

Table 2 Main factors affecting specialists' tendency towards DP

Theme	Subtheme	Issue	Type of impact
Financial incentives	Income gap between public and private sectors	Irrational disparity of tariffs	Positive
		Specialists' share of hospitals' income	Positive
		High tax rate on public sector specialists' incomes	Positive
	Owning of private hospital shares by public specialists	Income ceiling in public hospitals	Positive
		Delay in payments in public hospitals	Positive
		Being a beneficiary of public medical specialists as private sector shareholders	Positive
Cultural attitudes about professional identity of physicians	Attitude of the community towards physicians' identity	Use of specialists from their public credibility	Positive
		Importance of the office in recognizing physicians	Positive
	Attitude of physicians towards their occupation	Importance of the office in quality of services provided	Positive
		Relationship between physicians professional identity and having an office	Positive
Experience and academic level of specialists	Experience and reputation of specialists	Fear of getting away the patients in the absence of the office	Positive
		Obliging newly graduates to work in under served areas	Negative
		Inability of young specialists to compete with well-known specialists	Positive
		Owning a medical office license by more experienced specialists	Positive
	Academic level of specialists	Unwillingness of more-experienced specialists to join HTP	Negative
Controlling approaches in the public sector	Laws and plans supporting being full-time in the public sector	Upgrading academic specialists	Positive
		Reducing the gap between public and private tariffs due to HTP	Negative
		Compulsory full-time membership in HTP for new graduates	Negative
		Prohibition of full-time specialists for DP	Negative
	Bureaucratic monitoring mechanisms in public sector versus relative freedom of private sector	Cooperation of insurance organizations for identifying specialists engaging DP	Negative
		Low control of specialists to receive informal fees	Positive
		High occupational bureaucracies	Positive
		Existence of the punitive mechanism such as to complete patient records	Positive
Available infrastructure for responding to population needs in public sector	Imbalance between facilities in public hospitals with needs of the regions	Lack of commitment of public hospital heads to prohibition of DP	Positive
		Inadequate equipment for specialists	Positive
		To provide equipment without regard to stratification of health services in the private sector	Positive
	Incomplete chain of specialized medical services in some public hospitals	Lack of adequate hospital infrastructure	Positive
		Incomplete team of specialists	Positive
		Attracting well-known specialists in the private sector	Positive
		Impossibility of providing a full range of specialized medical services	Positive
Regional characteristics of health service locations	Number of private sector facilities	Lack of sustainability of medical teams	Positive
		High capacity of the private sector in metropolitan areas	Positive
		Higher number of elective cases in the private hospitals	Positive
	Privileges and attractions of private sector	To monopolize patients of underserved regions by well-known specialists	Negative
		Low frequency of related medical cases for subspecialists	Positive
		Low patient volume in hospitals	Positive
	Frequency and diversity of visits	Types of hospitals	Positive/ negative
		Reputation of the hospital	Positive/ negative
		Hospital income rate	Positive/ negative
	Conditions and characteristics of hospitals	Small size of cities in underserved regions	Negative
Different geographical extent of regions		Positive/ negative	
Different geographical extent of regions	Economic status of communities in different regions	Positive/ negative	
	Economic status of communities in different regions	Different rates of referral to public and private sectors	Positive/ negative