

Institutional barriers to achieving good urban governance as a social determinant of health

Hossein Ayoubi Najafabadi¹ , Navid Fatehi Rad^{1*} , Sanjar Salajegheh¹ , Mohammad Jalal Kamali¹ 

¹ Department of Management, Kerman Branch, Islamic Azad University, Kerman, Iran.

Corresponding author and reprints: Navid Fatehi Rad, Assistant Professor, Department of Management, Kerman Branch, Islamic Azad University, Kerman, Iran.

Email: fatehi_rad@iauk.ac.ir

Received: 29 Aug 2021

Accepted: 11 Sep 2021

published: 14 Sep 2021

Abstract

Background: Most of the factors that affect the community health are out of health sector. The aim of this study was to investigate institutional barriers to achieving good urban governance as a social determinant of health.

Methods: The present study was a descriptive-correlational in terms of nature and survey in terms of method. The statistical population of the study included employees of Isfahan Municipality in Isfahan (n=15085). Based on Krejcie and Morgan table, the sample size was estimated at 376 people. They were selected using stratified random sampling method proportional to sample size. To collect data, researcher-made 41 items questionnaire was used on the barriers to achieve good urban governance. Cronbach's alpha coefficient was calculated as higher than 0.7. Data analysis was performed using structural equation modeling in AMOS-23 software.

Results: The results showed that the effect of physical/spatial, social fragmentation and functional barriers on good urban governance was also significant. Also, the effect of barrier variables in the theoretical area of planning and management, functional barriers in the system of urban administration and management and political-planning barriers on good urban governance was significant. Negative path coefficients indicated that these structures had an inverse effect on good urban governance.

Conclusion: A total number of six barriers were recognized that the government and municipalities can consider them in policy-making to achieve good urban governance and provide the conditions for development and expansion of cities according to urban standards. This could be led to better situation in social determinants of health and higher level of health in community level.

Keywords: City Planning; Government; Health Policy; Quality Improvement; Social Determinants of Health.

Cite this article as: Ayoubi Najafabadi H, Fatehi Rad N, Salajegheh S, Kamali MJ. Institutional barriers to achieving good urban governance as a social determinant of health. *Soc Determinants Health*. 2021;7(1):1-9. DOI: <http://dx.doi.org/10.22037/sdh.v7i1.35976>

Introduction

Good governance is one of the main terms that have found a special place in the health and economic literature in recent decades and could be considered as a social determinant of health (1).

The issue of good governance has been raised with the aim of achieving sustainable

human development and it emphasizes on reducing poverty, job creation and sustainable welfare, protection and revitalization of equity, the environment and women's growth and development, all of which are defined as social determinants of health (2).

Governance has dimensions, the most important of which are economic, political

and administrative dimensions. The economic dimension includes processes that affect the activities of one country and are related to the economies of other countries. The political dimension is the same decision-making processes for policy making and the administrative dimension is the same system of implementation of policies (3).

Good governance reflects a paradigm shift in the role of governments, providing the conditions for equal participation of all citizens in the decision-making process. It also reflects the fact that governance belongs to the people and is formed by the people (4).

Good governance means mechanisms, processes and institutions through which citizens, groups and civic institutions pursue their civic interests, fulfill their legal rights and their obligations (5).

According to the United Nations, urban governance is a continuous process that is achieved through conflicting and different interests of stakeholders within the framework of formal institutions and social capital of citizens. Due to urban governance, several and even different groups are jointly involved in the function and nature of urban management (6).

Nouraei Motlagh et al., investigated the relationship between good governance and social capital. The results showed that among the components of good governance, transparency, corruption control and accountability affect the social capital variable and the corruption control

component has the most important role in social capital (7). Yeganegi et al., conducted a case study entitled “Ranking indicators of good governance in effective organizations”. The results revealed that among the 6 indicators of good governance, accountability, legalism and value orientation, respectively were ranked first to third (8).

As few studies has been done to show the factors that affecting good governance as a social determinant of health, so this study aimed to investigate institutional barriers to achieving good urban governance in Isfahan Municipality as a social determinant of health.

Methods

The present study was an applied research in terms of aim, descriptive-correlational in terms of nature and survey in terms of method. The statistical population of the study included employees of Isfahan Municipality in Isfahan (n=15085). Based on Krejcie and Morgan table, the sample size was estimated at 376 people. They were selected using stratified random sampling method proportional to sample size. To collect data, researcher-made questionnaire on the barriers to achieve good urban governance, was used. It included 41 questions in the form of two dimensions, including urban and regional barriers including physical barriers, spatial barriers, social fragmentation barriers, functional barriers and planning and management including barriers in the theoretical area of planning and

Table 1. Construct validity test of institutional barriers to achieve good urban governance

| test | | statistic | df | P-value |
|-------------------------------|------------|------------------------|-----------------------------------|---------|
| Kaiser-Meyer-Olkin | | 0.973 | - | - |
| Bartlett's Test of Sphericity | | 10224.675 | 820 | 0.001 |
| factor | eigenvalue | Percentage of variance | Cumulative percentage of variance | |
| 1 | 8.009 | 19.534 | 19.534 | |
| 2 | 7.652 | 18.663 | 38.179 | |
| 3 | 3.401 | 8.294 | 46.491 | |
| 4 | 2.252 | 5.492 | 51.983 | |
| 5 | 1.391 | 3.393 | 55.376 | |
| 6 | 0.997 | 2.286 | 57.663 | |

Table 2. Construct validity test good urban governance structure

| test | statistic | df | P-value |
|-------------------------------|------------|------------------------|-----------------------------------|
| Kaiser-Meyer-Olkin | 0.980 | - | - |
| Bartlett's Test of Sphericity | 6597.396 | 325 | 0.001 |
| factor | eigenvalue | Percentage of variance | Cumulative percentage of variance |
| 1 | 5.839 | 22.45 | 22.46 |
| 2 | 4.523 | 17.39 | 39.85 |
| 3 | 1.692 | 6.51 | 46.36 |
| 4 | 1.474 | 5.67 | 52.03 |
| 5 | 1.396 | 5.37 | 57.40 |
| 6 | 1.016 | 3.91 | 61.31 |
| 7 | 0.999 | 1.69 | 62.99 |
| 8 | 0.997 | 1.42 | 64.42 |

management, functional barriers in the urban management system and barriers to planning-policy. It also included 26 questions with components of participation, accountability, efficiency and effectiveness, transparency, justice, legality, accountability and consensus acceptance. The questions were scored on a 5-point Likert scale (strongly disagree, disagree, relatively agree, agree, strongly agree). Kaiser, Meyer, Olkin (KMO) criteria were used to ensure the credibility of the data and to check the accuracy of sampling before factor analysis. Based on the results of Table 1, the KMO value for institutional barriers to good urban governance sampling is 0.973, which is an acceptable value and due to the significance of Bartlett test ($P < 0.05$), the necessary criteria for factor analysis are met. Also, 6 factors that have eigenvalue of more than 1 explained a total of 57.7% of the variance of the general concept. It should be noted that the eigenvalue of each factor was the sum of the squares of the factor load of a factor and measures the contribution of each factor in explaining the common variance. The explanatory degree of variance also indicates to what extent the factor explains the general concept.

Based on the results of Table 2, the KMO value for sampling quality is equal to 0.980, which is an acceptable value and due to the significance of Bartlett test ($P < 0.05$), the

necessary criteria for factor analysis are met. Also, 8 factors that have eigenvalue of more than 1 explain a total of 64.4% of the variance of the general concept.

To evaluate the internal reliability in a pilot study on 30 individuals, the Cronbach's alpha coefficient was calculated at higher than 0.7, as shown in (Table 3).

This study was approved by sub-secretary for research in Kerman branch of Islamic Azad University. It is conducted based on Helsinki declaration. All participants entered the study after informed consent. The data was confidential and no personal information was published anywhere. Data were analyzed using structural equation modeling in AMOS-23 software.

Table 3. Reliability of research questionnaire dimensions

| dimension | Cronbach's alpha | Q/D |
|-------------------------------------|------------------|-----|
| participation | 0.763 | 4 |
| Justice orientation | 0.838 | 3 |
| Agreement and consensus orientation | 0.843 | 3 |
| Efficiency and effectiveness | 0.871 | 3 |
| Legality | 0.773 | 3 |
| Transparency | 0.867 | 4 |
| Accountability | 0.849 | 3 |
| Consensus acceptance | 0.783 | 3 |
| Urban and regional barriers | 0.950 | 22 |
| planning and management barriers | 0.959 | 19 |

*Number of questions of each dimension

Results

The first question of the research was “Is there a relationship between urban and regional barriers and good urban governance?” According to the indices presented in Table 4, it can be stated that the structural model had a good fit for this question.

According to Table 5, the results of testing research questions showed the effect of physical/spatial barrier variables ($P = 0.001$, $\beta = -0.573$), social fragmentation barriers ($P = 0.001$, $\beta = -0.31$), and functional barriers ($P = 0.001$, $\beta = -0.421$) on good urban governance were significant at the level of 5%. The negative path coefficients showed that these structures had an inverse effect on good urban governance. According to the calculated

Table 4. Fit indices of the proposed model of the first research question

| index | Acceptable level | Reported value |
|---------|------------------|----------------|
| CMIN/DF | ≤ 3 | 814.1 |
| GFI | ≥ 0.9 | 891.0 |
| AGFI | ≥ 0.9 | 871.0 |
| NFI | ≥ 0.9 | 919.0 |
| IFI | ≥ 0.9 | 962.0 |
| TLI | ≥ 0.9 | 957.0 |
| CFI | ≥ 0.9 | 962.0 |
| RMSEA | ≤ 0.08 | 047.0 |

path coefficients, it could be stated that the effect of physical/spatial barriers on good urban governance was more than other dimensions (Figure 1).

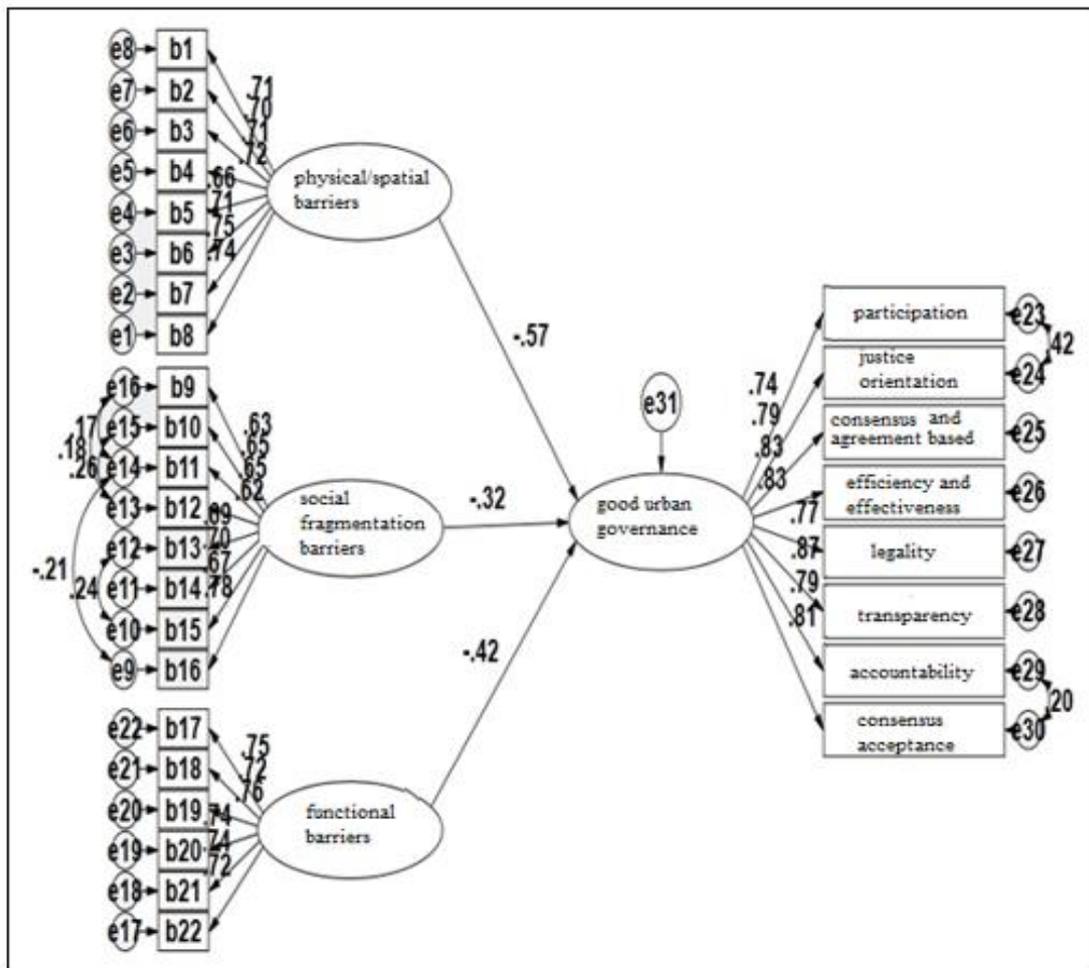


Figure 1. Results of structural equations to investigate the first research question

Table 5. Test result of the first research question

| Questions | Path coefficient | Statistic t | P-value |
|--------------------------------------|------------------|-------------|---------|
| Physical/spatial Barriers → GUG* | -0.573 | -10.430 | 0.001 |
| Social fragmentation barriers → GUG* | -0.321 | -7.081 | 0.001 |
| Functional barriers → GUG* | -0.421 | -8.484 | 0.001 |

*GUG: Good urban governance

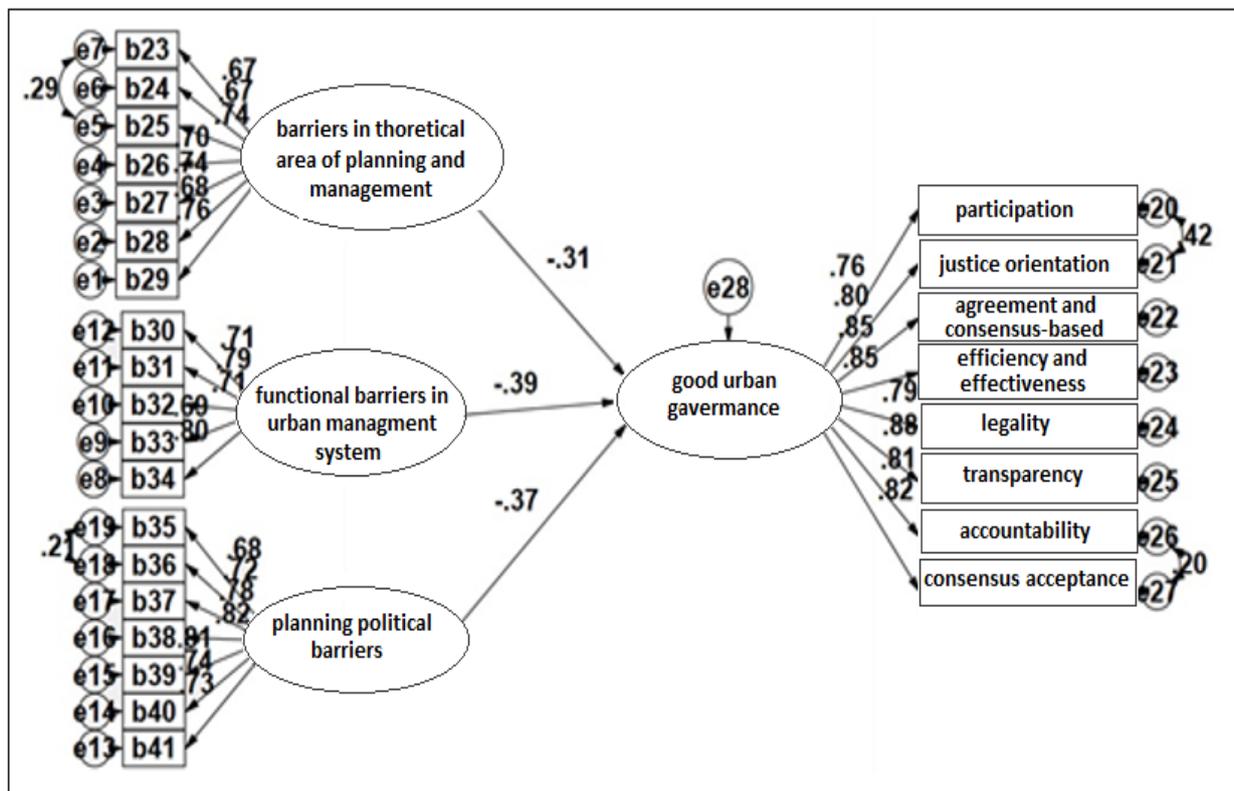


Figure 2. Results of structural equations to investigate the second research question

The second research question was “Is there a relationship between the indicators of barriers to good planning and management and good urban governance?” According to the indicators presented in Table 6, it can be stated that the structural model had a good fit for this question. According to (Table 7), the results of testing research questions showed the effect of barriers in the theoretical area of planning and management ($P=0.001$, $\beta=-0.307$), functional barriers in the urban management system ($P= 0.001$, $B = -0.394$) and political-planning barriers ($P = 0.001$, $\beta = -0.371$) on good urban governance were significant at 5% level. The negative sign of

path coefficients showed that these structures have an inverse effect on good

Table 6. Fit indices of the proposed model of the second research question

| index | Acceptable level | Reported value |
|---------|------------------|----------------|
| CMIN/DF | ≤ 3 | 1.925 |
| GFI | ≥ 0.9 | 0.891 |
| AGFI | ≥ 0.9 | 0.869 |
| NFI | ≥ 0.9 | 0.927 |
| IFI | ≥ 0.9 | 0.964 |
| TLI | ≥ 0.9 | 0.959 |
| CFI | ≥ 0.9 | 0.964 |
| RMSEA | ≤ 0.08 | 0.050 |

Table 7. Test result of the second question of the research

| Questions | Path coefficient | Statistic t | P-value |
|--|------------------|-------------|---------|
| Barriers in the theoretical area of planning and management → GUG* | -0.307 | -6.048 | 0.001 |
| Functional barriers in the urban management system → GUG* | -0.394 | -7.479 | 0.001 |
| political-planning barriers → GUG* | -0.371 | -7.125 | 0.001 |

*GUG: Good urban governance

urban governance. According to the calculated path coefficients, it can be stated that the effect of functional barriers in urban management system on good urban governance was more than other dimensions (Figure 2).

Discussion

According to the results, the effect of physical/spatial barriers, social fragmentation barriers and functional barriers on good urban governance was significant at 5% level and the negative path coefficients showed that these structures had a decreasing or inverse effect on good urban governance. Considering the calculated path coefficients, it can be stated that the effect of physical/spatial barriers on good urban governance is more than other dimensions.

Our findings revealed that physical/spatial barriers on good urban governance was significant; in line with our findings, Azari et al., found that physical/spatial barriers have a negative impact on good urban governance and they are among the barriers to achieve urban e-government (9).

As we found, Moradpour Jaghdari et al., found that physical-environmental criteria are among the factors affecting good urban governance and also community health (10). Barbuto, Italian architect and urban planner, attributed the disintegration and fragmentation of the modern city its functions and spaces to the result of natural and physiological factors related to growth needs and conditions, and related it to interpretations and suggestions of a comprehensive urban model. Functional model with its special techniques and methodologies leads to the classification and specialization of urban spaces. Based

on these researchers, the two concepts of fragmented and disintegrated city and integrated city are versus each other (11).

We found significant effect of social fragmentation barriers on good urban governance. The fragmented city consists of large and medium-sized areas that are connected only by a network of roads. Accordingly, separate urban areas are put together through a network of roads that provide access to urban areas. Buildings, services, and public and private facilities and even parks are designed to fit within any area and no project can be located beyond these boundaries. On the other hand, the basic criteria for the realization of an integrated city are the existence of urban structure, urban function, public spaces and urban context (12).

Qorbannezhad and Isakhani, have found that social barriers as social determinants of health have a negative impact on good urban governance and have stated that by examining the present status of Iran in terms of having smart cities, we can realize that even the metropolis of Tehran still is far away from standards of a smart city. One of its main is the fragmentation of urban management in the area of policy-making, decision-making, planning, guidance and monitoring (13). Barriers to social fragmentation should be sought in the multiplicity of social classes, whether city or region. At the national level, the distinction between developed and underdeveloped areas, densely populated areas and sparsely populated areas are examples of dispersion. At the urban level, the rich and poor parts of the city can be clearly distinguished from each other (14).

Regarding functional barriers and good urban governance in line with our findings,

Khayyatm and Tabatabaie Nasab, have conducted a study and found that functional barriers have a negative effect on realization of good urban governance. They identified functional barriers as one of the barriers to good urban governance. Modern urban planning has tried to separate the major urban land uses based on the main functions of the city, namely housing, recreation, transportation and work. It leads to separation of work, sleep, shopping, cultural, and recreational areas through the application of functional zoning regulations, resulting in creation of "dead" areas, all of which affect good urban governance and has direct and indirect effect on health (15).

Saadat Nezhad, conducted a study in the area of the effect of planning and management on good urban governance. He found that in the area of health management and urban planning, lack of financial resources or technology of the managers or the skilled human resource were the main problem in the management of these factors. Saadat Nezhad, found that barriers in the area of planning and management are among the factors affecting good urban governance (16).

Cohen, have also introduced barriers to planning and management as factors affecting good urban governance. According to planning theorists, after the decline of the systemic dominance period or the dominance of procedural planning theory in the late 1960s and early 1970s, another period in planning theorizing was formed, during the dominance of procedural planning theory or systemic perspectives was disrupted and other theoretical positions showed obvious shortcomings (17).

Same as our finding, Khanifer and Molawi, found that urban management is one of the factors affecting good urban governance and showed that the coefficient of multiple correlation between urban management variables (including three sub-indicators of individual characteristics of managers, social characteristics of managers,

management characteristics of managers) and good urban governance with a beta coefficient value of 0.647 is in the good range and the variable of management characteristics of managers with a beta coefficient of 0.646 had the greatest impact on good urban governance. Functional segregation occurs when the planning and provision of municipal services about functions and tasks of a local nature is divided between several institutions, organizations, and other bodies in a specific city or territory (such as a city or municipality) (18).

Finally, since public participation in decision-making, accountability, equity and efficiency of all central principles of good urban governance also defining feature of strategic planning, the strategic approach to planning is considered as a tool to achieve good urban governance .

All socio-economic and spatial developments, which take place in the territory of a city or any other geographical area, are the result of the interaction of various forces, policies and horizontal and vertical actions. Different sections and levels of policy-making are formulated and implemented. Accordingly, a successful planning system will be a system that can gain a correct understanding of these policies at different levels and sectors and their effect on the geographical space. In such conditions, different types of traditional and comprehensive physical planning that focus on the physical dimensions and are unaware of the forces and socio-political economic policies affecting spatial developments cannot be considered successful anymore in guiding development. As we consider health in all policies, it is important to pay attention to it in policy making, planning and actions.

Conclusion

The rapid expansion of Iranian cities without prediction and the establishment of the necessary institutional and legal arrangements to control and guide the development and provision of appropriate services throughout the region have caused numerous problems and content challenges, such as expansion of informal settlements, environmental degradation, and so on that could affect physical, mental and social health. In such conditions, transition from centralized and hierarchical urban government to desirable, decentralized, and democratic governance is inevitable. Thus, applying the approach of good governance and in accordance with the cultural, political and economic context of the country, as an approach that will lead the country more and more towards sustainable development and good health, is necessary. In this study, these barriers to good urban governance were identified and six barriers were classified into two groups that the government and municipalities can consider in health policy for good urban governance and development for the expansion of cities, according to urban standards.

Authors' contributions

Study concept and design: HAN, NFR; Data gathering: HAN, NFR, MJK; Data analysis: HAN, NFR, MJK; Writing manuscript: HAN, NFR, MJK, SS; Revise manuscript: HAN, NFR, MJK, SS; Approve manuscript: HAN, NFR, MJK, SS.

Conflict of interest

None declared.

Source(s) of support

No financial support

Informed Consent

Not applicable.

References

1. Aghansab A, Iman M, Taghavi M, Social Capital and Good Governance: Case Study: Developing Countries. *Health Serv Res.* 2019;1(4):1-14.
2. Araei W, Ghasemi A, Moeinifar Y, Policy recommendations barriers to achieve good governance in the Department of Public Affairs (Case study: Governor and Municipality of Minoodasht). *Quarterly Journal of Strategic Studies of Public Policy.* 2017;7(7):113-133.
3. Emam Jomee Zade, S., Shahramnia, A., Safariyan Garmekhiani, R. Model of Good Governance, Community and Government Partners to Effectively. *Political Science Quarterly,* 2016; 12(36): 7-40.
4. Rouhani S, Ramezannia M. The New Public Management Theory on Efficiency of Health Services Delivery in Iran. *Journal of Health Management.* 2019;35(2): 70-81.
5. Khadivi R, Sadeghi Dehcheshme M. The hospital performance indices after implementing the Universal Health Coverage in the Iran. *Soc Determinants Health.* 2020;6(1):e38.
6. Alvani SM. Good governance of a network of civil society actors. *Quarterly Journal of Development and Transformation Management.* 2017;9(5):20-32.
7. Nouraei Motlagh S, Ghasempour S, Yusefzadeh H, Lotfi F, Astaraki P. Evaluation of the Productivity of Hospitals Affiliated to Lorestan University of Medical Sciences Using the Malmquist and the Kendrick-Creamer Indices. *Shiraz E-Med J.* 2019;20(7):e852220.
8. Yeganegi S, Alvani S, memarzadeh G. Ranking indicators of good governance in effective organizations (Case Study: branches of Refah bank in Qazvin Province). *Public Policy in Administration.* 2016;7(21):1-9.
9. Azari A, Andalib D, Shahtahmasebi E. Efficiency Analysis of Provinces in Rural Health Sector In the beginning years of the Third and Fourth Development Plans. *Health Management.* 2018;39(13):65-69.
10. Moradpour Jaghdari A, Sayadi S, Pourkiani M, Salajegheh S. Designing the Model of Ethical Competency of Public Health Sector of the Oil Industry. *International Journal of Hospital Research.* 2021;10(3):59-67.
11. Barbuto J. Designing a Managerial Competency Model for Managers and Its Impact on Organizational Development and Credit Control in Commercial Banks in Barcelona, Spain. *Journal of Leadership Quarterly.* 2020;16(7):410-439.
12. Ahmadi N. introducing and criticizing Delphi method. *journal of the social sciences' book of month.* 2018;22(1):100-108.
13. Qorbannezhad P, Isakhani A. Desining university managers' competency models based on Islamic patterns, a comparative study. *management journal in Islamic University.* 2016;9(4):39-55.
14. Zamani F. Investigating the relationship between ethical behavior development of managers and health of organization, *biological ethics journal.* 2020;20(6):47-65.

15. Khayyatm S, Tabatabaie Nasab M. Professional ethical criteria in management. *Ethical journal in science and technology*. 2020;11(1):128-136.
16. Saadat Nezhad S. Be ethical leadership of the organization, *Mashal-e Sanat-e Naft journal*. 2017;8(2):26-29.
17. Cohen D. HR, past, present and future: A call for consistant practices and a focus on competencies, *Humane resource management review*. 2015;25(1):205-215.
18. Khanifer H, Molawi Z. Ethics philosophy in management science. *Islamic managment scientific-research journal*. 2019;23(1):137-158.