



# Perceptions of Health Administration Employees, Health Information, Dentistry, and its Impact on Job Productivity in Health Care Centers at Riyadh Region.

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## Abstract

Many studies were conducted around the world and in the Kingdom of Saudi Arabia examining the perceptions of employees in health care centers and their impact on work productivity. This study aimed to estimate Perceptions of Health Administration Employees, Health Information, Dentistry, and its Impact on Job Productivity in Health Care Centers at Riyadh Region, the study was conducted on a sample of health care, health information, and dental employees in health care centers in the Riyadh region. It consisted of (245) individuals who were selected by a simple random method. The questionnaire was used to collect data according to a five-point Likert scale. The results indicated general satisfaction among the study sample, and financial factors were the most unsatisfactory aspect among employees, followed by training opportunities. The study recommended the necessity of fully distributing financial incentives and enhancing training opportunities for employees.

**Keywords:** *Perceptions, Health Administration Employees, Health Information, Dentistry, Job Productivity, Health Care Centers.*

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## 1. Introduction and Background

Riyadh region is the largest health regions in the Kingdom in terms of geographical size, population density, and density in various specialist health services; both preventive and curative. There are several modern hospitals and primary health-care centers throughout Riyadh region. These health care services institutions are supervised by Riyadh Directorate General of Health Affairs, Riyadh Directorate has various departments such as: the primary health care Department, which oversees primary health care centers Inside and outside Riyadh, hospital management, which oversees the region's hospitals inside and outside Riyadh, and medical licensing management which oversees work in medicine and pharmacy, and the Directorate General of Health Affairs in conducts its responsibility in accordance with the terms set by the systems in place and the regulations of the Ministry of health. Several evidences that shows that the demand for health care services in Saudi society has increased in recent years due to population growth, developments in technology and implementation of reforms in the health care system. Care system. Providing better quality, accessible and appropriate health care services to individuals in accordance with our "Human First" principle has become our main priority. In order to achieve this goal, it is necessary that our health care personnel, who play a key role in the delivery of health care services, are qualified and do their jobs with passion, in other words, the members of the health care work force are satisfied with their jobs.

Several studies have linked the recruitment and retention of healthcare workers to job satisfaction, job satisfaction is a latent, multifaceted, and complex concept. Despite its importance as a concept, there is no

standard definition or general agreement among researchers about the definition of job satisfaction (Aziri, 2011). Yet, it can be simply defined as the person's behavior towards his/ her organization in terms of the like or dislike to his organization (Zhu, 2013).

Another definition considered job satisfaction as a sum of different elements, including job nature, conditions, relationships, policies, security, communications, promotion opportunities, appreciation, and supervision (Halcomb, Smyth, McInnes, 2018). Lu, et al. have defined job satisfaction as not only individuals' feelings towards their job, but also their expectations towards what their job should provide (Lu H, Barriball KL, Zhang X, While, 2012). As a result, healthcare organizations have to look after their employees' satisfaction levels because a low level of satisfaction could lead to a reduction in the quality of healthcare services and increased burnout (Ogresta, Rusac, Zorec, 2008).

Various studies investigated the perception of Health Care services employees; both from the perception of patients and health care employees. Among these studies are Ipinge et al (2006) whom they found that financial factors, human resource management issues, and occupational and macro-environmental issues are considered as both push and retention factors for diverse health professionals at various levels in both the public and private sectors. The findings of their study showed that benefits such as: housing assistance, overtime compensation, medical aid, retirement fund, and retirement benefits are the strengths of the conditions of service in the public sector.

Conversely, in the private sector attractive conditions of service were more connected to salaries and the macro-environment such as recognition and communication. The shortcomings of conditions of service were linked to salaries and career management in the public sector, as compared to the lack of fringe compensation only. Another study done by Uganda Ministry of Health, Makerere University, University of Washington (2007) agreed with the notion of financial and managerial issues. The study found that the overall satisfaction among Ugandan health workers is not high. Less than half the respondents said that they were satisfied with their jobs. Satisfaction with salary is particularly low, and doctors are the least satisfied group. Furthermore, working and living conditions are very poor, and the workload is judged to be unmanageable.

Working conditions are better in the private (non-profit) sector than in the public sector, but compensation and job security were viewed as superior in the public sector. A study done by Marwan Ahmed Hwayhi (2008) shared the factors of job security with the Ugandan study. This study indicated more factors of job satisfaction. The Study moreover indicated some crucial conclusions mainly the existence of a relatively low level of job security and stability, the quality work environment, the satisfactory level of relationship between supervisors and subordinates, the fact that the salaries and incentives are not remunerative, and that the level of fairness is not satisfactory.

A study done by Khamlub et al (2011) showed the same concepts related to financial and social issues. Participants were dissatisfied with salary levels. The highest satisfaction reported was for the freedom to choose the method of working followed by the amount of variety on the job, amount of responsibility and relationships with co-workers. There were statistically significant differences in age group, working experience and position. In conclusion, health-care workers at health centers were generally satisfied with their job except for their salary. The main factors that correlate with their overall job satisfaction were conflict resolutions at work, relationships with other co-workers and organizational structure. As in Japan a study done by Ayalew Aklilu ( 2012 ) found more managerial issues and concluded that (general speaking) perception of health worker towards their institutional structure is poor, were not pleasant place to work, would not pay competitive salary, as recruitment and hiring policy was not fair, promotions were not based primarily on performance, staff were not held accountable for getting work done according to clear performance standard, staff were not adequate and considered competent, would not Values its employees. Likewise, perception of health worker towards institutional leadership is not good enough.

When the researchers relate all these studies together and apply them to the Saudi employees health

care centers they found that some of these issues are applicable. Some studies considered the provision of service in the health care centers which eventually a good indicator for employees' satisfaction. Practically, as satisfied as the employee, the health services will improve.

A study done by Alahmadi (2009) aimed to evaluate the performance of health services in Saudi Arabia by measuring the relative efficiency of primary health care centers and government hospitals using the method of analysis of envelope data. The study found that the average relative efficiency of primary health care centers is (83.5%), which means that primary health care centers in the Kingdom should be able to provide the same level of output using (83.5%) of the input current or increase the output by (16.5%) using the same levels of input current if it is working relatively efficiently complete. According to the indicator of productivity, the number of public areas of the overall efficiency of the full terms of the relative efficiency of primary health care centers, is an (8) areas of increased (40%).

The average relative efficiency of all government hospitals (89.9%), indicating that these hospitals can reduce the input current by (10.1%) and provide the same level of services (outputs) or greater service to the beneficiaries, by (10.1%) using the same input levels if the current operate with relative efficiency and the results showed that the number of areas of the overall efficiency of the full terms of the relative efficiency of their hospital (10) areas (50%). Based on the results of the study researcher recommends re-distribution of health resources, and most importantly manpower in primary health care centers and government hospitals with a view to optimal exploitation of these resources and to conduct further studies on the reasons for the lack of health facilities and relative efficiency to measure the impact of external factors on rates of efficiency.

The researchers found that are common issues connecting most of the studies about job satisfaction. The most important issue is the financial aspect. Some of the employees are getting less salary than they deserve. Some of them are being paid the same salary since a long time. Other employees were not promoted and not benefiting financially. The second important issue is the managerial conflicts whether with employers or coworkers. A lot of employees in the previous studies indicated some issues related to these aspects. Some of them even left their jobs because of issues concerning job security and interrelationships.

## **2. Statement of the problem**

This study aimed to identify the perceptions of health care, health information, and dental staff in health care centers in the Riyadh region, and the perception of psychological belonging, professional belonging, administrative affiliation, and financial and social incentives were taken into account.

### **. Significance of the study<sup>3</sup>**

Theoretically: Identifying the reasons for the unsatisfactory outlook among health care, health information, and dental staff working in health care centers in Riyadh. Practically: This study will help in improving the performance of the administrative health employees in KSA and shed some lights on some ways to improve their satisfaction.

## **4. Study Objectives**

This study aimed to estimate Perceptions of Health Administration Employees, Health Information, Dentistry, and it's Impact on Job Productivity in Health Care Centers at Riyadh Region.

### **. Study Design <sup>5</sup>**

Researchers used a descriptive method to describe the perception of Health Administration Employees, Health Information, Dentistry, and it's Impact on Job Productivity in Health Care Centers at Riyadh Region.

### **. Participants <sup>6</sup>**

The participants in this study are health administration, health information, and dental employees who

work in health care centers in the Riyadh region, and the study sample was randomly selected with a number of (242) Employees.

**Study Limitation 7.**

The study might be affected by the shortage related to study instrument (Questionnaire); if the researchers conducted an interview they might get different results. Some departments were uncooperative and some employees were reluctant to participate. The number of female participant was small which might affect the conclusion about female employees. The researchers should have studied the non Saudi employees also and find out whether they have the same concerns. The study would produce more generalized conclusions if was conducted all health care centers.

**. Instrument 8**

The instrument used in this study is a questionnaire form. The questionnaire form consisted of three parts (1-Demographic and job information. 2-affiliation. 3-Opinion information). The scale: 5 points Likert scale of two parts as follows: First part: Range from (Yes always to No never). Second part: Range from (Very Satisfied to Very Disappointed). The validity and reliability of the tool were confirmed by using Cronbach’s alpha (SPSS) to measure the internal consistency of the questionnaire as follows:

Cronbach's Alpha	No. of Items
.909	36

**Statistical Treatment:** The data was analyzed using descriptive statistics. The analysis was conducted using Statistical Package for Social Science (SPSS) program.

**9. Results**

Socio-demographic variables:

Sex Distribution of Sample:

**Table ( 1 )**

Variables level	Frequency	%
Male	217	89.7
Female	25	10.3
Total	242	100.0

Table (1) presents the sex distribution of the participants. It can be clearly seen that most of the participants were from male representing 89.7%.

Specialty Distribution sample:

**Table ( 2 )**

Variables level	Frequency	%
Administrative	126	52.1
Heath Information	100	41.3
Dentistry	16	6.6
Total	242	100.0

Table (2) presents the specialty of the participants. It can be clearly seen that specialty in studying period was mostly administrative 52.1%.

**Job Level Distribution of Sample:**

**Table ( 3 )**

Variables level	Frequency	%
Administrative	126	52.1
Heath Information	103	42.6
Dentistry	13	5.4
<b>Total</b>	<b>242</b>	<b>100.0</b>

**Administrative Employees Perception Results: Psychological Affiliation:**

**Table (4)**

Q	Statement	F	Approval					Mean *	Std. Dev.
			%	Never	Rare	Sometimes	Often		
1	I emphasize on the success of the health care center.	F	2	4	15	43	178	4.62	.749
		%	.8	1.7	6.2	17.8	73.6		
2	I make sure to draw a bright picture of the health care center.	F	4	4	18	49	167	4.53	.836
		%	1.7	1.7	7.4	20.2	69		
3	I am proud to belong to this for the health care center.	F	11	11	40	66	114	4.08	1.107
		%	4.5	4.5	16.5	27.3	47.1		
4	I am Upset of any criticism towards the health care center.	F	27	32	73	51	59	3.34	1.286
		%	11.2	13.2	30.2	21.1	24.4		
<b>Whole Mean</b>			<b>4.14</b>						

We can see from table (4) that the participants vary in responding to the (psychological affiliation) with the mean range from  $\mu = 4.62$  to  $\mu = 3.34$ . The highest mean range was (I emphasize on the success of the health care center). On the other hand, the lowest mean was for (I am Upset of any criticism towards the health care center). The average mean was 4.14.

**Professional Affiliation:**

**Table (5)**

Q	Statement	F	Approval					Mean	Std. Dev.
			%	Never	Rare	Sometimes	Often		
1	My job develops personal confidence.	F	11	7	31	63	130	4.21	1.072
		%	4.5	2.9	12.8	26	53.7		

2	I feel satisfied with my current performance.	F	7	4	37	76	118		
		%	2.9	1.7	15.3	31.4	48.8	4.21	.962
3	I care for my job in order to be promoted.	F	18	19	29	57	119	3.99	1.266
		%	7.4	7.9	12	23.6	49.2		
4	I feel that my job is developing my professional abilities.	F	12	17	44	67	102	3.95	1.155
		%	5	7	18.2	27.7	42.1		
5	I chose my own desired job.	F	45	9	31	52	105	3.67	1.512
		%	18.6	3.7	12.8	21.5	43.4		
6	I feel that my job does not Match my qualifications.	F	82	24	67	33	36	2.66	1.441
		%	33.9	9.9	27.7	13.6	14.9		
7	I feel that my job is socially Low.	F	112	25	62	19	24	2.25	1.368
		%	46.3	10.3	25.6	7.9	9.9		
<b>Whole Mean</b>			<b>3.56</b>						

We can see from table (5) that the participants vary in responding to the (professional affiliation) with the mean range from  $\mu = 4.21$  to  $\mu = 2.25$ . The highest mean range was (My job develops my personal confidence). On the other hand, the lowest mean was for (I feel that my job is socially low). The average mean was 3.56

#### Managerial Affiliation:

**Table (6)**

Q	Statement	F	Approval					Mean	Std. Dev.
			Never	Rare	Sometimes	Often	Always		
1	My manager cares for my needs.	F	19	22	50	77	74	3.68	1.220
		%	7.9	9.1	20.7	31.8	30.6		
2	I noticed that procedures are complicated in the health care center.	F	20	38	84	51	49	3.29	1.195
		%	8.3	15.7	34.7	21.1	20.2		
3	My superior cares for my Suggestions and developmental ideas.	F	22	40	76	55	49	3.29	1.221
		%	9.1	16.5	31.4	22.7	20.2		
4	I feel that administrative services provided for me are satisfactory.	F	28	42	94	51	27	3.03	1.139
		%	11.6	17.4	38.8	21.1	11.2		
5	It is easy to meet my	F	32	54	72	52	32	2.99	1.226

	superiors.	%	13.2	22.3	29.8	21.5	13.2		
6	Superiors listen to employee's opinions and complaints.	F	38	54	69	56	25	2.90	1.222
		%	15.7	22.3	28.5	23.1	10.3		
7	The directorate seeks to fulfill the employee's needs.	F	33	60	81	48	20	2.84	1.142
		%	13.6	24.8	33.5	19.8	8.3		
8	The directorate gives me a lot of facilitations.	F	36	57	81	47	21	2.83	1.162
		%	14.9	23.6	33.5	19.4	8.7		
9	I feel that procedures in the directorate are clear.	F	47	42	94	36	23	2.78	1.198
		%	19.4	17.4	38.8	14.9	9.5		
	<b>Whole Mean</b>							<b>3.07</b>	

We can see from table (6) that the participants vary in responding to the (managerial affiliation) with the mean range from  $\mu = 3.68$  to  $\mu = 2.78$ . The highest mean range was (My manager cares for my needs). On the other hand, the lowest mean was for (I feel that procedures in health care center are clear). The average mean was 3.07

#### Financial Incentives System:

**Table (7)**

Q	Statement	F	Approval					Mean	Std. Dev.
		%	Strongly unsatisfied	Unsatisfied	Neutral	Satisfied	Strongly satisfied		
1	Gratitude from your manager.	F	7	23	37	89	86	3.93	1.071
		%	2.9	9.5	15.3	36.8	35.5		
2	Promotion procedures.	F	23	39	48	75	57	3.43	1.271
		%	9.5	16.1	19.8	31	23.6		
3	The amount of your salary compared to the size of your Work load.	F	33	44	44	80	41	3.21	1.302
		%	13.6	18.2	18.2	33.1	16.9		
4	The distribution of financial awards.	F	65	45	64	45	23	2.65	1.309
		%	26.9	18.6	26.4	18.6	9.5		
5	The distribution of overtime.	F	91	43	58	30	20	2.36	1.317
		%	37.6	17.8	24	12.4	8.3		
	<b>Whole Mean</b>							<b>3.12</b>	

We can see from table (7) that the participants vary in responding to the (financial incentives system) with the mean range from  $\mu = 3.93$  to  $\mu = 2.36$ . The highest mean range was (Gratitude from your manager). On the other hand, the lowest mean was for (The distribution of overtime). The average mean was 3.12

**Communication with Fellow Colleagues:**

**Table (8)**

Q	Statement	F %	Approval					Mean	Std. Dev.
			Strongly unsatisfied	Unsatisfied	Neutral	Satisfied	Strongly satisfied		
1	Your relationship with your colleagues.	2.8	1.4	4.17	58.24	177.73.1	4.68	.613	
2	The assistance of your colleagues when having workload.	2.8	2.5	6.6	40.5	49.6	4.36	.782	
3	The manger values me when having work load.	10.4	9.37	40.16.5	83.34.3	100.41.3	4.05	1.049	
4	Having the opportunity to participate in activities.	22.9	30.12.4	63.26	74.30.6	53.21.9	3.44	1.218	
<b>Whole Mean</b>		<b>4.13</b>							

We can see from table (8) that the participants vary in responding to the (communication with fellow colleagues) with the mean range from  $\mu = 4.68$  to  $\mu = 3.44$ . The highest mean range was (Your relationship with your colleagues). On the other hand, the lowest mean was for (Having the opportunity to participate in activities). The average mean was 4.13.

**Overall Job Satisfaction**

**Table (9)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly unsatisfied	6	2.5	2.5	2.5
Unsatisfied	16	6.6	6.6	9.1
Neutral	70	28.9	28.9	38.0
Satisfied	111	45.9	45.9	83.9
Strongly satisfied	39	16.1	16.1	100.0
Total	242	100.0	100.0	

We can see from table (8) that the participants vary in responding to the (The overall job satisfaction) 45.9% strongly satisfied, 28.9% satisfied, 28.9% of participants reported neutral. 6.6% unsatisfied. 2.5% strongly satisfied.

**10. Summary**

There are a lot of studies and articles that described Employees Satisfaction in different countries such as: Japan, Palestine, Nigeria, Ethiopia, Namibia, Uganda, Turkey, Netherlands and Saudi Arabia. This study



is conducted to explore the Perceptions of Health Administration Employees, Health Information, Dentistry, and its Impact on Job Productivity in Health Care Centers at Riyadh Region. The aim of this study is to seek perception of administrative employees and will help to improve their performance and give some ideas to improve services in a way that satisfy employees. The research is a descriptive study. The researchers used questionnaire to collect information. The questionnaire consisted of two parts each contained five points Likart scale. 245 questionnaires were distributed and the response rate was 98%. Data were analyzed by SPSS program.

## **11. Discussion**

Looking at the results of this study it showed majority of respondents were male in The health care centers. Qualifications data of the participants showed that most of them are having higher education degree. Specialty of participants during their study time where administrative and were health workers that practicing administrative duties which showing uneven distribution of jobs. The job level data showed that most of participants are civil service workers and near to this percentage is health staff participants which explains the number of participants having health specialty. There were statistically significant differences in age group, working experience and position (Iiping et al 2006). Educational status, age and position are the factors that determine the perception of health workers towards their institutional structure while work place and Educational status for institutional leadership (Iiping et al 2006).

The results of Psychological Affiliation showed that most of participants are satisfied. The majority agreed on the importance of the health care center success. Few participants showed no care for the criticism towards the health care centers.

The results of Professional Affiliation showed that most of participants are satisfied. The majority agreed that their job develops their personal confidence. Few participants showed that their job is socially low. Employees were not satisfied with the match between the job and the worker which agrees with the study of.

The results of Managerial Affiliation showed that most of participants are unsatisfied. The majority disagreed that their manager cares for their needs. Few participants agreed that procedures in health care center are clear. This study disagrees with (Iiping et al 2006) in Japan which found that the highest satisfaction reported was for the freedom to choose the method of working followed by the amount of variety on the job.

The results of Managerial System showed that most of participants are satisfied. The majority were satisfied with the supervision of their manger towards their performance. Few participants were satisfied with training opportunities provided to them. Support for staff welfare and training; appear to play a significant role in affecting health workers' satisfaction with their work (Chirdan et al 2009). Various factors influencing staff retention and mobility can be distinguished (Marjolein 2006). Health system related factors, such as human resources policy and planning job satisfaction, influenced by health facility factors, such as working conditions, management capacity and styles, professional advancement and safety at work (Marjolein 2006).

The results of Financial Incentives System showed that most of participants are unsatisfied. The majority were satisfied with gratitude from their manager. Few participants were unsatisfied with the distribution of overtime. Most of the literature of reviewed studies agreed with this point of this study (Khamlub et al 2011), (Ayalew et al 2012)..

The results of Overall Job Satisfaction showed that most of participants are satisfied with a percentage of (62%). This study agrees with findings of (Khamlub et al 2011), (Chirdan et al 2009), and (Uganda Ministry of Health 2007).

## **12. Recommendations**

More attention should be paid to the professional affiliation of the employees especially matching the experience and qualification of the employee to the current job. The managerial system must be change in a manner that ease procedures and comfort employees. Financial incentives system must be reorganized and there must be consideration to employees' overtime and financial awards. Moving towards electronic government is a crucial need if we want to keep up with the global order. Assigning well qualified-experienced managers is very important in dealing with work flow. Paying more attention to employees training, and giving them the chance to interact with decision making is crucial. Justice in job duties distribution is affecting some employee's productivity which must be considered. Giving employees more space to innovate in their job and encouraging them to be part of the responsibility. Elimination of paperwork and use of technology will improve employees' performance. Health staff should not have administrative duties in supervisory facilities, and they should practice their duties in medical facilities.

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