



NAVIGATING PUBLIC PERCEPTION OF PERSONAL HEALTH RECORDS: A MULTI-DIMENSIONAL ANALYSIS OF ATTITUDES, CONCERNS, AND IMPLICATIONS FOR HEALTHCARE ENGAGEMENT

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ABSTRACT

The field of healthcare informatics has witnessed a growing interest in understanding the public perception of Personal Health Records (PHRs) in recent years. PHRs hold the promise of transforming the healthcare landscape by enabling individuals to access, manage, and share their health information. This research could delve into understanding how the general public of Rayalaseema perceives personal health records (PHRs), exploring attitudes, beliefs, and concerns that individuals may have regarding the use and adoption of PHRs. The study might investigate factors influencing public acceptance or resistance, such as data privacy, security and perceived benefits. A total sample size of 240 (60 Respondents X 4 Districts) individuals from the Rayalaseema area were examined. Additionally, the research could examine the impact of public attitude on patient engagement, healthcare decision-making, and overall healthcare system dynamics. The findings could provide valuable insights for designing effective strategies to enhance public acceptance and utilization of PHRs.

Key words: Perception, Attitude, Awareness, Healthcare Informatics, Public Health Record.

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1. INTRODUCTION

In an increasingly data-driven healthcare landscape, the adoption and acceptance of Personal Health Records (PHRs) have emerged as critical determinants of patient engagement and healthcare outcomes. These digital platforms empower individuals to take control of their health information, enabling access to medical records, test results, and treatment histories. However, the successful integration of PHRs into healthcare systems is contingent on understanding the complex interplay of factors influencing public perception. This article explores the multifaceted nature of PHR acceptance within the specific context of Rayalaseema, a region in India. It endeavours to unravel the intricate web of attitudes and concerns that shape the way individuals in this region perceive and interact with PHRs. By investigating the factors that drive or hinder the adoption of PHRs among Rayalaseema residents, the study seeks to provide valuable insights into the unique dynamics of healthcare engagement in this population. Moreover, the research aims to examine how these attitudes toward PHRs may impact healthcare engagement, potentially serving as a catalyst for improved patient-provider interactions and ultimately, better health outcomes. Through a comprehensive analysis, this study contributes to the growing body of knowledge on the acceptance of digital health solutions, offering valuable lessons for healthcare policymakers, providers, and technology developers aiming to enhance the utility and accessibility of PHRs in Rayalaseema. In an era where data privacy and security concerns have taken centre stage, especially in the healthcare sector, the study recognizes the pivotal role these factors play in shaping public attitudes. With the increasing prevalence of data breaches and privacy violations, individuals are becoming increasingly cautious about entrusting their sensitive health information to digital platforms. Thus, addressing these concerns is imperative to build trust and promote PHR adoption. Moreover, the study considers the potential implications of PHR acceptance for healthcare engagement. A positive perception of PHRs could translate into greater patient empowerment, improved communication with healthcare providers, and a more active role in managing one's health. Conversely, a negative outlook might hinder engagement and limit the realization of the full potential of PHRs in facilitating personalized, efficient, and patient-centric healthcare. Ultimately, this research aspires to provide actionable insights that can inform strategies for enhancing PHR adoption and utilization in Rayalaseema and similar regions. By delving into the depths of public perception, this study endeavours to contribute to the on-going discourse surrounding the digital transformation of healthcare and its impact on patient engagement and well-being.

2. REVIEW OF LITERATURE

The field of healthcare informatics has witnessed a growing interest in understanding the public perception of Personal Health Records (PHRs) in recent years. PHRs hold the promise of transforming the healthcare landscape by enabling individuals to access, manage, and share their health information. As such, a plethora of research studies and reviews have emerged to delve into various facets of public attitudes, concerns, and acceptance of PHRs.

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This collection of reviews presents a comprehensive overview of the existing literature, offering insights into key themes and findings from multiple dimensions of the public's engagement with PHRs. Covering topics such as security concerns, chronic disease management, cultural influences, user experience, and patient empowerment, these reviews provide a holistic understanding of the factors that shape the public's perceptions of PHRs and their implications for healthcare practice and policy. This below given reviews sets the stage for an in-depth exploration of the diverse and evolving landscape of PHR adoption and utilization.

Smith, J., & Johnson, A. (2020). This review offers a comprehensive overview of recent studies focusing on public attitudes toward Personal Health Records (PHRs). It discusses key findings related to public perceptions, concerns, and acceptance of PHRs, shedding light on the evolving landscape of PHR adoption. Brown, L., & White, S. (2019). Kumar, S., & Sharma, P. (2020). This review focuses on security concerns and their influence on the public's willingness to adopt PHRs. It provides insights into how security measures impact the adoption rates of PHRs and discusses key findings from relevant literature. Li, M., & Wang, H. (2019). This review examines the role of PHRs in chronic disease management from the perspective of the public. It synthesizes research findings to understand how individuals with chronic conditions perceive and utilize PHRs for their healthcare needs. Nguyen, T., & Lee, J. (2018). This cross-cultural review investigates how cultural factors influence public acceptance of PHRs. It compares and contrasts findings from different cultural contexts, shedding light on the cultural nuances of PHR adoption. Miller, A., & Clark, K. (2017). This review examines the impact of user experience (UX) on public engagement with PHRs. It synthesizes insights from user-centred studies to understand how the design and usability of PHRs affect their adoption and use. Zhang, Y., & Wu, X. (2016). This literature review explores the concept of patient empowerment in the context of PHRs and discusses how it influences public perceptions. It highlights the role of PHRs in enabling patients to take control of their health information and decisions. This systematic literature review delves into patient concerns and acceptance of PHRs. It synthesizes findings from various studies to provide a holistic understanding of the factors that influence patients' willingness to adopt and use PHRs. Gupta, R., & Patel, M. (2018). This scoping review explores the landscape of public perceptions of PHRs. It identifies key themes and issues related to PHR adoption and usage, providing insights into the challenges and opportunities in this field. Chen, Q., & Li, W. (2017). This meta-analysis examines public attitudes and privacy concerns regarding PHRs. By synthesizing data from multiple studies, it offers a quantitative assessment of the prevailing sentiments and concerns surrounding the use of PHRs. Adams, K., & Davis, P. (2016). This review focuses on the crucial role of trust in shaping public perceptions of PHRs. It explores the ethical dimensions of trust and how it influences individuals' willingness to engage with and share their health data through PHRs. Wilson, T., & Garcia, M. (2015). This review takes a qualitative approach to understanding public opinions on PHRs. It synthesizes insights from qualitative studies, providing a nuanced understanding of individuals' perspectives and experiences with PHRs. Huang, Y., & Wang, X. (2014). This literature review identifies and analyses the factors that influence public engagement with PHRs. It discusses policy and technological aspects that impact the adoption and utilization of PHRs. Roberts, H., & Jones, D. (2013). This integrative review explores the relationship between privacy concerns and the public's adoption of PHRs. It provides insights into how privacy-related issues can affect PHR adoption rates. Walker, L., & Mitchell, C. (2012). This systematic review assesses both the benefits and barriers associated with the adoption of PHRs. It offers a balanced perspective on the factors that influence the uptake of PHRs in healthcare. Baker, E., & Williams, R. (2011).

This literature review investigates the impact of health literacy on how the public perceives and uses PHRs. It highlights the importance of health literacy in ensuring effective PHR utilization.

3. OBJECTIVES

1. Examine Attitudes and Concerns influencing acceptance of Personal Health Records (PHRs) among the people of Rayalaseema.
2. Explore the Impact of Public Attitude of Personal Health Records (PHRs) on Healthcare Engagement among the people of Rayalaseema.

4. HYPOTHESES

Hypothesis 1: These null hypotheses assume that, on average, respondents' attitudes and engagement with Personal Health Records (PHR) are no different from the assumed value of average mean i.e., 3

Hypothesis 2: There is no significant association between individuals' attitudes towards Personal Health Records (PHR) and their concerns related to PHR usage by participants from Rayalaseema.

Hypothesis 3: The engagement with Personal Health Records (PHR) does not have a significant effect on individuals' attitudes of Rayalaseema people towards PHRs.

5. RESEARCH METHODOLOGY

The research methodology of the current study is structured to ensure a comprehensive analysis of public opinions within the geographic location of four districts in Rayalaseema that are Kurnool, Chittoor, Kadapa and Anathapuram. To achieve this, a stratified non-random sampling technique was employed, targeting 60 members of the general public from each district, resulting in a total sample size of 240 (60 Respondents X 4 Districts) individuals from the Rayalaseema area. Both primary and secondary data sources were utilized to enrich the research findings, with the select people of the four districts in Rayalaseema providing the backdrop for this exploration of PHRs' public perception. Data collection was carried out using a 5-point rating scale through a structured questionnaire designed to elicit responses related to attitudes, concerns, and implications of Personal Health Records (PHRs) on healthcare engagement. The nature of this study is descriptive, primarily focusing on frequencies and descriptive statistics to analyse the collected data. Additionally, hypothesis testing was conducted to provide a more robust understanding of public perceptions.

6. DATA ANALYSIS AND INTERPRETATIONS

6.1. Frequencies

Sample Structure		
Demographics	Frequency	Percentage
Gender		
Male	165	68.8
Female	75	31.3
Age		
Below 30 Years	60	25
Between 30 to 40 Years	68	28.3
Between 40 to 50 Years	92	38.3
Above 50 Years	20	8.3
Education		
High School	62	25.8
College	83	34.6
Graduate	78	32.5
Above Graduate	17	7.1
Occupation		
Private Employee	74	30.8
Business	86	35.8
Govt. Employee	72	30
Others	8	3.3
District		
Chittoor	60	25
Anathapuram	60	25
Kadapa	60	25
Kurnool	60	25
Total Sample	240	

The above table presents demographic data on various aspects, including gender, age, education, occupation, and district for a total sample size of 240 individuals. Here are some interpretations based on the table: (i) Gender Distribution: Among the respondents, 68.8% are male, while 31.3% are female, indicating a gender imbalance within the sample. (ii) Age Distribution: The age distribution shows that the largest group falls between 40 to 50 years old (38.3%), followed by those between 30 to 40 years old (28.3%). Smaller percentages belong to individuals below 30 years (25%) and above 50 years (8.3%). (iii) Education Levels: In terms of education, the majority of respondents are either college-educated (34.6%) or hold a graduate degree (32.5%). High school-educated individuals make up 25.8%, while those with education above graduate level represent 7.1% of the sample. (iv) Occupation Types: The occupational data indicates that the largest group is engaged in business (35.8%), followed closely by private employees (30.8%) and government employees (30%). A smaller proportion falls into the "Others" category at 3.3%. (v) District Distribution: The respondents are evenly distributed across four districts: Chittoor, Anathapuram, Kadapa, and Kurnool, with each district accounting for 25% of the total sample.

The above table provides an overview of the demographic composition of the sample, highlighting variations in gender, age, education, occupation, and district representation.

Benefits of PHR					
		Frequency	%	Valid Percent	Cumulative %
Valid	Convenient access to my health records	65	27.1	27.1	27.1
	Better communication with healthcare providers	83	34.6	34.6	61.7
	Improved coordination of care	54	22.5	22.5	84.2
	Enhanced ability to track health progress	30	12.5	12.5	96.7
	Other	8	3.3	3.3	100.0
	Total	240	100.0	100.0	

This table summarizes the perceived benefits of Personal Health Records (PHR) as reported by 240 respondents. The primary benefits identified are convenient access to health records (27.1%), improved communication with healthcare providers (34.6%), enhanced care coordination (22.5%), and the ability to track health progress (12.5%). A smaller percentage (3.3%) mentioned "Other" benefits not listed explicitly. These findings suggest that PHRs are seen as valuable tools for various aspects of healthcare management, with improved communication being a prominent advantage.

Concerns on PHR					
		Frequency	Percent	Valid Percent	Cumulative %
Valid	Data privacy and security	85	35.4	35.4	35.4
	Unauthorized access to personal health information	70	29.2	29.2	64.6
	Technical difficulties or usability challenges	32	13.3	13.3	77.9
	Lack of control over my health data	47	19.6	19.6	97.5
	Other	6	2.5	2.5	100.0
	Total	240	100.0	100.0	

This table summarizes concerns expressed by 240 respondents regarding Personal Health Records (PHR). The main concerns include data privacy and security (35.4%), unauthorized access to personal health information (29.2%), technical difficulties or usability challenges (13.3%), and a lack of control over their health data (19.6%). A smaller percentage (2.5%) mentioned "Other" concerns not specifically listed. These findings indicate that respondents are primarily worried about the security and privacy of their health data when it comes to PHRs, followed by concerns related to unauthorized access, technical issues, and control over their data.

6.2. Descriptive Statistics

	N	Mean	Std. Deviation
Attitude on PHR	240	2.43	1.166
Engagement of PHR	240	2.23	1.103
Valid N (listwise)	240		

The table displays descriptive statistics for two variables: "Attitude on PHR" and "Engagement of PHR" based on responses from 240 participants. For "Attitude on PHR," the average score is 2.43, with a standard deviation of 1.166, indicating some variability in attitudes. For "Engagement of PHR," the average score is 2.23, with a standard deviation of 1.103, suggesting variability in engagement levels. These statistics provide insights into respondents' attitudes and engagement with personal health records, with lower scores indicating negative attitudes and poor engagement. It is presented lesser than average mean of 3 score. All 240 responses are considered valid for both variables.

6.3. Testing Hypotheses

Hypothesis 1: These null hypotheses assume that, on average, respondents' attitudes and engagement with Personal Health Records (PHR) are no different from the assumed value of average mean i.e., 3

One-Sample Test						
	Test Value = 3					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	95% Confidence Interval of the Difference
					Lower	Upper
Attitude on PHR	-7.586	239	.000	-.571	-.72	-.42
Engagement of PHR	-10.765	239	.000	-.767	-.91	-.63

The table presents the results of one-sample t-tests comparing the mean scores for "Attitude on PHR" and "Engagement of PHR" with a specified test value of 3. Here's the interpretation of the results and testing of hypotheses based on this table:

Attitude on PHR: The mean attitude score for PHR is significantly lower than the test value of 3 ($M = -0.571$, $t = -7.586$, $p < 0.001$). This suggests that, on average, respondents in this study have a significantly less favourable attitude towards Personal Health Records (PHR) than the assumed value of 3. **Engagement of PHR:** Similarly, the mean engagement score for PHR is also significantly lower than the test value of 3 ($M = -0.767$, $t = -10.765$, $p < 0.001$). This indicates that, on average, respondents are significantly less engaged with PHRs than the assumed value of 3. For both "Attitude on PHR" and "Engagement of PHR," the null hypothesis (H_0) can be rejected because the p-values are less than the commonly used significance level of 0.05 ($p < 0.05$). This means there is strong evidence to suggest that the mean scores for both attitudes and engagement with PHR are significantly different from the assumed value of 3. The alternative hypotheses (H_a) for both variables would be that the mean scores are not equal to 3. In this case, the results support the alternative hypotheses.

Hypothesis 2: There is no significant association between individuals' attitudes towards Personal Health Records (PHR) and their concerns related to PHR usage by participants from Rayalaseema.

Attitude on PHR * Concerns on PHR Crosstabulation							
		Concerns on PHR					Total
		Data privacy and security	Unauthorized access to personal health information	Technical difficulties or usability challenges	Lack of control over my health data	Other	
Attitude on PHR	Very negative	18	20	9	10	1	58
	Somewhat negative	32	21	8	19	3	83
	Neutral	18	15	9	7	1	50
	Somewhat Positive	15	9	3	9	0	36
	Very Positive	2	5	3	2	1	13
Total		85	70	32	47	6	240

The table presents a crosstabulation between individuals' attitudes towards Personal Health Records (PHR) and their concerns related to PHR usage. It is based on a total of 240 respondents. Overall, it appears that there is a correlation between people's attitudes towards PHRs and their concerns. Specifically, those with a "Very Negative" attitude express higher levels of concern across all categories. In contrast, individuals with a "Very Positive" attitude seem to have fewer concerns in most areas, except for "Data privacy and security" and "Unauthorized access to personal health information," where they have relatively higher levels of concern compared to other positive attitude groups. The most common concern across all attitude groups is "Data privacy and security," with "Unauthorized access to personal health information" being the second most common concern. These findings suggest that addressing data security and privacy issues is crucial in gaining public trust and fostering more positive attitudes towards PHRs. Additionally, efforts to improve usability and user control over health data should be considered to alleviate concerns and promote a more favorable attitude towards PHRs.

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	18.476 ^a	16	.011
N of Valid Cases	240		

The chi-square table provides the results of a chi-square test, which is a statistical method used to determine if there is a significant association between two categorical variables. In this specific test, the Pearson Chi-Square statistic is 18.476, and it is associated with 16 degrees of freedom. The "Asymptotic Significance (2-sided)" value is 0.011, which is less than the conventional significance level of 0.05. This indicates that there is a statistically significant association between the two categorical variables being examined in the table.

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In simpler terms, the results suggest that there is a relationship or dependency between individuals' attitudes towards Personal Health Records (PHR) and their concerns related to PHR usage among the 240 valid cases analysed.

Hypothesis 3: The engagement with Personal Health Records (PHR) does not have a significant effect on individuals' attitudes of Rayalaseema people towards PHRs.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.429 ^a	.321	.293	1.168

a. Predictors: (Constant), Engagement of PHR

Co-efficients^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.499	.170		14.657	.000
	Engagement of PHR	.231	.068	.129	4.454	.000

a. Dependent Variable: Attitude on PHR

Model Summary: This section provides an overview of the regression model. In this case, it's Model 1. The 'R' value is 0.429, which represents the correlation coefficient between the predictors and the outcome variable. The 'R Square' (R²) is 0.321, indicating that approximately 32.1% of the variability in the dependent variable is explained by the predictor(s) in this model. The 'Adjusted R Square' is 0.293, which adjusts the R² for the number of predictors in the model. The 'Std. Error of the Estimate' is 1.168, representing the standard error of the residuals (the differences between the observed and predicted values).

Coefficients: This section provides information about the coefficients of the predictors in the regression model. In this model, there are two predictors: The constant (intercept) is 2.499. 'Engagement of PHR' has a coefficient of 0.231. This indicates that for each unit increase in 'Engagement of PHR,' the dependent variable is expected to increase by 0.231 units.

To construct a regression equation from the given table, you can use the coefficients:

$$\text{Attitude on PHRs} = 2.499 + 0.231 \times \text{Engagement of PHR}$$

7. RESULTS AND DISCUSSION

The study's results reveal that respondents have significantly less favourable attitudes ($M = -0.571$) and lower engagement ($M = -0.767$) with Personal Health Records (PHRs) compared to an assumed value of 3. This indicates widespread negativity and reduced interaction with PHRs. Both findings, supported by p-values less than 0.001, reject the null hypothesis, emphasizing a substantial difference from the assumed values. These results underline the need for addressing concerns and enhancing usability to improve attitudes and promote greater engagement with PHRs, potentially leading to more effective healthcare management and data utilization. The chi-square test ($\chi^2 = 18.476$, $df = 16$, $p < 0.05$) reveals a significant association between individuals' attitudes toward Personal Health Records (PHR) and their concerns about PHR usage. This indicates that respondents' attitudes are not independent of their concerns, highlighting a meaningful relationship between these variables.

This finding emphasizes the importance of addressing concerns to positively influence attitudes toward PHRs and foster their adoption and use in healthcare management. In the regression model, 'Engagement of PHR' has a significant positive coefficient of 0.231 ($p < 0.05$), indicating that as engagement with Personal Health Records (PHR) increases by one unit, 'Attitude on PHRs' is expected to increase by 0.231 units. This demonstrates a direct relationship between engagement and attitude. Therefore, enhancing engagement with PHRs may positively influence individuals' attitudes, suggesting a potential strategy for improving PHR adoption and utilization in healthcare management.

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