

Identifying and Prioritizing the Challenges of Implementing Participatory Governance in the Ministry of Health, Treatment and Medical Education of the Country

Behdad Azadi¹, Kambiz Hamidi^{2*}, Alireza Islambolchi², Javad Niknafs², Behrooz Bayat³

1. PhD Student, Department of Public Administration, Hamadan Branch, Islamic Azad University, Hamadan, Iran.
2. Assistant Professor, Department of Management, Hamadan Branch, Islamic Azad University, Hamadan, Iran.
3. Assistant Professor, Department of Science, Information and Knowledge, Hamadan Branch, Islamic Azad University, Hamadan, Iran.

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Purpose: The main purpose of this research was to identify the challenges of implementing participatory governance in the Ministry of Health, Treatment and Medical Education of the country.

Methodology: This study was a mixed research. The statistical population in the qualitative section included the faculty members and experts in the field of public administration, professors familiar with the subject of the research and managers with experience in the Ministry of Health, Treatment and Medical Education of the country, who were selected as 12 subjects using the snowball method. The statistical population in the quantitative section also included managers, deputies and experts of the Ministry of Health, Treatment and Medical Sciences of the country. The research tool in the qualitative part was a semi-structured interview, and in the quantitative part, it was a researcher made questionnaire. Theme analysis was used to analyze the information in the qualitative part and the AHP method was used to prioritize the factors.

Findings: The results indicated that; infrastructures, bureaucratic factors, environmental obstacles, weakness in policy making, public accountability, communication, joint commitment, trust building, obstacles related to executives and common destiny are the main challenges in the implementation of participatory governance in the Ministry of Health, Treatment and Medical Education of the country.

Conclusion: A total of 10 main themes and 59 sub-themes were identified.

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* Corresponding Author Email: mtpeace2004@yahoo.com

1. Introduction

The word "governance" is a new word that is used instead of the meaning and concept of the old word "government" (Beigi Nia et al., 2012). Governance means the governance of networks that connect civil society with the government and the private sector (Jacob, 2016). In other words, the new process of leading and directing society is called governance. The concept of governance is broader than government and means the result of solidarity and interaction of the actions and behaviors of actors from different parts of society (Chen and Lee, 2017). A different typology of governance has been presented, one of which is participatory governance. Participatory governance provides policy makers with a special tool to deal with broad issues. Issues where the cost of failure is high to answer and a large number of actors are responsible for solving them and are effective in solving complex problems. On the other hand, we see every day that the executive bodies and government organizations are looking for a solution to the specific problems of the society (Abolhasani Ranjbar et al., 2017), that collaborative cooperation can be considered one of these solutions. Considering the advantages and benefits in establishing and developing participatory governance in the public sector, as well as its wide consequences, this type of governance can solve many problems and issues related to the policy-making and implementation sector (Jacob, 2016).

On the other hand, considering the change in people's demands to receive better and faster services, as well as the increase in people's expectations about the responsiveness of the government, governments have tried to respond to these needs and satisfy citizens, and in this way, participatory governance of the facilities in increasing the quality and speed of providing services play a role as an efficient tool (Yi, 2017). In today's organizations, for the successful implementation of organizational policies, the participation of managers and executives and their cooperation with policymakers, from formulation to approval and implementation, is necessary. Policymakers should intervene in the implementation process as much as possible, and pave the way for the implementation of the policy with political support of the policy as well as the implementers (Wheeler and Tierney, 2017).

The Ministry of Health, Treatment and Medical Education of the country is one of the large ministries in Iran with extensive sub-categories, which is known as the main lever of the health and treatment sector. The expansion of this ministry on the one hand and the traditional structure on the other hand have caused the quality of service provided by this ministry to be not so popular with the public in recent years. The emergence of participatory governance, which has attracted the attention of many researchers in the field of public administration in recent years, means that policy-making and administration of public affairs are not only done through the government, but through interaction between different actors. Therefore, if it is possible to provide the policy makers of the health and treatment sector with management proposals that facilitate the administration of affairs, "participatory governance framework" can be a suitable option. Because it can be effective in the emerging conditions of Iranian society, where the type and nature of the actors involved in different areas of policymaking have changed, and the environmental conditions that have changed due to foreign sanctions. The evidence shows that the officials and managers of the Ministry of Health, Treatment and Medical Education of the country have paid less attention to this category and have not benefited from this approach scientifically and practically in their processes and actions. According to the aforementioned contents, the main goal of this research is to identify and prioritize the challenges of implementing participatory governance in the Ministry of Health, Treatment and Medical Education of the country. The results of the current research can be practically used by the Ministry of Health, Treatment and Medical Education of the country. In case of successful implementation of participatory governance, in addition to creating satisfaction and trust, this ministry will double the progress of the work and bring the implementation of policies from being uniform and one-sided to universal and two-way participation of the people and relevant organizations. From among other benefits of participatory governance in the Ministry of Health, Treatment and Medical Education of the country we can refer to; increasing participation and flexibility, increasing efficiency and accountability. The questions we seek to answer in this research are:

1- What are the challenges of implementing participatory governance in the Ministry of Health, Treatment and Medical Education of the country?

2- How are the identified challenges prioritized?

Governance: Governance means the governance of networks that connect civil society with the government and the private sector (Jacob, 2016). In other words, the new process of leading and directing society is called governance. The concept of governance is broader than government and means the result of solidarity and interaction of the actions and behaviors of actors from different parts of society (Chen and Lee, 2017).

Good governance: Good governance, in the adoption of predictable, open and explicit policies of the government (which indicates the transparency of government activities); transparent bureaucracy; accountability of executive bodies for their activities; people's active participation in social and political affairs, as well as the equality of all people against the law, crystallizes (Beigi Nia et al., 2012). In general, it can be said that good governance is the practice of managing (political, economic, executive, etc.) the resources of a country to achieve the goals set. This practice includes solutions and institutions through which individuals and social groups have the ability to pursue their interests and legal rights regarding the limitations (Naderi, 2011).

Participatory governance: Participatory governance is a form of governance in which actors from government organizations, or private and social sectors cooperate in a specific, constructive and forward path (Emerson and Jerlak, 2014). Participatory governance is a form of governance in which actors from government organizations, or private and social sectors cooperate in a specific, constructive and forward path. So far, several models have been presented to define participatory governance, and each of these models has analyzed and investigated the process of participation in the provision of public services (Emerson and Jerlak, 2014).

The first model is the model of Bryson et al. (2006). In this model, participatory governance means interdepartmental participation. In this model, participation means the participation between government, businesses, non-profit organizations, charities, and the public assemblies. This model, the inter-departmental participation, means sharing and connecting the information, resources, activities and capabilities by different organizations and departments to reach a common result that none of these departments or organizations can achieve this result alone. Despite the fact that this model has well examined the participation process, its stimuli and prerequisites, it has not explained the influence of formal and informal institutions at the beginning and during the participation process.

The second model is the participatory governance model of Ansel and Gash (2008). In addition to the components of Bryson's model, institutions are also mentioned as an intermediary to advance the goals of participation and outside the cycle of participation; but only official legislative institutions are mentioned and cognitive and normative institutions are neglected. This model is shown in Figure 1.

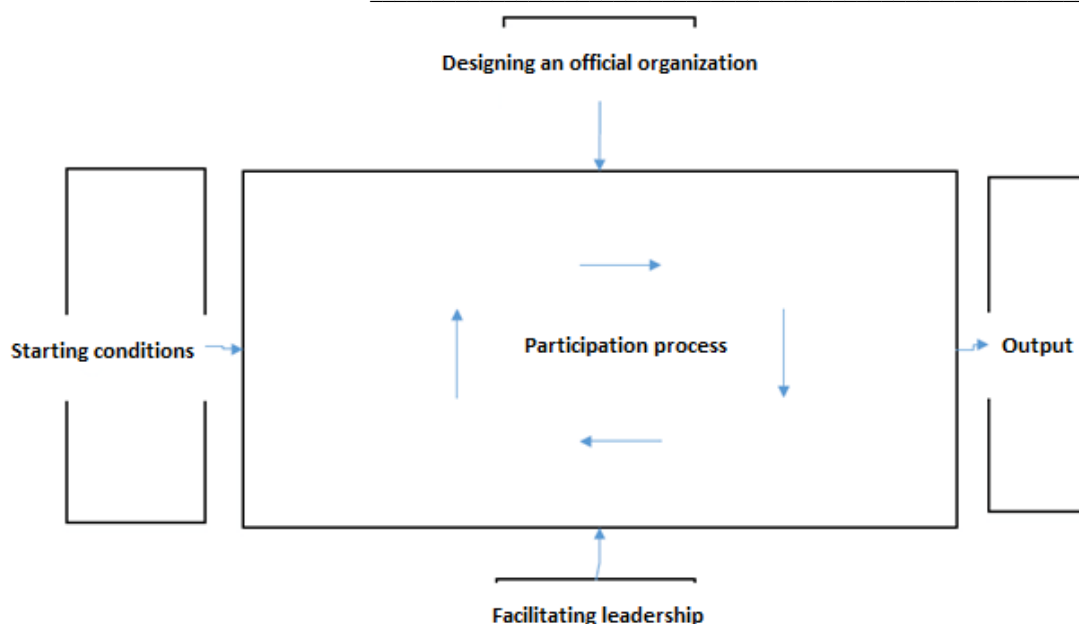


Figure 1. The participatory governance model of Ansel and Gash (2008)

This model considers the participation process as cycles, the main axis of which is based on interaction. Interaction begins with face-to-face conversation, which is the main factor in building trust and common understanding between the actors. The commitment to the process causes consistency in this cycle, which guarantees the trust of the actors to achieve their goals. The intermediate results obtained in the path of participation indicate the tangible outputs and successes of the participation process. These results are a driving force for the successful completion of the participation process. This model has a lot of comprehensiveness and hindrance, which includes all the effective components in the participation process, but it still neglects to explain the role of institutions, its effect on role-players and their empowerment in solving problems and making public decisions.

The third model is the framework of Emerson and Nabatchi (2011). This framework is shown in Figure 2. This model defines participatory governance as the process and structures of decisions and management in public policies. In this framework, the participatory governance system is influenced by the environmental conditions and starts with the stimuli and affects the environmental conditions and the system itself. These stimuli include the following:

- 1- Imbalance of power between beneficiaries and shareholders
- 2- Internal motivations such as problems, resources, interests or opportunities or external motivations such as situational or institutional crises, threats or opportunities
- 3- History of opposition or cooperation between beneficiaries that hinders or facilitates participation.
- 4- Leadership that refers to the presence of a known leader.
- 5- Interdependence when organizations alone are not able to achieve their goals
- 6- Uncertainty that cannot be solved internally and can lead groups to cooperate in reducing, spreading or sharing risk.

Compared to the previous two models, this framework has been improved in several ways. First, this framework collects system components and participation characteristics in an operational system and explains its cause and effect relationship. Second, in this framework, the participatory governance system is influenced by the environmental conditions, it starts with the stimuli and affects the environmental conditions and the system itself. Third, this model considers the participation of the private and public sectors from the types of

participatory governance; while according to the definition of participatory governance in the model of Ansel and Gash, the participation of the private and public sector only takes place in the implementation stage and not in the decision-making stage, and for this reason it is outside the participatory governance field.

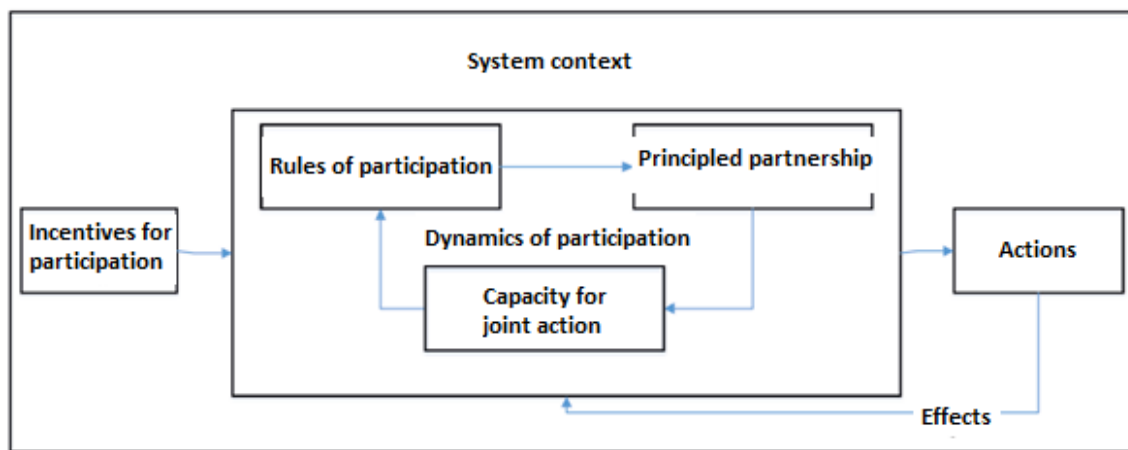


Figure 2. The participatory governance model of Emerson and Nabatchi (2011)

So far, limited research has been done on participatory governance, and a summary of this research is reported below. Mohammadi and Danaei Fard (2019) in a research titled "Participatory governance model for the development of renewable energy in Iran: an institutional approach" using a qualitative case study approach and after 25 semi-structured interviews with policy makers, managers of organizations and companies, associations and investors have offered a cooperative development model with an institutional approach in Iran. The results of this research indicated that; the model of statistical participation is a process that starts with the motives of participation and moves the cycle of participation with effective interaction. By resolving conflicts, building trust and creating commitment among the actors, this cycle further strengthens the participation process and achieves desired results. In this model, the dual role of cognitive, normative and official institutions is explained as a factor of progress and at the same time, a factor of stopping in the path of development. The government has created incentives to invest in this sector by enacting incentive and guarantee laws; however, some normative and cognitive institutional barriers, such as conflict of interests, lack of commitment by government officials, and lack of trust in the private sector, have slowed down development. Omranian Khorasani et al.(2018) in a study entitled "Participatory-adaptive governance in natural resources" tried to analyze and introduce the model of participatory-adaptive governance in natural resources. In this research, they have recommended nine plans to strengthen and develop community participation in natural resources, which are: (1) changing paradigms, (2) predominance of grass conservation, (3) ensuring compliance with goals, (4) Ensuring the adequacy of information, (5) creating mutual communication, (6) creating a participatory political environment, (7) capacity building of the community, (8) monitoring and evaluating local initiatives, (9) interacting with modern technologies. Daggati et al. (2019) have conducted a research entitled "Presentation of the phased development model of participatory governance using the meta-combination approach". Based on the findings of this research, information and communication technology codes, cyber security, network profitability, citizens' participation in the network, conflict and constructive interaction between network members, accountability and the structural framework of the network, network development prospects, technological conditions governing the network and human resources with the knowledge and skills to use information and communication technology have the greatest impact on the development of network governance. Qaraedaghi et al. (2018) in a research titled "Identification and prioritization of employee participation components in

the implementation of public policies", 9 main components and 58 secondary components were finally identified. The nine main components of employee participation in the implementation of public policies are: expertise and skill, economic factors, group factors, legal factors, managerial and executive factors, environmental factors, structural factors, executive behavioral factors, and cultural factors. Salimi and Maknun (2018) have conducted a study titled "Qualitative Meta-Analysis of Scientific Research on Governance in Iran". The main problem of this research is designed in such a way that; one of the reasons for the failure in the path of development is the lack of a national and local model for governance that is appropriate to social values and compatible with Iran's cultural and historical conditions. By examining 68 articles and reports in the field of governance, they have finally reached the conclusion that the researches in this field have focused less on operational aspects and more on theoretical discussions and presentation of general concepts. Often, the good theory of governance has been recommended as the world's dominant theory, and there are criticisms on this theory. Jomezadeh (2016), in an article titled "governance model; collaborative society and effective government in development management" stated that development emerged as a key concept after World War II and from the 1960s onwards. Since then, plans, processes and methods, both at the micro and macro level, are adjusted in each country with the aim of achieving development. In this regard, several approaches and models have been proposed by social science theorists. One of the latest approaches to development is the establishment of good governance model indicators. Indicators that organize the social and political system on a special format and with a special system that bases its settings on both negative and positive aspects. Based on this, the basic questions that are raised are as follows: First, what effect does the model of good governance have on the structure of the social system? And second, how does this model with this social organization affect development management? In this research, we will show with a descriptive and analytical method that by establishing the indicators of good governance model and synergy and partnership between the main actors of development, i.e. the government, civil society and the private sector, the cooperative society and the efficient government will be organized. On the other hand, there is a relationship between the indicators of good governance model and comprehensive development. Beigi (2015) in an article entitled "prioritization of good governance indicators in efficient organizations" stated that using data envelopment analysis (DEA) technique, he identified effective units from among other units and finally using the technique of analyzing hierarchical process (AHP) prioritization between indicators in efficient organizations. The statistical population of this research includes all employees of Refah Bank branches in Qazvin province (N=41). In the end, the results of the study indicate that among the 6 indicators of good governance, accountability, legalism, and value orientation are respectively ranked first to third. Habibzadeh (2013), in an article titled "the effect of good governance on the implementation of the right to development", emphasizing the national dimension, stated that the right to development has national and international dimensions and that people enjoying all human rights is a goal that is pursued through the development process. This outstanding goal distinguishes the right to development from other examples of human rights and obligates all national and international elements to the right. In this article, the methods and tools of the implementation of the right to development, recognition of the obstacles to the implementation of the right to development and their elimination are focused. Identifying and using appropriate indicators will help to further clarify the content of the right to development and facilitate its implementation. Trying to transform the abstract concepts of the declaration of the right to development into a level of implementation requires a deep understanding of this issue. These are the governments that, with predictable policies, through a transparent process, a responsible executive force and a strong civil society, make the necessary efforts and actions in order to implement the right to development. Memarzadeh Tehran et al. (2011) in a study titled "Presenting a model to evaluate the effectiveness of public policy implementation in the field of health and treatment" first, the success rate of the implementation of health and treatment policies was diagnosed and then based on studies and literature in the implementation, according to the implementation of the policies in the fourth development plan in the field of health and treatment, the type of implementation of the mentioned policies has been determined based on the quadruple model of Metland's

implementation. In the next stage, based on the effectiveness indicators of the implementation which are taken from the research literature, the effectiveness of the implementation of the mentioned policies has been measured. The results have shown that the level of effectiveness of the types of implementation is different from each other and to increase the effectiveness of each type of implementation, attention should be paid to different indicators. Sardarnia (2009) in an article entitled “the effect of good governance and social capital on political trust” stated that the explanatory power of the variables related to good governance in order to explain political trust in the studied society is higher. In addition, the results of the factor analysis of items related to institutional trust indicate that respondents' trust in 21 government institutions can be categorized in the form of three hidden factors: Institutions related to daily needs, control and political institutions. Miri (2006) in an article titled “An Introduction to Governance Theory” stated that reducing government intervention does not necessarily bring better performance of the economic situation. In order to achieve development, the government's weaknesses and ways to reduce them should be at the center of policies. Applying better governance requires a set of policies that are different from one society to another; nevertheless, increasing competition in the political and economic fields, as well as making the government more accountable, are the two main strategies of good governance. Yi (2017) in a study investigated participatory governance and government performance and indicated that; coordination between the activities of the government, the existence of social capital, the mutual trust of government and non-government actors, the strong commitment of the actors and the government have a significant impact on the performance of the government in a positive way. In their study, Wheeler and Tierney (2017) addressed the weaknesses of participatory governance and indicated that the need for significant investment for the development and sustainability of participation, the increase in the size and entanglement of the government body, the continuous political competition between governmental and non-governmental actors, the potential for decision-making from top to bottom levels, and the limitation of local thoughts and opinions are the most important weaknesses of participatory governance. Jacob (2016) in a study with the approach of how to implement participatory governance has shown that interactions are the main components in participatory governance. The role of communication and social capital of organizations plays a positive and meaningful role in the implementation of participatory governance and has the highest impact coefficients among the identified variables. Barbara et al. (2016) in an article titled “Collaborative Governance” stated that this study addresses the issue of regulation in collaborative consumption communities, in other words, investigating whether governance increases cooperation, if and why consumers support a governance system and supporters and whether supporters and non-supporters differ in their distrust to others. To answer these questions, an experiment was conducted. After reading the pictures, participants indicated how likely they were to cooperate and whether they supported the government – citing reasons for their assessment. The majority of participants support governance and governance increases cooperation. The supporters argue that humans are selfish, while non-supporters worry about negative consequences and want alternative motivations. Supporters of governance are also different from supporters according to their trust in others. Ko Hingsang (2014) in an article titled "Requirements for realizing good governance to achieve human development" stated that due to its structural features, the government in Iran is far from a strong, modern, development-oriented government, which causes the failure to achieve development goals. Nek (2013) in an article titled "The effect of good governance on human development" stated that in OECD countries, there is a positive and significant relationship between the index of good governance and economic freedom with human development, but in Islamic countries, this relationship is not statistically significant which shows the weakness of governance and economic freedom in these countries and its inappropriate effect on the human development index. Rudra (2013) in an article titled “Good Governance and Human Development in Indian States” stated that good governance and human development of previous periods determine the current human development in India. Onrik (2012) in an article titled “Good Governance and Human Development: The Case Study of China and India” stated that the relationship between good governance and human development is very strong, but government effectiveness has the greatest impact on human development.

2. Methodology

In this research, in order to take advantage of the experiences and information of university faculty members and experienced managers of the Ministry of Health, Treatment and Medical Education of the country, a qualitative method has been used to meet the challenges of implementing participatory governance. AHP technique has been used to prioritize the identified factors. Considering the nature of the current research, it can be said that it is fundamental in terms of its purpose. Because in this research, an attempt is made to use a qualitative approach and according to the collected qualitative data, the method of theme analysis is used to identify the challenges of implementing governance. In this research, a preliminary study of the theoretical foundations related to research in the fields of governance, good governance, other types of governance and participatory governance was investigated. At this stage, internal and external research literature was also examined and some challenges of implementing participatory governance were compiled. Due to the lack of comprehensive and indigenous models in the field of participatory governance challenges, the need to examine it from the point of view of experts and specialists can be fruitful in identifying and compiling the challenges of implementing participatory governance. The statistical community at this stage are experts (members of academic staff and experts in the field of public administration, professors familiar with the subject of research and managers and policy makers of the Ministry of Health, Treatment and Medical Education of the country). Since experts and experts in this field are not easily identifiable, therefore, purposeful and snowball sampling methods were used. In this method, after identifying or selecting the first expert, he was used to identify and select the second sampling unit. Similarly, other sample units are identified and selected. The sampling of experts in this research will continue until the process of discovery and analysis reaches the point of theoretical saturation. The theoretical saturation was such that the researcher tried to collect more information after the emergence of the initial discoveries so that the identification of new categories would have more clarity and meaning. This continued until the researcher felt that the experts were no longer providing new information. Next, qualitative data was analyzed by theme analysis, and at the end of this stage, the challenges of implementing participatory governance in the Ministry of Health, Treatment and Medical Education of the country were identified. In the next stage, after identifying the factors in the qualitative section using theme analysis, the AHP technique was used to rank the identified factors.

3. Findings

According to what was mentioned before, first semi-structured interviews were conducted and then they were carefully examined and after entering them in the tables, their meaningful sentences in different lines, various concepts used in this research were extracted. These concepts are coded according to the apparent content in conceptual categories that actually represent an independent concept. Later, an example of the implementation steps of the conducted interviews is reported in Table No. 1.

Table 1. Statements from the interview

Interviewee	Script of the interview	Subthemes
Concept 1	In my opinion, the most important challenge in the implementation of participatory governance in the Ministry of Health, Treatment and Medical Education of the leading country is the issue of the necessary infrastructure for the implementation of this type of governance. The lack of specialized	1- Infrastructures 2- Lack of human resources specialized in the implementation of participatory governance 3-Lack of financial resources necessary to implement participatory governance

human resources in the implementation on the one hand and the lack of the necessary financial resources for the implementation of governance on the other hand are the biggest challenges. The existence of parallel institutions in the Ministry of Health is another important challenge in the implementation of participatory governance. The governance of the culture of law evasion, disorder and lack of planning in the society will also hinder the implementation of participatory governance. Shared commitment and the weakening of public accountability can also be considered as challenges to the implementation of participatory governance.

- 4- The existence of parallel institutions in the Ministry of Health
- 5- The governance of the culture of law evasion, disorder and lack of planning
- 6- Joint commitment
- 7- Weakening public accountability

After studying the comments of the interviewees and their qualitative analysis, in order to create meaning from the obtained tables, these tables were placed in a single file as an integrated table, and after organizing them according to the code, a title was assigned to the sentences related to a code, according to their concepts. For naming each of the extracted themes in this research, an effort was made to use names that fit the concept. Using short meaningful sentences in the obtained qualitative data, this data has been divided as follows. The titles of each given code can be seen in Table No. 2.

Table 2. Main and sub-themes

Main theme	Subthemes
Infrastructure	The existence of parallel policy-making institutions in the Ministry of Health, Treatment and Medical Education of the country
	Inconsistency and lack of governance of the systemic view in the Ministry of Health, Treatment and Medical Education of the country
	Lack of a specific monitoring system on the performance of participatory governance implementers
	Lack of specific rules and regulations governing the phase of developing participatory governance policies
	Lack of executive structure and division of labor among the implementers of participatory governance
	Lack of specialized human resources in the implementation of participatory governance
Bureaucratic factors	Lack of necessary financial resources to implement participatory governance
	The vastness of issues in the field of the Ministry of Health, Treatment and Medical Education
	The complexity and ambiguity of issues in the field of the Ministry of Health, Treatment and Medical Education
	The inflexible structure of the Ministry of Health, Treatment and Medical Education
	Many changes and political work in the institutions of the Ministry of Health, Treatment and Medical Education
	Lack of management stability due to political changes

Environmental barriers	Influence of pressure groups on participatory governance and its implementers
	Lack of political support and lack of trust and commitment of officials and officials to implement participatory governance
	The governance of the culture of law evasion, disorder and lack of planning in the society
Obstacles related to the executives	Supporting top managers
	Passivity, lack of dynamism and willingness of executives to maintain the status quo
	Lack of courage in executives to make changes
	Political work of executives and prioritizing personal and party interests
Public accountability	Weakening public accountability
	Monitoring and Evaluation
	Hard access to the grievance redressal authority
	People's doubts about the transparency and health of common activities
	Confusion of people to find the main culprit in the lack of service
Weakness in policy making	Providing incorrect solutions to solve health and medical problems
	Developing unrealistic and idealistic policies in the Ministry of Health
	The self-opinion of the policy-making institutions in the organizations of the Ministry of Health and ignoring the opinions of other actors
	Compiling participatory governance policies without theoretical and scientific support
	Imitative policy making in the field of the Ministry of Health and Medicine
Connections	Lack of constructive interaction between the main actors
	Inconsistency between policy makers and implementers
	Lack of proper and strategic communication between the institutions of the Ministry of Health and Medicine
	The need for proper coordination and communication in different departments of the Ministry of Health and Medicine
	Lack of efficient communication network between institutions and sub-categories of the Ministry of Health
Trust building	Trust in the network system
	Mutual trust between actors
	Trust in the new rules
	The existence of conflict due to competition
	Unhealthy competition between institutions and subdivisions of the Ministry of Health
Joint commitment	Mutual and strategic commitment
	Commitment in senior managers and executives
	Commitment to providing common and quality services
	Commitment to adhere to new cooperative principles and rules
Common Destiny	Common understanding between executives
	Consensus building
	Understanding new conditions and adapting programs to these conditions
	Following the common culture

The findings indicated that the number of 10 main themes and 59 sub-themes were extracted as the challenges of the implementation of participatory governance in the Ministry of Health, Healthcare and Medical Education of the country.

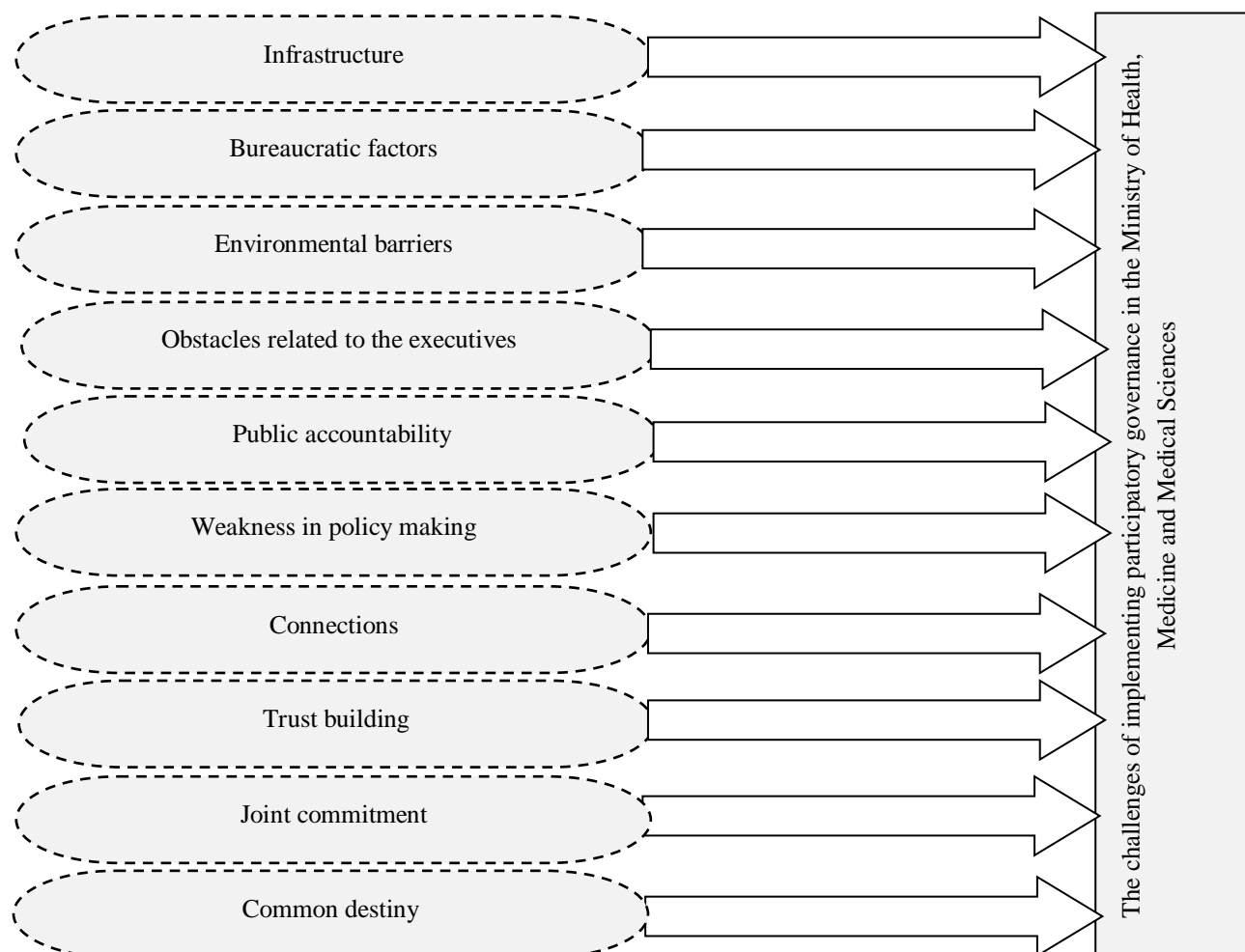


Figure 3. Challenges of implementing participatory governance

In this research, a total of 10 factors were identified as the challenges of implementing participatory governance in the Ministry of Health, Treatment and Medical Education of the country. In this section, according to the AHP technique, a ranking has been made, the results of which are reported in the table below. In the AHP technique, after drawing the decision hierarchy tree, pairwise comparison of the elements of each level of the model should be done. In the calculation stage, the coefficients of each of the matrices of pairwise comparisons are calculated using the definitions and concepts of AHP. So that, for each row of the matrix of pairwise comparisons, the value of S_K , which is a triangular fuzzy number, is calculated from equation (1), and to calculate each part of this equation, the equations (2), (3) and (4) are used:

$$S_K = \sum_{i=1}^n M_{Ki}^i \otimes \left[\sum_{i=1}^m \sum_{j=1}^n M_{ij} \right]^{-1} \quad (1)$$

$$\sum_{j=1}^n M_{ij} = \left(\sum_{i=1}^m l_j, \sum_{i=1}^m m_j, \sum_{i=1}^m u_j \right) \quad i = 1, 2, \dots, m \quad (2)$$

$$\left(\sum_i^n l_i, \sum_i^n m_i, \sum_i^n u_i \right) \sum_{i=1}^m \sum_{j=1}^n M_{ij} = \quad (3)$$

$$\left[\sum_{i=1}^n \sum_{j=1}^m M_{ki}^j \right]^{-1} = \left[\frac{1}{\sum_{i=1}^n u_i}, \frac{1}{\sum_{i=1}^n m_i}, \frac{1}{\sum_{i=1}^n l_i} \right] \quad (4)$$

After calculating all the S_k s, at this stage, according to the following relationship, we must calculate the degree of magnitude of each element of the surface over the other elements of that surface, separately.

$$\begin{cases} V(M_1 \geq M_2) = 1 & \text{if } m_1 \geq m_2 \\ V(M_1 \geq M_2) = 0 & \text{if } l_2 \geq u_1 \\ V(M_1 \geq M_2) = \text{hgt}(M_1 \cap M_2) & \text{otherwise} \end{cases} \quad (5)$$

$$\text{hgt}(M_1 \cap M_2) = \frac{l_2 - u_1}{(m_1 - u_1) - (m_2 - l_2)} \quad (6)$$

The magnitude of a triangular fuzzy number from K number of another triangular fuzzy is obtained through the following equation:

$$V(M_1 \geq M_2, \dots, M_k) = V(M_1 \geq M_2) \text{ and } \dots \text{ and } V(M_1 \geq M_k) \quad (7)$$

To calculate the weight of indicators in the matrix of pairwise comparisons, we act as follows:

$$w'(x_i) = \min\{V(S_i \geq S_k)\} \quad k = 1, 2, \dots, n, k \neq i \quad (8)$$

Therefore, the weighting vector of the indicators will be as follows, which will be the vector of abnormal coefficients of fuzzy AHP:

$$w' = [w'(x_1), w'(x_2), \dots, w'(x_n)]' \quad (9)$$

The pairwise comparison questionnaires were prepared and distributed among 12 experts; including university professors. A total of 11 questionnaires were collected and the relevant calculations were made based on the data of these 11 questionnaires. To combine the opinions of experts, the geometric mean of the opinions has been calculated. In addition, the inconsistency rate of the questionnaires is considered to be less than 0.1.

Table 3. Triangular fuzzy numbers

Inverse of triangular fuzzy number			Triangular fuzzy number			Linguistic scale
(1	1	1)	(1	1	1)	Exactly the same
(2.3	1	1)	(1.2	1	3.2)	Very little preference
(1.2	2.3	1)	(1	3.2	2	A little more important
(2.5	1.2	2.3)	(3.2	2	5.2)	More important
(1.3	2.5	1.2)	(2	5.2	3)	Much more important
(2.7	1.3	2.5)	(5.2	3	7.2)	Absolutely more important

For a better comparison, the total weight of all available titles is shown in Table 4. This table shows the priorities of the main features:

Table 4. Prioritization of identified factors

Row	Title	Average	Total weight	Rank
1	Infrastructures	4.38	0.164	First
2	Weakness in policy making	4.26	0.158	Second
3	Public accountability	4.12	0.138	Third
4	Bureaucratic factors	3.90	0.134	Fourth
5	Environmental barriers	3.82	0.118	Fifth
6	Obstacles related to the executives	3.76	0.098	Sixth
7	Connections	3.64	0.072	Seventh
8	Joint commitment	3.58	0.058	Eighth
9	Trust building	3.28	0.033	Ninth
10	Common destiny	3.16	0.027	Tenth

4. Discussion

In general, the validity of any research depends on the extracted results and its usability. The purpose of this research was to identify the challenges of implementing participatory governance in the Ministry of Health, Treatment and Medical Education of the country. For this purpose, a mixed research method was used and data was collected in two stages from academic experts and managers of the Ministry of Health, Treatment and Medical Education of the country and informants related to the subject of the research. In the qualitative stage 12 experts, managers and informants on the subject were interviewed about the the research subject, during the qualitative data stages using theme analysis, a total of 10 main themes and 59 sub-themes were obtained. These factors include: infrastructure, bureaucratic factors, environmental barriers, weakness in policy making, public accountability, communication, joint commitment, trust building, common destiny, and barriers related to executives. AHP technique has been used to rank the identified variables. According to the obtained results, some suggestions are recommended. Since one of the main challenges in the implementation of participatory governance is the lack of resources (expert manpower and financial resources), it is suggested that; the policy-making institutions in the field of the Ministry of Health, Treatment and Medical Education of the country make more efforts to attract human resources, especially in their expert bodies, and prepare the ground for the development and excellence of their current employees, especially in the field of public policy science. It is suggested that the main bodies in the institutions and sub-categories of the Ministry of Health, Treatment and Medical Education of the country to get benefit from the specialized and expert capacities of policy and governance subject organizations, experts in the field of health and treatment, and scientific and professional associations in formulating the policies of participatory governance to formulate more effective policies. It is suggested that more effort should be made in creating analytical capacity in the field of participatory governance and creating appropriate mechanisms for formulating policies based on scientific evidence and reliable information. It is also necessary for policy-making bodies to examine the social conditions and readiness of the target society to accept that policy before formulating a policy in the field of participatory governance, and not to simply imitate advanced countries in order to make changes and reform things. Due to the lack of a specific monitoring system on the formulation and implementation of participatory governance policies, it is suggested that the relevant institutions, at the time of formulation of the policy and governance indicators, specify the manner of monitoring and evaluation of its implementation, as well as the monitoring institution, in order to increase the implementation guarantee of these policies. It is suggested that the officials and high-ranking officials of the Ministry of Health, Treatment and Medical Education of the country support the implementation of participatory governance in their institutions and

sub-categories, so that on the one hand, by providing the resources needed for implementation, relevant matters will be facilitated and this governance will have an guarantee of implementation and on the other hand, pressure groups cannot easily impose their opinions on the executives.

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