

Table 19: Results of the regression of implementation success on the independent variable structure (n=15).

R (Pearson's Correlation)	
Structure	0.713
R ²	0.508
F-stat	2.877
P-value sig. f	0.000

According to table 19 the R² is 0.508, and this means that 50.8% of the variance of the implementation success is explained by the structure of the organization. This is very high, but as expected the variable structure have a significant positive effect on the implementation success.

The results indicate that the overall model is statistically significant (F = 2.877, p = 0.000). Because a high score of Pearson correlation, also refers to a high score of the R-square. The chance that the results are a coincidence is small. This means there is no reason to distrust the results. However, it must be stated that because of the small N, there is a chance that the results are distorted.

Table 20: Results of the regression of implementation success on the independent variable coordination (n=15).

R (Pearson's Correlation)	
Coordination	0.940
R ²	0.884
F-stat	3.264
P-value sig. f	0.001

The R² of table 20 is 0.884. This means that 88.4% of the variance in the variable implementation success is accounted by the variation in the variable coordination. This is a high score, because this means that coordination have a significant positive effect on the success of the implementation of this framework. Still 11.6% remains unexplained in this model. The model is statistically significant (F=3.264, p = 0.001).

Table 21: Results of the regression of implementation success on the independent variable participation (n=15).

R (Pearson's Correlation)	
Participation	0.843
R ²	0.711
F-stat	2.293
P-value sig. f	0.034

Looking at table 21, we see that the R² is 0.711. This means that 71.1% of the variance of the variable implementation success is accounted by the variation in the variable participation. The participation of the respondents have a significant and positive influence on success rate of the implementation (F = 2.293, P = 0.034).

Conclusion

First of all, correlation analyses were executed with SPSS to check whether there is a significant relationship between the variables. The used term is Pearson's Correlation. There must be stated that the Pearson's correlation does not measure the causality of the relationship. This means it is not made clear which variable influence which variable. And also it is not clear whether a variable will be influenced or not. The correlation analyses only shows the extent of how the two variables are related to each other and whether this is positive or negative relationship. When looking at the correlation table, you see that structure (r=0.713), coordination (r=0.940) and participation (r=0.843) have a high correlation score with the variable implementation success. The scores are significant (p is smaller than 0.05). Therefore, the conclusion is that there is a clear and positive relationship between the variables structure, participation and coordination with the variable implementation success.

To see what the combined explaining effect is of the variables, I have put them in 1 model in SPSS (see table 16). 73% of the variance of the variable implementation success is accounted by the variation in the variables structure, coordination and participation. The chance is very small that the results are based on coincidence. (P is smaller than 0.05). So this means the high R-square (0.73) is significant.

Hypothesis 1 and hypothesis 3 was tested using the Pearson Correlation analysis of SPSS. There was a positive correlation found between structure and coordination (r = 0.445, p = 0.00). This means that there is a positive relation between those two and that the importance of coordination is influenced by the structure of the organization.

The findings of table 14 shows that coordination was rated the highest by the respondents. This means that coordination will be considered as the most important part of the implementation process by the respondents. However, it is not regardless of the variable structure, because this influences the construct coordination.

Link to theories

The outcome of this study can contribute to the existing literature that supports the fact that actors were assumed to have clear, consistent and stable objectives. According to Weiner (2009) these criteria were supposed to define tasks, performance, improvement and progress of the respondents. Also, the respondents were assumed to understand what it takes to achieve the objectives, how to carry out the key activities. This organizational form

was assumed to be a significant determinant of performance of actors. Finally, it is assumed that respondents should have the authority, power and resources in order to achieve the desired results. The choices that are made in the preparation stage were assumed to be the most important determinants.

Spratt (2009) also confirms the outcome of the analysis. The degree to which actors contribute (participation) in achieving the goals and objectives affects the implementation. Spratt (2009) discussed in their article about the motivation of actors regarding to a specific issue. If the participation is low, than there is a great chance that the actors may ignore the important elements of the policy. In other words, they may not work actively to undermine the policy or program. So examining the participation of actors is an aspect of this research, because it helps to understand the perspectives of the implementers. Their beliefs, how they value priorities and what their perceptions are of the importance of specific problems and policy solutions may affect the implementation process. A lack of participation may reveals the root causes of implementation failures.

What also influences the success of failure of implementation is the information flow (communication), because successful policy implementation requires that those involved in the process have sufficient information (Spratt, 2009). To successfully implement a policy, those involved in operationalizing it need to have sufficient information. This includes knowing with whom to work and the appropriate beneficiaries of the policy.

This includes technical information of the policy itself, and patterns of internal communication between actors involved.

The construct coordination came out as the most important explanatory variable of successful implementation. A part of this construct is the variable power (authority). Questions about power are included, because it is important to understand who is empowered to implement a policy and to what degree the actors can implement it. One actor may have power due to formal sources such as legal or regulatory systems (Spratt, 2009). Others may gain power due to informal sources such as being dependent of another party of organization for the achievement of goals and objectives. Power is a part of the construct coordination, and this influences the process.

According to Spratt (2009) cooperation can be defined as an interaction between actors. There are three kinds of cooperation that could be described. Firstly, active cooperation only occurs when both parties share a common goal in implementing a policy. Secondly, passive cooperation refers to one or more actors that are adopting a passive approach to implementation of the policy. The third one is forced cooperation. This is a form of passive cooperation imposed by a dominant actor (Spratt, 2009). Cooperation is a part of the construct participation. However, the statistics are not confirming this. The construct objects has a correlation of ($r = -0.29$) with the construct participation. Literature states that active cooperation (participation) only occurs when actors share a common goal in implementing a policy. The statistics tells us that there is a negative correlation, so this means they are correlating with each other in a negative way.

Another variable that is discussed by Spratt (2009) is joint learning. Joint learning is a part of the construct internal communication. Joint learning occurs when actors overcome a lack of information due to poor communication within the organization. And this might causes barriers for the implementation. Statistics tells us that communication has no significant influence on the construct successful implementation. According to Touati et al. (2006) the main observation from the case studies is that most instruments lack a comprehensive monitoring system. After the analysis, the availability and quality of monitoring data of the policy turned out to be much lower than expected at the start of the research. However, with the set up of a steering committee, the employees carried out their task very well by having the steering committee monitoring the implementation of this framework. And the working groups are specified to have the key activities performed and completed. On behalf of the literature review, a thoroughly quantitative and qualitative research, there can be concluded that the structure of the organization, the participation of the employees and the coordination of the implementation process has a positive influence on the success of implementation. Not only are employees participating more actively when the organization is structured, but also a good coordination of the process leads to more participation which lead to a better implemented key activities.

6. Conclusion

What conclusions can be drawn at the end of this thesis? The former chapters describe the existing literature and the empirical results of the relationship between the preparation stage and the success of policy implementation. These results, however, have little meaning if they are not used in the right context. Therefore, the aim of this chapter is to contribute to the scientific knowledge on public policy and to improve the design and implementation of policies in Hong Kong.

This chapter starts with a summary of the answers to the sub-questions. Then, the empirical results described in chapter 5 are further explored and the fourth sub-question of this thesis will be answered in section 6.3. This thesis ends with a list of value and limitations of this study and implications for further research.

6.1 Answering Sub questions & Main research question

In this section the sub-questions will be answered based on the results of the research. Finally, the main research question will be answered.

1. How does a carefully designed implementation plan influence the likelihood to implement the policy?

First, the results of this study showed that high scores on structure and coordination also refer to high scores on success of implementation. Thus, a framework that was implemented with adequate resources, and a well structured organization, actively participating employees will guarantee the success of implementation according to the conceptual model. These results are in line with the literature review as described in chapter 2.

Second, the results showed that implementations with a high level of participation lead to high scores of structure and coordination. This may indicate that participation may improve the likelihood to implement the policy and increase the chance of success. These results are supported by literature that stated that participation and motivation are important factors for the implementation process. It may increase the quality of work among the participants.

Surprisingly, research has shown that the desired outcome of the employees was not related to the success of implementation. Thus, the ability to implement the strategic framework does not depend on the way the employees wanted to achieve. Having clear objectives with coherence, on the other hand, was not related to the participation of the employees, nor was it related to the communication and coordination of it.

The results showed that implementations initiated by managers were reported with high scores on structure and coordination. An initiative from the higher level might therefore lead to implementations that are adequately funded by the department and systematically evaluated. However, participation was not related to manager initiative. Thus, the results indicated that whether it was the manager that initiated the implementation, or it was someone else, it does not influence the participation of the employees.

Conclusion:

From the findings I can conclude that it is important to have a well prepared and designed preparation plan, with a clear structure. The coordination of the process is important, because this influences the success of implementation. Knowing beforehand who has initiated the framework is not of influence on the participation of the employees. Therefore it is not necessary to mention in the plan who initiated the framework.

2. How do the involved actors influence the adequacy of implementation?

The Hong Kong Government will have a leading role in taking the agenda forward and mobilize health promotion and disease prevention. However, the working groups are expected to deliberate action plans, including practical guides and tools that target issues of non-communicable diseases (Department of Health, 2008). Therefore a strategic management structure (see figure 1) is needed in order to steer and to oversee the development and overall progress of the implementation plan (Department of Health, 2008).



Figure 1: Strategic Management Structure

The Department of Health has set up a high-level Steering Committee, which comprises representatives of the Government, public and private sectors, academic and professional bodies, industry and other key partners to steer the strategic framework. It was established to deliberate upon and oversee the overall roadmap and strategy in October 2008 (Department of Health, 2008). Under this high-level steering committee, respective working groups will be formed to advice on priority actions. They will draw up targets and action plans. This includes drawing practical guides, tools and specifications of how the various sectors of the society can participate as partners (Department of Health, 2008). The first working group on diet and physical activity was established in 2008 to tackle health problems that are caused by the leading risk factors of overweight and obesity, heart diseases and diabetes mellitus (Department of Health, 2008). Other working groups on other priority areas will be set up in later phases (Department of Health, 2008). According to the Department of Health (2008), existing services and programmes in all involved sectors will be continued and be strengthened in the meantime. Other Working Groups on other priority areas will be established subject to the deliberation of the Steering Committee (Department of Health, 2008). The committee members will be responsible to give tasks to a task force team for the revision of the areas and targets chosen in this document and will need to set new ones where appropriate,

monitor the progress and evaluate the results. The working groups have 5 main tasks. The first one is draw the baseline in reviewing current data and practices of the health care in Hong Kong. The second task is to identify the best practices. This means that they have to review international best practices and intervention strategies, including clinical guidelines and good practices. The third task is to set the goals. Here they suggest specific and measurable targets that need to be adopted by them. The fourth task is to draw up an action plan. Here they have to identify the effective strategies and devise implementation plans. The last task is to oversee the implementation. They must monitor the progress and report everything to the steering committee (Department of Health, 2008).

To engage stakeholders fully, an intersectoral Steering Committee and a number of Working Groups and Task Forces were set up to oversee various aspects of execution. Numerous visits to schools and lunch suppliers were arranged to reinforce and encourage good practices. Briefing sessions were held for nutritionists, dietitians, principals' associations, and members of the Federation of Parent- Teacher Associations, organizations operating schools, District Councils and their committees to familiarize themselves with the initiatives and solicit their support. Presentations at local and international conferences were made to share lessons learned. Mass media communication was extensively used to arouse and sustain community interest in healthy eating. Health care providers, in particular primary care practitioners play a pivotal role in disease prevention. With the support of the Hong Kong Medical Association, Hong Kong Physical Fitness Association, relevant government departments, professional groups and community organizations, the Exercise Prescription Project has been launched and promulgated among primary care doctors since 2005. Five Certificate Courses were held to build capacity of some 400 doctors in giving relevant, specific, stage-matched and customized advice to their patients on exercise, both for disease prevention and better clinical management (Leung and Ching, 2009).

Conclusion

From the results, it can be concluded that the policy makers and managers that wish to implement organizationally the strategic framework should probably direct and lead the implementation process, while assuring that the employees should have the opportunity to contribute to the planning and designing of the framework.

To this end, a steering committee was created comprised of academics, doctors, etc. In the period of this study, the steering committee played a decision-making role with regard to developing strategy related to the implementation of the framework. It also managed the budget granted by the regional board to implement the program. At the same time, the Department of Health tries to broaden participation of the employees by adding an advisory committee to the steering committee. This advisory committee comprised representatives of healthcare organizations, various types of healthcare professionals, community organizations and users.

Communication toward the employees and between them is important to have a successful implementation. To improve the implementation process it could also be important to ensure that implementation mechanism are included, such as a guideline, where it is described who has which tasks and who is responsible for what. It is also important to ensure that the employees have adequate knowledge about the framework, so that they would be able to contribute to the implementation process.

However, the results stated that not enough attention has been paid to the opinion and the impact of the employees when developing a policy. Referring to the strategic framework, more attention has been paid to the external groups and the citizens than to the internal organization. As one employee has stated that the opinion of the employees are ignored, it doesn't matter that there are not enough resources, and they have to do what they have been told, and this might lead to a gap between policy design and performance, which will not contribute to the success of implementation.

Though there is a steering committee and a working group committee to monitor and guide the implementation process and to fully integrate the external stakeholders, still more attention should be paid to the internal

organization of the Department of Health, because the participation of the employees have an impact on the success of implementation.

3. To what extent can the results of this thesis be explained by the characteristics of the policy?

In the strategic framework a vision and goal are described. It is important to have a clear vision and a well drawn goal to reach the desired outcome, and this might have an influence on the success of the implementation.

Vision

Envisioned is that Hong Kong will have a well-informed population about health, that the population is able to take responsibility for their own health. Also envisioned is a caring community that integrates public and private sectors to ensure healthy choices. Furthermore, they pictured a competent health-care profession in Hong Kong that believes health promotion and preventive strategies as priorities. The Department of Health wants to see in the future a sustainable health-care system that integrates strong elements of health promotion, disease prevention and healing care for the population (Department of Health, 2008).

Goal

The purpose of the strategic framework is to provide an account of overarching principles for the prevention and control of NCD. This strategic framework has 6 goals. The first goal is to create an environment that is contributive to promoting health. The second goal is to engage the population in promoting their own health as well as the well-being of their families and friends. The third goal is to prevent or try to delay the risks of NCD for individuals. The fourth goal is to reduce the increase and complications of Non-communicable Diseases. The fifth goal is to reduce avoidable hospital admissions and health-care procedures. The final goal is to provide high quality of health care for NCD in order to maintain health and stop disease progression (Department of Health, 2008).

Key elements for implementation

This framework has introduced some key elements of how the strategy in controlling and preventing Non-communicable Diseases will be delivered (Department of Health, 2008). In this section I will outline the key elements and classify them in order to do useful analyses with the information to answer the sub-question. The key elements are part of the success of the implementation of the framework and it fit an acronym PEOPLE that is explained below. It is according to the Department of Health that when these criteria are fulfilled, then the implementation will be successful (Department of Health, 2008).

Partnership:

Partnership is about drawing together the strengths of people from various sectors with different knowledge and skills. Thus, partnership will be a logical way of working, drawing people from different backgrounds, culture and expertise. Furthermore, what really important is that implementation can only go smoothly and successfully if it has the backing and involvement of key stakeholders. For effective action, there is a need for encompassed efforts requiring both public and private collaboration.

Examples of local key partners:

- Government at all levels
- District Councils
- Healthcare providers in public and private sectors
- NGOs and relevant community groups

- Business sector and employers
- Academics
- Mass media
- Members of the public
- Schools

Environment:

The environment is the linking of health promotion and disease prevention with the total environment. The environment is an important determinant of people's health. People live, learn and work in this environment and this is the social context in which they interact. The Department of Health wants to create a health supporting environment in which it enables people to make healthy choices and live healthier.

Examples:

- a clean, safe physical environment of high quality (including housing quality, healthy schools, healthy workplaces and healthy restaurants);
- a high health status (good health and low diseases profiles).

Outcome-focused:

Outcome-focused means that the Department of Health wants to ensure optimal investment of resources with greatest health gains through monitoring of health outcomes. They believe achievements in improving population health depend on monitoring health outcomes and by determining the extent to which health gains are attributable to the interventions. Furthermore, the public health and the associated outcomes have to be communicated with stakeholders and the people of Hong Kong.

Population-based intervention:

Population-based intervention means placing emphasis on the whole population for collective health benefits. Unhealthy lifestyle practices and NCD are common among the local population. This means that even the smallest changes in risk factor levels through population-based interventions can have significant improvements in the public health.

Life-course approach:

The life-course approach is about the risks of developing NCD that will accumulate with age and these are influenced by factors acting at all stages of life. This means that interventions throughout life can help to prevent progress of diseases. By reducing risk factors at all life stages, it may be possible to achieve reduction in premature deaths and fewer disabilities. So more people will enjoy better quality of life and more people shall participate actively as they age. This means lower costs of medical treatment and care services.

Participation:

Empowerment is about giving every employee the opportunity to achieve one's full potential. It is a process through which people gain control over decisions and actions that influences the implementation.

For those who are working in the health and non-health sectors they need to possess the knowledge and skills in health promotion and disease prevention.

Conclusion

The key elements for the implementation are described and discussed. For making all this happen, the Department of Health needs to steer and take the matter forward, so the reason for a strategic management structure is required to oversee the development and overall progress of the implementation.

Referring to chapter 5, the characteristics of the policy are in line with the results of this study. Structure and coordination are important factors for this study. Partnership and participation are also valued important for the success of implementation. However, in the framework it is mentioned by the Department of Health that one need to be outcome-focused in order to implement successfully. As I have not expected, only 3 factors have a significant effect on the impact of successful implementation. All the variances related to the preparation stage and the success of implementation involved in this study is significant in all analyses. Except the regression analysis of structure on coordination. This was not significant.

4. What are the barriers to implement a policy?

According to this study, barriers to the implementation of the framework are coordination, structure and participation. Those are the most important variables to the success of implementation. When the participation is low of the employees, this will result in a slow workload of the implementation process. Also, when the process is not coordinated well and if there is no clear structure in the organization, this has influence on the success of implementation. Another barrier might be the timeframe. Fortunately, there is no specific timeframe given, though there is a specific budget where the Department of Health need to make ends meet. Comtois Rodrigue & Slack (2009) states that there must be an adequate time frame and resources for the implementation. The policy may be well prepared and appropriate, but it may fail because the implementation of the policy took longer or it was more expensive than budgeted. Also, the implementing organization must have adequate staff and resources to carry out the policy.

5. Which approaches can be recommended to improve policy implementation in Hong Kong?

There was strong evidence linking participation in the policy development process to the level of policy implementation. As the literature can confirm this, the findings of the study states that participation is necessary to insure implementation (Stine & Ellefson, 1995). However, organizations can use a number of techniques other than participation to ensure policy implementation. Structure and coordination are also of importance for the implementation process.

Written communication has been indicated as a coordinating tool. However, one respondent wrote: there seems to be much confusion within the department on what the specific tasks are and who is doing what at the moment. Though the strategic framework is written, the understanding and application of them varies greatly across the employees. One respondent has answered, many times key activities comes in the form of a memo rather than an updated circular letter. Or it will be mentioned during a meeting, but it is hard to keep track of new policy development.

Communication scored high according to the results. This means direct contact (conversations and meetings) provided a higher level of implementation. As opposed to written communication, employees generally thought they had fewer discussions and face-to-face contact with people of higher level than colleagues of the same level. The value of direct communication was valued by a respondent who wrote that it was necessary for employees to understand the policy in order to implement a new policy successfully. The best way of explaining is to have the person who is developing the policy explaining it to the employees who are implementing it. One barrier of implementing a new policy is that interpretations are often misunderstood.

Another respondent who has rated communication as important said: something may sound great on paper, but the one who has written it obviously have no idea of implementation problems. Communicating with other employees may lead to new ideas on how to handle in certain situations.

Based on discussions with the staff of the Department of Health, as part of this study, it is likely that their desires to implement policies are at times thwarted by interactions with other personnel, and new ideas are formulated and implemented while "official" policy as written will be disregarded.

Responsibility for implementation is assigned to the working groups and responsibility for monitoring and enforcing the policy is assigned to the steering committee. However, nowhere in the framework has contained specific language related to how implementation would be monitored or measured. One important function of monitoring is to provide routine control over operations (Smith, 1973). Without monitoring, control of the key operations becomes difficult. In the case of the Department of Health, a lack of specific feedback and evaluation mechanisms likely reduced the ability to control implementation of the framework. Evaluation is an important mechanism in the policy developing process (Rist, 1995).

Those described above generally appeared to have a positive impact on the success of policy implementation. So, written communication was not an adequate substitute for the regular meetings that has been held twice a week. Though communication in the policy making process did not show up as a critical factor in this study, unlike participation, structure and coordination, communication do increase the success of policy implementation.

Answer research question

The main question of this thesis is:

How crucial is the preparation stage for the success of policy implementation of the Strategic Framework in controlling and preventing Non-Communicable Diseases in Hong Kong?

Six indicators were identified in the literature for potentially having a positive influence on the implementation process, namely: clear objectives, communication, participation, coordination, structure and desired outcome. With several statistical analyses the effect of the indicators on the success of implementation is examined.

The findings suggest that participation, structure and coordination mainly influence the implementation process. Those trying to increase the implementation success through a preparation plan could focus on these implementation features to help make policy implementation more successful.

It reminds the policy-maker that the technical details, structure of implementation, the participation of the employees, and the coordination of it may be the most formidable barrier to implementing a policy and therefore it is crucial for the success of implementation. Those variables may positively influence the success of implementation, but also negatively. In literature is stated that often policies are broad framework documents, not having a specific guideline or plan that specify implementation mechanisms and the role of the responsible ones, which are needed for the success of implementation. Whereupon I can answer the research question that it is very crucial to have a good preparation stage for the success of policy implementation.

6.2 Feedback to the theories

In this section the results of this thesis will be linked to the literature as described in chapter 2. This has leaded to a conceptual model as described in chapter 3. It is a model with six variables assumed to have an influence on the success of the implementation of the strategic framework. After the correlation analysis it can be concluded that there are far more relations between the variables than I have expected. The analyses have shown that almost every construct are correlating with each other. The highest correlations can be found in chapter 5.

We now see that the influence of the preparation stage transcends into the implementation stage. However, Porter (1995) states that a policy process is more dynamic and chaotic rather than linear. Partly I can agree, however, the findings of this study suggests that a policy cannot be implemented well before it is formally or legally been adopted. First the preparation stage needs to be accomplished first before one can go to the second stage in the policy cycle model. It has been said in chapter 2, that the stages model gives the illusion that policy-makers makes a decision through a rational and systematic approach. However, according to Porter, policy-makers rarely follow this pattern. The findings of this study believe that following the stages model most likely will let the implementation work, because of the focus on the process itself, but it does not focus on the actors who are involved in this process and that is of most importance, because participation has a positive influence on the success of implementation.

I would like to state that, what distinguishes the findings of this study from the literature is the relative importance attributed to the factors in terms of their ability to influence success (or failure) in policy implementation. While successful policy implementation is directly dependent upon the participation of all persons involved in the implementation, the coordination and the structure value the same importance for the success of the implementation process. According to O'Toole (2004), when policy-makers go through each stage of the policy cycle model, and carefully consider all relevant information that is needed to implement the policy. And then, when the goals are still not achieved, then the blame is not laid on the policy itself, but on managerial failure while implementing the policy. The coordination of the process is of most importance to make implement the policy. Failure can be blamed on a lack of management, poor resources and a lack of motivation of the employees.

The organization theory states that the professional bureaucracy, in which coordination comes from the standardization of knowledge and skills of employees are necessary for the success of implementation (Burke, 2008). The findings of this study can confirm this. Structure and coordination scored high and has a positive influence on the success of implementation of the framework.

Hill and Hupe (2002) stated that a policy must have clear and consistent variables. But the findings of this study say that this is not an important factor that influences the implementation.

6.3 Recommendations

In this section seven recommendations are given to the Department of Health in order the improve the implementation process.

"It is important to know how to bring solutions down to the community. Even with a new designed policy, but without means to implement it, without solutions for its execution of the key activities, how can it be enforced into the community?"—National-level policymaker of the Department of Health in Hong Kong.

1. Give personnel greater opportunities to participate in the policy developing process.

Though a correlation was found that participation increase the implementation, however it is not certain that a valid measure of participation was retrieved during the study. Because generally the top of the organization and the same people are involved. According to the literature, as stated above, it is proven that participation in decision-making improves the attitudes of the employees, increases motivation, and improves work performances which lead to better policy implementation.

2. Policies should leave as much discretion to those implementing the policies as possible.

In line with the literature, professional bureaucracy, as an organization staffed with professionals, there will be a natural resistance to policies that spell out every detail of what is to be accomplished. Not everyone can actively participate in the policy process for every policy. However, it is still possible to improve participation (attitude, motivation, etc.) by leaving as many decisions as possible to the employees that are actually implementing the policy.

3. Policies need to be clearly written and communicated well.

One important aspect in job performance is clear communication of expectations to the employees. Among the six variables which were considered during this study, there was some confusion among the respondents about the tasks and positions, guidelines. The involved actors should have no questions about the implementation regarding to what is expected of them.

4. The framework should contain formal feedback and evaluation mechanisms.

Feedback and evaluation mechanisms are an absolute must to improve the implementation process. It is not necessary to identify who initiated the policy, but it is important to identify who is responsible for implementing or even monitoring implementation of a policy. Employees should give feedback to the steering committee. They should invent an evaluation mechanism that provides measurement of achievements and a time line for implementing the policy.

5. Policy content and intent should be communicated directly to the policy implementers.

Sending messages from above runs the risk of having the message misunderstood at the lower level. The policy intent should be communicated directly to the level that is responsible for the implementation.

6. Do not rely solely on written communication to communicate the content and intent of policies.

Although written communication can provide documentation of events or decisions, by itself it is not the most effective method of coordinating actions. Implementing a policy cannot only rely on written communication. Therefore, it is important to also have verbal, face-to-face communication towards the employees.

7. Introduce a supervision, monitoring, and review mechanisms within the organization.

Respondents have indicated the need for strong supervision and review mechanisms to monitor policy implementation adequately. Though there already is a steering committee that have the authority to monitor the process as Lam (2004) mentioned the importance of leadership when implementing a policy. Special concerns are expressed regarding supervision. It might be a good idea to better emphasize the idea of a steering committee as a supervisor.

Conclusions:

The analysis of this thesis suggests that participation and the structure of an organization are necessary and also sufficient conditions for the success of policy implementation. Coordination is an important factor that contributes

to the success of implementation. A wider approach to expand building implementation capacity is proposed. This means for future research one must pay greater attention to process-oriented dimensions in an organization such as leadership, vision-building and participation of the staff.

7. Discussion & REFLECTION

In this chapter a reflection will be given of the executed research. First of all my view of the preparation stage on the implementation process will be given. Second, in section 7.1 the value and limitations of the study will be discussed. Among others the strength and weakness of the procedure will be discussed and also the methodology will be reviewed. As the reliability and validity of the measuring instrument is already been discussed in section 4.3, it will not be mentioned again in this section.

7.1 Value and Limitations of the study

Referring to this policy research, some statements could be done involving the influence of the preparation stage on the implementation process. In this section, the findings of this study will be discussed again whether these findings matched with my expectations.

In this section, I will also go into the strength and weakness of the procedure and the methodology. The whole procedure consists of three phases, namely the literature review, the quantitative and qualitative research, the analysis and discussion of the findings.

The first phase of this study was extensive, because of the availability of the literature about implementation. However, little information was found that was focused on the preparation stage of the policy. Therefore I have made an own conceptual model, a combination of the existing literature, in order to test whether the preparation stage has an influence on the implementation process. In this study, I have described a theory of implementation that, with additional testing and refinement, could prove the influence of the preparation stage for the implementation success.

In chapter 2 I have argued that an organization theory, among others, of implementation is well suited for the explanation because organizations such as the Department of Health are typically adopted through authority-based decision-making processes. It exhibits high levels of implementation complexity and such an organization requires active participation both by the higher level and employees in order to generate implementation benefits.

The second phase of this study was in the first place very time consuming, because of the combination of qualitative and quantitative research. I wanted to interview at least 20 respondents. However, in practice only 15 respondents have been filled in the questionnaire and were interviewed for this study. The advantage of having a quantitative study with the questionnaire is that this produced quick and efficient results in a short time. The disadvantage only was that it was time-consuming to find respondents who are willing to help me with the study. Also the analyses of the open questions were more time consuming than I have expected. One advantage of the questionnaire is that it is standardized; it is relatively free from several types of errors. Only the questions are asked that are of interest. These questions are codified and analyzed. Disadvantage will be that it depends on the respondents' motivation and honesty when they fill in the questionnaire. Also it depends on the respondents' memory and ability to respond to the questions. Therefore, accurate answers are not always retrieved. It is not a fully structured questionnaire, it also leaves option open for open ended questions, for a high validity. The findings as a result of the analysis were in line with my expectations. However, with a small sample size ($n=15$) I was not able to generalize the results. Therefore only preliminary conclusions are drawn from the findings.

As I have expected that coordination and structure will score high in this study, I did not expect that communication and participation also played an as important role as coordination and structure.

The final phase of this study was the analysis of the results. I have noticed that understanding of the outputs of SPSS was not always that easy. Also, having the tables and figures integrated in the text and give a good description of it was very time consuming to me.

Implications of the findings

The most important implication of this study was the amount of the respondents. With a small N, it is unlikely to generalize the results. According to van Thiel (2007) a minimum of 100 respondents are at least required to generalize the results. Though it was not wisely to use SPSS to analyze the data, I still have chosen to use this statistical programme, because of the quantification and indication of the data. Having analyzed the results, I can state that the conclusion must be read with caution, because of the risk that the sample size of this study is not representative.

Second, the conceptual model, as described in chapter 3, only focuses on a small aspect namely the preparation aspect of the implementation process. Suggestions might be that other determinants can be included to analyze the effect on the implementation process. However, adding constructs would make it more complex and maybe less accurate to measure the influence on implementation success. In this study I did a single case study, however a multiple case study on the other hand would offer more insight into the implementation process. Maybe a suggestion for further research in the future.

To evaluate health care services, it is required to have research designs that are capable of dealing with complex interventions, and hence I have applied a combination of methods and perspectives, semi-structured questions for the qualitative data collection and I have used a questionnaire to collect the quantitative data. I hope this thesis stimulates and contributes to the development of combined designs as well, because I really experienced the benefits of triangulation. Additionally, I hope it enables researchers and policy-makers to identify lessons from this case and use these learned lessons in future strategies for policy implementation and policy processes (Autry, 2004). In all cases of policy implementation, the chance of failure to implement a policy is an issue that must be considered. It may result because the implementer (employees) did not know what the policy-maker wanted due to a lack of communication. Evaluation mechanism must be included, because it is necessary to distinguish between situations where implementation was not successful and situations where implementation occurred, but the policy itself was not successful due to poor preparation. So evaluation is important, gathering information about the implementation, because it determine the extent of implementation whether the policy had the intended effect. In other words, whether the policy had been implemented successfully to achieve the intended goals. Because there is no feedback mechanism, most feedback is informal. According to Hogwood and Gunn (1984) all information retrieved does not point in the same direction, therefore a feedback mechanism should be included in all policies and should be considered in the program design stage.

Another implication that confronted me while conducting the field research was the subjectivity versus objectivity of the respondents. Though the respondents were very helpful and pleasant to work with, it was difficult to determine whether these responses were objective or not. This may causes bias, but having conducted the reliability and validity tests with SPSS, I can ensure the validity of the responses. All in all, I have managed to carry out the research. The design and execution of this study, I have experienced as very enjoyable and informative.

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