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Original Article

A Multi-Stakeholder Qualitative Study of Geriatric Health Program in Iran

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Abstract

Objectives: This study was conducted to evaluate the Elderly Health Program (EHP) in Iran from the perspectives of key stakeholders (policymakers, service providers, and recipients) by identifying its strengths, weaknesses, opportunities, and threats (SWOT) within its broader socio-technological, economic, environmental, and political (STEEP) context.

Setting: Tabriz, Iran.

Participants: 38 participants were selected via purposive sampling, including policymakers, healthcare service providers, and older adults recipients of the program.

Intervention: Semi-structured interviews and conventional qualitative content analysis guided by the integrated SWOT-STEEP analytical framework.

Outcome Measures: Internal strengths, external opportunities a, and weakness of the Geriatric Health Program.

Results: The analysis identified key internal strengths (e.g., comprehensive service package, trained personnel) and weaknesses (e.g., weak referral system, insufficient financing) of the program. External opportunities (e.g., increasing public awareness, potential for technology use) and threats (e.g., economic constraints, inter-organizational inconsistencies) were also delineated. The findings provide a strategic map of the factors influencing the effectiveness of the program.

Conclusions: The Geriatric Health Program possesses significant strengths but faces great challenges. A robust and continuous evaluation system is essential to leverage opportunities, mitigate threats, and inform strategic decisions for improving service quality and achieving macro goals of the health program.

Keywords: Program evaluation older adults, Health services for the aged, Qualitative research, SWOT analysis, Health policy

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Introduction

Population aging is one of the most critical population trends during the 21st century. Today, the population of the elderly is increasing worldwide.[1,2] Population aging is one of the consequences of development, such as improving socio-economic conditions, improving health status, nutrition, housing, advancement of medical knowledge and technology, reducing fertility rate, reducing mortality, and increasing life expectancy, which leads to significant changes in the structure of the world's population.[3,4] This demographic transition poses a significant challenge to healthcare systems by being associated with an increased burden of age-related chronic diseases and disabilities.[5] Many developing countries have faced an increase in the number of elderly and a simultaneous decrease in fertility rates in recent years due to changes and developments in age groups.[6,7] Following the rise in the elderly population, their health problems also increase and become more prominent. The rapid growth of the elderly population leads to a substantial increase in healthcare costs, which necessitates comprehensive planning to develop solutions, solve the problems of the elderly, and manage the burden of their diseases.[4] Developing comprehensive, coherent, and purposeful programs based on scientific findings that are implemented carefully and thoughtfully guarantees the quantitative and qualitative improvement of older people's lives.[8] In response to this need, the Geriatric Health Program (GHP) was integrated into the primary health care network in Iran. The program aims to provide services such as routine health assessments, screening for

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common geriatric conditions, and health education to the elderly population.[9] The purpose of the elderly health program includes providing, maintaining, and promoting the health of the elderly population. Additionally, this program seeks to increase the level of awareness and skills of the personnel providing services to the elderly and enhance the coverage of elderly health services.[10] Assessment of health care and treatment can be defined as the evaluation of legal and institutional effectiveness, efficiency, and acceptability of planned actions for specifically defined purposes. The assessment results can be used to discover and recognize the talents and capabilities of directors. It informs managers about the progress of methodologies, plans, and objectives and then identifies the strengths, weaknesses, and deficiencies.[11,12] While previous studies have explored aspects of health service programs and elderly care in Iran,[13,14] this study aimed to provide a comprehensive strategic analysis from a multi-stakeholder perspective. Due to the importance of elderly health and the need for proper assessment of related programs, this study was conducted to evaluate the elderly health program using the SWOT (Strengths, Weaknesses, Opportunities, Threats) and STEEP (Social, Technological, Economic, Environmental, Political) frameworks from the perspectives of policymakers, service providers, and service recipients at Tabriz University of Medical Sciences in 2021. The results of this study will help identify strengths, weaknesses, threats, and opportunities and thus provide a basis for strategic improvements to the program.

Methods

A total of 38 participants were selected for this study using purposeful and theoretical sampling methods. Accordingly, 38 semi-structured interviews were conducted with three different groups of participants. The first group included specialists and experts in the fields of geriatric health, health services management, health policy, psychology, sociology, health education based on previous studies in the field of geriatric health programs in the faculties of Tabriz University of Medical Sciences or Tabriz University, as well as other knowledgeable people who had at least one published article or a book on the subject of geriatric health from different faculties of medical universities and research centers and related managers and deputies in the Vice Chancellor for the Health of Tabriz University of Medical Sciences. The second group included executive staff, such as doctors, midwives, health experts, etc., with at least three years of work experience in the field of elderly care. The third group included health care recipients of the elderly who had at least 2 referrals to a health center during the past year and had no mental illness or cognitive impairment.

The interview guide was designed according to the literature review, and two in-depth interviews were conducted at the beginning of the study. The design of the interview questions was informed by the components of the SWOT (Strengths, Weaknesses, Opportunities, Threats) and STEEP (Social, Technological, Economic, Environmental, Political) frameworks. This guide contained a limited number of general and specific questions that required open-ended and interpretive answers. The key interview question was as follows: "In your opinion, what are the strengths, weaknesses, opportunities, and threats of the elderly health program implemented at Tabriz University of Medical Sciences?" The following questions were asked based on the participants' answers to this question.

The interviews were conducted with prior coordination. Before the interview, a full explanation of the importance, goals, and research methods was given to the interviewees. It was also reminded that participation in this research would be entirely optional, anonymous, and confidential, and the data would be used only for the study. It should be noted that all interviews were conducted with informed consent. Data saturation was achieved after 38 interviews. The interviews were recorded and noted with the participants' permission and were conducted immediately after obtaining consent. The average interview time was 50 minutes.

Credibility and confirmability criteria were used to determine the validity, accuracy, and robustness of the interviews. To increase the credibility of the data, continuous monitoring and observation, adequate time allocation, good communication integration in research, integration of data collection methods (interview, observation, writing), time integration (review at regular intervals and the possibility of feedback on data), review of supervisors, using additional comments from colleagues, review notes by participants, searching for conflicting evidence, and analysis of negative cases were used.[15] Two researchers coded each interview. During the analysis, the identified themes were systematically categorized according to the SWOT and STEEP frameworks. The steps of data analysis and coding were as follows: familiarity with the text of the data (reading the implemented texts several times and immersing the data), identifying and extracting the original code (identifying and extracting the data that are more related to the original code), identifying the themes (placing the extracted primary code in related themes), reviewing and completing identified themes, naming and defining themes, and ensuring the reliability of codes and extracted themes (reaching an agreement between two coders by discussing and resolving disputes).

Results

Participants in the study were from three stakeholder groups. The demographic characteristics of the participants are listed in Table 1. In the category of experts and policymakers, 12 individuals were interviewed with a mean age of 41.58 ± 7.72 years and a mean work experience of 14.08 ± 9.09 years. The service providers group consisted of 12 individuals with a mean work experience of 19.25 ± 12.47 years. In the third group, 14

older adults who had referred to the centers for services were interviewed with a mean age of 71.85 ± 7.34 years.

Analysis of the interviews provided valuable insights into the strengths, weaknesses, opportunities, and threats of the Elderly Health Program. The main findings are summarized in Table 2, followed by a detailed presentation of each category.

Strengths of the Elderly Health Program from the Perspective of Stakeholders

The identified strengths were categorized based on the health system control knobs. The analysis revealed three main thematic strengths.

Strong Organizational Infrastructure and Service Delivery Network

Participants emphasized the value of the widespread network of health centers in villages and cities. The presence of elderly-friendly centers, the availability of daycare centers, and the involvement of the private sector were seen as key assets. A policymaker stated: *"Health complexes in Tabriz provide health services with the highest efficiency."* (participant 1, policymaker).

Comprehensive Program and Technological Structure

The existence of a well-defined program with an appropriate executive framework was acknowledged. The use of an up-to-date online information system and new communication technologies was highlighted as a significant strength for monitoring and evaluation.

Effective Training Programs and Provider Conduct

Group training sessions for the elderly (held before the COVID-19 pandemic) and the respectful behavior of healthcare providers were frequently mentioned. A service provider explained: *"On a large scale, training started... questions and answers were asked... each part was taught by a specialist... retraining is held once a year."* (participant 1, service provider).

Table 1. Demographic Characteristics of the Participants in the Study

Participants	Variable		Frequency	Percentage
policymakers	Gender	Male	6	50
		Female	6	50
	Degree of education	Professional doctorate	9	75
		Master's degree	2	16.66
Service providers	Gender	Male	2	16.66
		Female	10	83.33
	Degree of education	Bachelor's degree	9	75
		Professional doctorate	1	8.33
		Master's degree	2	16.66
Recipients of services	Gender	Male	7	50
		Female	7	50
	Degree of education	Illiterate	8	42.85
		Below diploma	1	28.57
		Diploma	1	14.28
		Medical specialty	1	7.14
		Theological	1	7.14

Weaknesses of the Elderly Health Program from the Perspective of Stakeholders

The analysis uncovered several weaknesses, grouped into three primary themes.

Organizational and Logistical Deficiencies

A critical weakness was the lack of suitable physical infrastructure and equipment. Participants reported disproportionate physical space for the elderly, a lack of welfare amenities, and geographical access issues in remote areas. The high workload of providers was a major concern. A policymaker noted: *"Working with the elderly takes a lot of patience... an ordinary person is asked a question once, but with the elderly, a question is asked with several models."* (participant 2, policymaker). The lack of home care services and a weak referral system were also among the significant shortcomings.

Behavioral and Awareness Challenges

Low awareness among the elderly and their families about the necessity of the program was a key issue. Participants also mentioned a lack of educational needs assessment for providers, resistance of the elderly to changing unhealthy behaviors, and the absence of simple repetitive educational programs on public media.

Financial and Payment System Constraints

In the realm of financing, weaknesses included limited credits for program implementation, deficiencies in rural insurance coverage, high costs of private services, and problems related to timely salary payments and unclear overtime compensation for staff. Regarding the impact of costs on the elderly, one participant said: *"He is sick, but he does not come because of the expenses, and he postpones it."* (participant 6, policymaker).

Opportunities for the Elderly Health Program from the Perspective of Stakeholders

The external opportunities were classified using the STEEP model.

Social Opportunities

Participants identified increasing community literacy levels and growing public sensitivity towards the elderly as positive trends. The capacity of media advertising and word-of-mouth, as well as the potential of health liaisons and NGOs, were seen as opportunities. One policymaker said: *"People can hear and come if it is in the media or even word of mouth. Corona has increased awareness..."* (participant 7, policymaker).

Technological Opportunities

The possibility of e-learning for families, the existence of

Table 2. Summary of Key Findings from the SWOT and STEEP Analysis of the Elderly Health Program

SWOT/STEEP factor	Main themes (categories)	Specific examples/illustrative evidence
Strengths (internal)	Organization and service delivery	Extensive network of health centers in cities and villages; existence of elderly-friendly and daycare centers
	Program structure	Comprehensive program with a clear executive framework; up-to-date online information system
	Training and provider behavior	Group training sessions for the elderly; good behavior of service providers
Weaknesses (internal)	Organization and service delivery	Lack of suitable facilities and space for the elderly; high workload of providers; lack of home care services; weak referral system
	Provider and recipient behavior	Low awareness among the elderly; resistance to lifestyle changes; low staff motivation
	Financing and payment	Limited credits; high cost of private services; issues with timely salary payments and overtime
Opportunities (external-STEEP)	Social	Increasing community literacy and awareness; capacity of media and NGOs
	Technological	Potential for e-learning; existence of cyberspace and local media
	Economic	Existing health insurance structure
	Political	Establishment of a new government; presence of knowledgeable officials
Threats (external-STEEP)	Social	COVID-19 pandemic; low public sensitivity to aging; poor media activity; lack of trust in services
	Technological	Low familiarity of the elderly with technology; non-applicability of research; lack of integrated systems
	Economic	Unsustainable financing; inflation; lack of long-term care insurance
	Political	Lack of a clear trustee for the elderly; cumbersome laws; weak inter-sectoral cooperation

cyberspace, and the use of local media were mentioned as avenues for improvement.

Economic Opportunities

The existing structure of health insurance was viewed as a foundational platform that could be built upon to expand coverage for the elderly.

Political Opportunities

The establishment of a new government post-elections and the presence of knowledgeable and consistent officials in the provincial health system were cited as potential catalysts for positive change.

Threats to the Elderly Health Program from the Perspective of Stakeholders

The external threats were also analyzed using the STEEP framework.

Social Threats

The COVID-19 pandemic was a major disruptive threat. Other concerns included a lack of public sensitivity to population aging, insufficient media activity focused on the elderly, inadequate welfare and insurance support, and a lack of trust among the elderly in the quality of services. An older adult expressed a feeling of being undervalued: *"Everything has changed since I retired as if I was useful until the date of retirement. They no longer say, let's solve this problem."* (participant 6, service recipient).

Technological Threats

Key threats included insufficient familiarity of the elderly with cyberspace, the lack of applicability of academic research to real-world problems, and the absence of integrated information systems connecting different levels of care.

Economic Threats

Broader economic problems, such as unsustainable financing, rising costs due to inflation, lack of long-term care insurance, and insufficient funding for primary care, were seen as significant risks to the sustainability of the program.

Political Threats

The absence of a clear trustee for the elderly, a lack of a systematic view among managers, cumbersome upstream laws, and weak inter-sectoral cooperation were identified as major political barriers. One policymaker emphasized: *"Inter-sectoral cooperation is weak... There is a lot of parallel work. Welfare does the same for health. The programs are fragmented."* (participant 5, policymaker).

Discussion

Strengths

In the present study, we aimed to evaluate the elderly health program by identifying the strengths, weaknesses, opportunities, and threats of the program. The internal strengths of the program were categorized using the health system control knobs framework.[16] From the point of view of the beneficiaries, the elderly health program has valuable strengths that can be considered a practical step in improving the services provided to older adults. These strengths included the compatibility and comprehensiveness of the program with most of the needs of the elderly, the development of appropriate comprehensive educational programs, preparation of healthy living training package as a platform for educating and leading the elderly to a healthy and dynamic lifestyle, the existence of periodic follow-up protocols, empowerment of the elderly, and the use of new technology tools including SMS to track services and evaluate the performance of the provider and the service

recipient pointed out. According to the findings of the study by Briggs et al, older people and informal caregivers should also be involved in the care process. Financial support and efficient use of information technology and organizational alignment are essential.[17] The results of the present study also indicate that the use of geriatricians and paramedics in the service delivery team can improve service delivery.[18,19]

Weaknesses

In Taiwan, an integrated outpatient clinic for the elderly has been established to provide services to people over 65 to reduce the use of health care by the elderly.[20] According to our findings, the lack of specialized geriatric clinics, rehabilitation clinics, clinics for specific diseases of the elderly such as Alzheimer's, the lack of comprehensive geriatric centers with full facilities, and the lack of comprehensive and centralized health care centers for the service system were among the weaknesses of the system. To prepare for the rapid aging phenomenon, China has used non-professional health workers to manage the health of the elderly in basic public health services in the primary health care sector since 2009 to address the challenges of health care.[21] According to our interview findings, development in rural areas has improved the primary health care delivery system. Today, Behvarz is carefully selected to provide services in rural centers, and a two-year training course is considered. In this case, providing the appropriate content for services to the elderly can improve the services to the rural older people.[22,23]

Opportunities and Threats (External Environment-STEEP Analysis)

Results of previous studies have focused on the use of health information technologies and population health management approaches to support health monitoring and improve the quality of care provided to older adults.[24] This represents both a technological weakness and an opportunity for development. In India, the National Elderly Health Program identifies health problems in the elderly. It provides appropriate health interventions in the community through strong referral support and referral services to the elderly through regional medical institutions and hospitals to meet the needs of the elderly.[4] In our country, the referral system suffers from weaknesses such as non-compliance with the referral system by the elderly, lack of necessary infrastructure for referral, long waiting queues, crowded and overcrowded referral centers (levels 2 and 3), non-cooperation of urban elderly in referral to specialist, lack of feedback in referrals, problems in referral through an electronic system, the discrepancy between the practical referral system and the theoretical framework, incomplete referral chain to specialized levels, lack of timely referral of the elderly, lack of access to treatment (levels 2 and 3), low cooperation of specialists in completing feedback, and the poor cooperation of the elderly and their companions in cases of follow-up and referral, which can prevent the realization of the goals of the health system despite all efforts. The study by Foroumandi evaluated the process of the nursing nutrition program. Indicators were fully scrutinized as planned, but most planned programs for the elderly, especially vitamin and mineral supplements, follow-up, and physical activity, were poorly performed. Vitamins and minerals, follow-up, and physical activity sessions were not properly delivered to the older people, and there was generally a low level of loyalty to the performance. Providers believed that older people did not receive nutritional services.[22] The results of the present study are consistent with the findings of the interviews. The Republic of Korea provides national health insurance with universal access to health care for all. It covers compulsory long-term care insurance through eligibility assessments and provides benefits for institutional and home care and cash benefits in exceptional cases.[25] According to our findings, the existence of a health insurance structure can be an opportunity for the elderly health program. Moreover, stakeholders highlighted major weaknesses in insurance coverage for elderly care. These include inadequate coverage for preclinical and home care services, insufficient welfare and financial support, lack of long-term care insurance, and absence of a dedicated geriatric insurance fund. Additionally, insurance often fails to cover essential needs such as geriatric drugs, medical equipment for elderly care, and management of long-term diseases, falling short of providing comprehensive coverage for geriatric services.[10,26-27] These findings highlight economic and political aspects (components of the STEEP framework) as significant externalfactors.

Policy Implications and Limitations

Considering the increase in the elderly population of the country in the future, the government and officials need to take a more serious look at the issue of aging and its importance and by identifying the main guardian of the elderly in the country and activating the organizing committee for the elderly, new approaches to creating greater sensitivity and awareness to this issue and prepare the community for further support in the implementation of the program. In the course of program implementation, issues such as parallel work with other programs, inconsistencies between organizations, and the existence of cumbersome upstream rules can waste the energy and time of the executive team and make it difficult to achieve the goals of the program. Hence, it is necessary to facilitate the participation of other organizations, establishment of inter-organizational coordination, observance of the referral system, and emphasis on providing feedback during referral and launching the elderly follow-up system, electronic health record, and integration of service delivery systems at all levels, which can accelerate the realization of the goals of the elderly health program .In the present study, we faced limitations such as coordination problems with policymakers and experts and the COVID-19

pandemic in the country. This situation also affected the number of older adults visiting the centers, which created restrictions on interviewing people and obtaining more opinions. The pandemic may have also influenced stakeholders' perspectives, particularly regarding the threats to service delivery during health crises, a point that should be considered when generalizing the findings.

Conclusions

Due to the increasing trend of the elderly population in the country, especially in the coming decades, it is necessary to pay attention to the importance of the health of this age group and provide appropriate services. The Elderly Health Program has valuable strengths that can be considered a practical step in improving the services provided to the elderly. Despite the existing weaknesses, it is possible to overcome the weaknesses and future threats by evaluating and using the strengths and opportunities ahead. Therefore, having a strong evaluation system that can provide timely and sufficient information from the evaluation of the program to the authorities to play a role in the proper management of resources and the achievement of macro goals of the program is very important. In this study, we tried to evaluate the program from the perspective of stakeholders and identify strengths, weaknesses, opportunities, and threats to provide solutions to eliminate possible shortcomings and provide and improve the quality of care and thus improve the health of the elderly.

Statement of AI Use

During the preparation of this work, the authors utilized ChatGPT (OpenAI) and/or other AI tools for improving the clarity and structure of the manuscript. After using these tools, the authors reviewed and edited the content as needed and took full responsibility for the content of the publication.

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Data availability statement

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Ethical approval

This study was approved by the Ethics Committee of Tabriz University of Medical Sciences (Ethics Code: IR.TBZMED.REC.1398.584).

Consent for publication

Not applicable.

Conflict of interests

The authors declare that they have no competing interests.

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