441/ 3 and 0.0009), development and improvement (0.16, 2.287 and 0.022), service reward (0.41, 4.601 and 0.0009) and participation (0.44, 0.522 and 0.043) has had a significant effect on the implementation of the strategy. The effect of the dimensions of human resource strategies on the behavioral dimension of strategy implementation; Dimensions of human resources supply (standard coefficient 0.29, t-values of 3.567 and P-value of 0.009), training (0.31, 3.893 and 0.0009), performance evaluation (0.32, 0.004) 4 and 0.0009), development and improvement (0.20, 2.899 and 0.004), service reward (0.29, 3.593 and 0.0009) and participation (0.40, 4.383 and 0.0009), had a significant effect on the implementation of the strategy.

Finally, according to the results, the final model of the implementation of human resource strategies in the field of health is presented as follows:

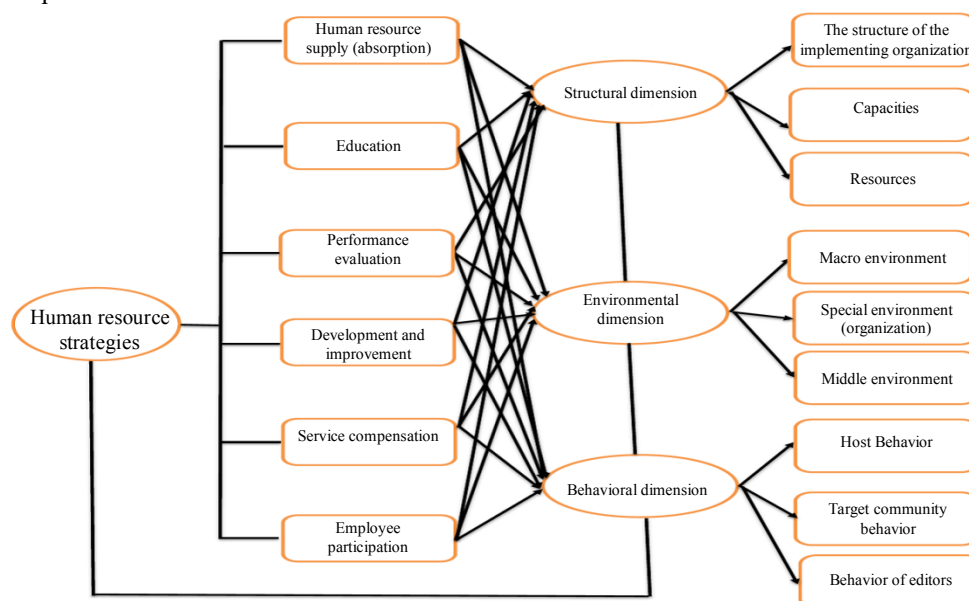


Figure2. Model of implementation of human resource strategies in the field of health

4. Discussion

The purpose of this study was to design a model for the implementation of human resource strategies in the field of health. The results showed that "human resource strategies" have six dimensions: 1. Human resource supply, 2. Training, 3. Performance evaluation, 4. Development and improvement, 5. Service reward and 6. Participation and "Implementation" Strategy »has three dimensions and nine components as described: a- Structural dimension 1: structure of the implementing organization, 2: capacities, 3: resources), b- environmental dimension 4: macro environment, 5: middle environment, 6: Execution environment) and c- Behavioral dimension 7: Behavior of performers, 8: Behavior of target community and 9: Behavior of compilers). The results of the quantitative section showed that the impact of all dimensions of human resource strategies on the structural, environmental and behavioral dimensions of strategy implementation was confirmed.

Explaining the research findings, it can be said that human resources are described as a collective ability to extract the best solution from their individual knowledge (Sorayae, 2010), Special attention to human resources, especially in organizations providing health services and health in the community as the most vital element of organizational success and creating a sustainable competitive advantage is always important in management (Shams Lahroudi et al, 2018). Today, several models have been proposed for evaluating health care systems, but the success of this process can be ensured only when an approach is used that covers all dimensions and a clear picture of human resource management in Empower senior and middle managers of health care organizations (Moheb et al, 2015). Human resource management in the health sector in many developing countries is very weak and fragmented, and lack of motivation and adequate education is one of the most important problems of the health system in most of these countries (West and et al, 2010). The importance of human resource management in improving all patient health outcomes and providing patient care services (Som, 2011). But the important point is how these cares should be provided and by whom and with what characteristics (Hadizadeh et al, 2008). In health enterprises, health professionals are the most important asset for production; and when these firms have efficient management on this part of their resources, the result will be an increase in the quality of services provided and the firm

will move towards greater competitiveness. Looking at the problems related to hospitals, it can be seen that the concept of human resource management is not properly implemented in them. Although many managers place great emphasis on the importance of human resources, they are often unaware of the management system, strategies, and processes needed to support this important factor of production (West and et al., 2010).

Kabene et al (2006) in Canada, the United States, and a number of developed countries, examined the global care system and the importance of human resource management in improving overall patient health outcomes and improving health care, and concluded that challenges in There is a health care system in these countries and the way to overcome these problems is to properly implement human resource management practices. On the other hand; the importance of health policy-making and its vacuum in the health system of developing countries is one of the major debates in recent years. The importance of policy-making and planning in improving the health system is also highly emphasized in our country (Health Policy Council, 2008). However, the development of appropriate policies, especially with regard to human resources, has not been the focus of attention so far. Failure to formulate appropriate policies can have adverse consequences such as failure to meet the expectations of users, poor quality of public services, negative social or environmental consequences, and deprivation of sections of society from receiving services. Be. Determining health sector policies is very important in the health care system because through these policies (Faraji khiyavi et al, 2012).

Provides a perspective to solve health sector problems; A framework is created to support decision-making and decision-making becomes wiser; Planning is facilitated by providing a decision-making framework; The goals and priorities of the health care system are identified; The tools and resources needed to achieve the goals of the health sector are identified; Professionals and other stakeholders come together around health problems and work to address them; In the development of the health system, integration and focus are established and a general agreement is reached; Processes for monitoring and evaluating various strategies to achieve policy goals are improved; A reference framework for evaluation and reporting is defined; Determining the resources needed for an effective and efficient operation is facilitated.

It should be noted that policy and human resources in the health sector are closely related; So that no change and improvement is possible without considering human resources. On the other hand, the challenges facing health sector policies have a direct impact on personnel, and success in these challenges also depends on personnel. Many analysts believe that not paying enough attention to human resources can lead to the failure of any health policy. However, although attention to economic and structural change has increased in many countries, manpower is still viewed only as a factor of production alongside other factors. According to this view, changes in manpower policies are included in the plans only when the plans face resistance from professional groups, are not feasible due to cost, or need to be reformed in the organization. Be difficult in terms of current political acceptance or organizational capacity. It is worth noting that human resource policy in the health sector is very important, because health care organizations are more dependent on their workforce than any other organization. In addition, manpower payments are between 65 and 80% Includes running costs of the health sector. Most importantly, the quality, efficiency, effectiveness, accessibility and acceptability of health services depend on the performance of those who provide these services (Faraji khiyavi et al, 2012). I have to say; The most important factors that can prevent the implementation of appropriate human distribution strategies in the field of health are insufficient capital and financial support and its concentration at the strategic and staff level and inappropriate allocation of capital to the first line of care, lack of appropriate patient information, structures Ineffective organizations such as lack of competence, skills and training among employees, restrictive rules, lack of effective leaders and managers at the micro level (Mirsaeid et al, 2014).

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