

# The Assessment Level of Self-disclosure in Jordan: A Case of Cancer Patients Treated at King Hussein Cancer Center (KHCC)

Jamal Abu-Doleh <sup>1\*</sup> and Areen Al Ta'ani <sup>2</sup>.

<sup>1</sup> Former Vice President for Administrative Affairs, Yarmouk University, Jordan.

<sup>2</sup> Mission Pharmacy Manager, Doctors without borders, Jordan.

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**Abstract:** This study aims to identify the assessment level of self-disclosure at the King Hussein Cancer patients and the extent of the presence of this kind of communication with the medical team providing the service. It also aims to find out the benefits of using the self-disclosure concept, and the main obstacles that reduce the concept of self-disclosure among cancer patients at the King Hussein Cancer Center. A questionnaire based data gathering technique, des The results of the study showed that on the overall scale self-disclosure level among cancer patients at Al Hussein Cancer Center was moderate; while patient self-disclosure to doctor had the highest rating; followed by self-disclosure to nurse and finally to other cancer patients which had the least self-disclosure rating. Also, results indicated that the degree of self-disclosure related to cancer disease in general was higher than self-disclosure of personal issues on all dimensions of the study.

In addition, results revealed no statistically significant differences at the level ( $\alpha \leq 0.05$ ) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, cancer type, length of disease, and length of treatment). Also, results revealed that self-disclosure practice had a high influence on decreasing fear and anxiety feelings, increasing patient self-awareness, increasing patient self-confidence, strengthening the interrelationship between patients and medical professionals providing the service and fast response to medication by patient among cancer patients at Al Hussein Cancer Center. In addition, results related to hindrances precluding self-disclosure among patients at Al Hussein Cancer Center indicated that only one item was rated with moderate degree of significance "Disease diffuses rate and development". The other hindrances were rated at a low significance degree. criptive, and analytical analyses are used.

**Keywords:** Self- disclosure, Stress, Anxiety, Health Care, Cancer, patients, King Hussein Cancer Center, Jordan.

## 1 Introduction

The vital and integral part of health care is communication, effective communication directly enhances the quality of health care as a technical competence and it is needed to facilities the cooperation between health professionals and clients to empower the clients to make the best health care choices and to deliver high quality health care to match the clients expectations with appropriate attitudes and behaviors. The care of patients is one of the most important objectives of health care because it reduces health risks and promotes healthiness. Through communication, the patients will get out all of stress and anxiety and health promotion will provide relevant health information to resist health threats and responds to health problems. Health communication indicates how individuals in a society seek to maintain health and deal with issues during health care. The best way is providing the health professionals for promoting health awareness and providing health care services and gathering pertinent information from clients and increase compliance to treatment and facilities that deal with healthcare team. However, communication not only occurs between health professionals or role models and clients but also among clients themselves. Trust, control, empathy, self-disclosure, and conformation are some variables contribute to success of health communication [1].

\*Correspondingauthor-mail: Jdoleh@yu.edu.jo

Self-disclosure is one of the recent concerns in the medical field, which emanates from the Human Resources studies. In fact, it is one of the most important sources that express the humans inside, their opinions, their feelings, their aspirations and their perceptions for the service. For this reason there was an urgent need to insert this concept cited from human resources into medical field, and keep up with global developments in the medical field to improve the quality of medical care provided, and taking into account the views of patients and their desires and aspirations for the best in medical care, which increases the quality and effectiveness in this sector [1].

## 2 Literature Review

Communication is an essential part in developing and maintaining the relationship stability. Self-disclosure is an ability to share personal information with others. Self-disclosure is also linked strongly with healthy personality [2]. Self-disclosure has five dimensions at different levels: Intent: Amount, Polarity, Depth and Accuracy [3].

Individuals are an essential component of the organization and learning about how the individuals behave and think significantly affect the organization as a whole. As a result, the human behavior of individuals has become a major focus of the modern organizations in terms meeting needs of individuals and taking care of factors influencing the human behavior that significantly contributes to the organizational culture [4].

Individuals are the hub of human resource management, and the human element forms a significant productive resource in the organization, and the internal and external environment requires from organizations adopt effective human resource management strategies in light of the economic, social, political and technological developments that imposed on organizations dealing with the human resource as a strategic partner to achieve the goals of organizations and individuals together. However, the human resource form an intellectual capital that is no less important than other physical resources, if not more important, because it drives and manages these resources [5].

At this point, the role of the organization is enhanced by increasing the interaction between service providers and receivers, and that interaction highlights the desires and expectations of service receivers. In this context resides the importance of employee education, training and development to improve their ability in dealing with service receivers, increase their satisfaction, feeling relaxed, and to set the appropriate conditions for self-disclosure which is a prominent technique commonly practiced in the modern organizations so that service receivers can express their views, concerns and expectations towards the service provided to them. Taking this in mind, the problem addressed by the current study was to identify the level of self-disclosure among cancer patients at Al Hussein Cancer Center and highlighting the concept of self-disclosure and its role in strengthening the relationship between service providers and receivers and enhancing their mutual trust. In addition, self-disclosure practice also improves quality of service provided by offering well-trained medical professionals who are qualified to deal with patients and meet their needs thereby developing the whole organization and keep track with the escalating development in service behaviors field, and failing to do so would build walls between service providers and receivers and impede professional development of the employees and the whole organization [1]. Most women at the working environment can self-disclose freely and openly to their family, friends, colleagues and bosses/managers [6]. Additionally, people are more inclined to disclose sooner, in much comfort to whom are working with, and are having similar ethno-cultural background and on the other hand they are more cautious and less inclined to disclose to people who are from different cultural background [7].

One of the most feared consequences of cancer is pain. Expansion, intensity and influence of pain on the cancer patient has little has been known. Despite treatment efforts exerted, pain still represents a continual source of frustration for patients, their families and health care team. Further, the public perceptions of pain thought to have complex effects on the treatment of disease while pain may considered the first sign of the disease, and that is why pain is one of the most important reasons that lead to distress for others as well as for themselves and emotional disturbances plays a causal role in the pain experienced by the patient with cancer. All these factors in combination motivated my writing of this master's thesis in this approach again because of its importance from a medical viewpoint and also to look in the medical sector for the best means by which to affect the treatment of the patients and how to communicate with them in order to reach the best result of the recovery in the fastest time in order to achieve the goals of hospitals that are desired and expected by patients [8]. Counselling relationship between the client and counselor is established based on the connection between the client and counselor, flow of information in the therapeutic relationship and how much the client trusts the counselor [9]. Establishing an effective and efficient therapeutic relationship generates a moral responsibility and professional duties in this relationship [10]. In addition, doctor's self-disclosure to their patients plays an essential role in consultations dynamism [11].

The importance of self-disclosure and its role in relieving stress stems from the pain caused by cancer and the fear that surrounds the patient so self-disclosure contributes to relieve this pressure and removes the delusions and their consequences by giving patient the role, importance and the opportunity to express their views, concerns, feelings and help

him understand that the presence of medical staff who are trained and qualified to deal with these cases and relieve pains , especially when the disease is first detected .The existence of such medical team contributes to increasing the ability to handle and support cancer patients, which leads to express their feelings and thoughts, and help increasing the effectiveness of treatment [8] . The cancer patients trust their doctors who can give high level of emotional support or personalized disclosure or open discussion of multiple treatment plans [12]. On the other hand, In contrast, some studies shown in the primary health care doctor -patient interactions that the disclosure by doctors to their patients has a negative effect on their relationship [13]. The gender differences has an impact on the self-disclosure research which is shown that men disclose less than women and this refers more to have psychological problems among men[14].

## 2.1 Research Methodology

The study on which this article is based aimed at answering the following questions:

- 1-What is the level of self-disclosure among patients at King Hussein Cancer Center? And to what extent does this kind of communication available among the medical team providing the service?
- 2-Are there statistically significant differences at the level ( $\alpha \leq 0.05$ ) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, marital status, educational level, type of cancer, length of disease, and length of treatment)?
- 3-Does self-disclosure reduces the feeling of stress and fear among patients at King Hussein Cancer Center?
- 4- Does disclosure increase self-confidence and the ability to cope with the disease in patients at King Hussein Cancer Center?
- 5- Does the role of self- disclosure increase the patient's sense of importance and their presence inside the King Hussein Cancer Center?
- 6- Does self-disclosure has a role in strengthening relations with the medical team providing the service at the King Hussein Cancer Center?
- 7- Does self-disclosure leads to faster response to the treatment by patients at King Hussein Cancer Center?
- 8- What are the main obstacles that reduce the self-disclosure among cancer patients?

In order to answer the aforementioned research questions, this study aims to identify the assessment level of self-disclosure at the King Hussein Cancer patients and the extent of the presence of this kind of communication with the medical team providing the service. It also aims to find out the benefits of using the self-disclosure concept, and the main obstacles that reduce the concept of self-disclosure among cancer patients at the King Hussein Cancer Center. The selected sample which consisted of (420) active adult patients (more than 18 years) at King Hussein Cancer Center were returned back out of (500) questionnaires distributed representing (84%). The participants were identified through interviews conducted by the researcher with the Social Service Director at Al Hussein Cancer Center and the sample was selected from Al Hussein Cancer Center-Jordan once their approval was secured. Questionnaires were administered to the selected participants.

## 3 Results and Discussion

The following table shows the participants distribution by demographic profile:

Table 1. shows participants distribution by demographics (gender, age, marital status, and educational level, type of cancer, length of disease, and length of treatment). As shown by results, females dominated (69%) cancer patients at Al Hussein Cancer Center and male patients accounted for (31%) of the sample.

Table 1. shows participants distribution by age. Results show that respondents mostly were among the age group (56 year or more) representing (44.8%) of the sample, followed by the age group (46-56 year). However, the respondents fallen within the age group (19-24 year) accounted for (3.8%) of the sample representing a little proportion.

For marital status variable, table 5.1 shows that married accounted for the largest percentage (70.2%) of the sample, but the lowest percentage reached (2.6%) for other.

Regarding educational level, Table 1. Shows that large number of participants are holders of General secondary education or less (48.6%), followed by holders of MA (23.3%), next BA holders (20.2%), next PhD holders (5.2%) and finally the Diploma holders (2.6 %).

Distribution of participants by cancer type, respondents diagnosed to have Breast cancer represented (41.9%) of the sample, followed by Bone cancer representing (14.3%), and least proportion ( 0.5% ) was for patients diagnosed with Skin cancer.

As for participant distribution by disease duration, the highest proportion was for patients within the group (1-5 years) represented (49.8 %) of the sample, then patients experienced disease from (less than a year) represented (24.5 %) of the sample, and the least proportion was for patients experienced disease from (10 years or more) represented (7.1 %) of the sample.

**Table 1:** Frequencies and percentages for participant's demographic (n=420).

Variable		Frequency	Percentage
Gender	Male	130	31.0
	Female	290	69.0
	Total	420	100.0
Age	19-24Year	16	3.8
	25-35 Year	42	10.0
	36-45 Year	62	14.8
	46-55 Year	112	26.7
	56 Year or more	188	44.8
	Total	420	100.0
Marital Status	Single	57	13.6
	Married	295	70.2
	Widow	57	13.6
	Other	11	2.6
	Total	420	100.0
Educational level	General secondary education or less	204	48.6
	BA	85	20.2
	MA	98	23.3
	PhD	22	5.2
	Diploma	11	2.6
	Total	420	100.0
Cancer Type	Lung	18	4.3
	Brain	15	3.6
	Breast	176	41.9
	Cervical	7	1.7
	Colorectal	36	8.6
	Leukemia	24	5.7
	Oral	3	0.7
	Prostate	26	6.2
	Skin	2	0.5
	Uterine	14	3.3
	Testicular	3	0.7

	Ovarian	3	0.7
	Stomach	17	4.0
	Bone	60	14.3
	Pancreas	13	3.1
	lymph glands	3	0.7
	Total	420	100.0
Length of Disease	Less than a year	103	24.5
	1-5 yrs	209	49.8
	6-10 yrs	78	18.6
	10 yrs or more	30	7.1
	Total	420	100.0
Length of Treatment	Less than a year	116	27.6
	1-5 yrs	204	48.6
	6-10 yrs	73	17.4
	10 yrs or more	27	6.4
	Total	420	100.0

As for participant distribution by treatment duration, the highest

proportion was for patients within the group (1-5 years) represented (48.6 %) of the sample, then patients experienced disease from (less than a year) represented (27.6%) of the sample, and the least proportion was for patients experienced disease from (10 years or more) represented (6.4%) of the sample.

Patients' self-disclosure to Doctor, Nurse and Other Cancer Patient was measured, and issues disclosed were divided into two groups: self-disclosure about personal issues which measured by items (1-17) and self-disclosure related to disease issues which measured by items (18-35). To indicate the disclosure level, the following scale was used:

1. Mean estimates of (1-1.99) corresponds to high disclosure level (patient talks elaborately about this item).
2. Mean estimates of (2 - 2.99) corresponds to moderate disclosure level (patient talks generally about this item).
3. Mean estimates of (3- 4) corresponds to low disclosure level which reached to absence (patient does not talk about this item).

To answer the previous question, means, standard deviations and disclosure degree of items related to cancer patient's self-disclosure level at Al Hussein Cancer Center were computed and detailed results follow.

**Table 2.1:** Means, Std. Deviations, and disclosure degree of self-disclosure related to personal issues with Doctor (n=420).

No	Item	Doctor		
		Mean	Std. Deviation	Disclosure Degree
1	My hobby like reading, sports, etc.	3.45	1.10	Absence*
2	Music & lyrics that are favorite and not favorite to me	3.83	0.64	Absence
3	My views in social issues like unemployment, poverty, expensive cost of life...etc.	3.63	0.88	Absence

No	Item	Doctor		
		Mean	Std. Deviation	Disclosure Degree
4	Things abusive to me too much.	2.45	1.42	Moderate
5	Things that make me annoyed or embarrassed to talk about.	2.40	1.44	Moderate
6	My imperfections and how I feel with them.	2.52	1.45	Moderate
7	When I have a health problem like a headache, or sleep disorder, etc.	1.10	0.45	High
8	If I need to improve my shape and health condition.	1.26	0.79	High
9	Things that make me feel depressed or very sad.	2.41	1.44	Moderate
10	My history or sickness and depression.	1.24	0.79	High
11	Things that I like receive as a gift.	3.95	0.38	Absence
12	If I have debt or a financial obligation.	3.93	0.41	Absence
13	Pretty things in my life make me optimistic.	2.30	1.42	Moderate
14	Expense strategies whether on basic or luxurious things.	3.91	0.46	Absence
15	My intense need for money at present to meet my needs.	3.96	0.32	Absence
16	My personal goals and ambitions in my career life.	2.71	1.40	Moderate
17	Things that make me feel proud and self-esteemed.	2.63	1.40	Moderate
Total Mean		2.80		

\*Patient does not disclose.

Table 2.1 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to personal issues with doctor, with mean values ranging between (3.96 - 1.10) and most of them implying moderate level of disclosure.

Results show that items rated moderately imply issues no longer considered private for patients as they disclose individual feelings about themselves how they think and how they manage their personal affairs. The researcher, therefore, evaluate that patient less tending to talk about personal issues elaborately fearing that other people would change their views or impressions about him/her ,so declining talk about such topics.

The previous table shows that overall items were estimated mean value (M=2.80) and moderate disclosure rating, indicating that self-disclosure level of personal issues by cancer patients at Al Hussein Cancer Center with doctors was moderate. This means that patients talk about general personal issues with the doctor. So, the researcher consider that the reason would be that patients prefer isolate their personal lives from the life at Al Hussein Cancer Center.

The researcher would attribute the result that doctor had the highest proportion to the observation that usually a patient may feel that doctor is the one most sympathy with him/her, most knowledgeable with the health condition, and the most

supportive source of assurance to patient. Taking this in mind, normally patients would find a tendency to have a stronger relationship with the doctor and more closeness than others.

**Table 2.2.** Means, Std. Deviations, and disclosure degree of self-disclosure related to personal issues with Nursing staff (n=420)

No	Item	Nursing Staff		
		Mean	Std. Deviation	Disclosure Degree
1	My hobby like reading, sports, etc.	3.58	0.96	Absence*
2	Music & lyrics that are favorite and not favorite to me	3.87	0.53	Absence
3	My views in social issues like unemployment, poverty, expensive cost of life...etc.	3.70	0.76	Absence
4	Things abusive to me too much.	3.34	1.08	Absence
5	Things that make me annoyed or embarrassed to talk about.	3.36	1.09	Absence
6	My imperfections and how I feel with them.	3.45	1.02	Absence
7	When I have a health problem like a headache, or sleep disorder, etc.	2.45	1.33	Moderate
8	If I need to improve my shape and health condition.	2.55	1.33	Moderate
9	Things that make me feel depressed or very sad.	3.31	1.10	Absence
10	My history or sickness and depression.	2.61	1.35	Moderate
11	Things that I like receive as a gift.	3.93	0.43	Absence
12	If I have debt or a financial obligation.	3.94	0.39	Absence
13	Pretty things in my life make me optimistic.	3.07	1.26	Absence
14	Expense strategies whether on basic or luxurious things.	3.93	0.41	Absence
15	My intense need for money at present to meet my needs.	3.94	0.39	Absence
16	My personal goals and ambitions in my career life.	3.27	1.12	Absence
17	Things that make me feel proud and self-esteemed.	3.19	1.18	Absence
Total Mean		3.38		

\* Patient does not disclose.

Table 2.2 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to personal issues with Nurses. This dimension comes in the second place as the Nurses have good knowledge about their case but because of insufficient time schedule and high number of patients, they had lesser

talk with patients and low disclosure levels compared with doctors.

**Table 2.3:** Means, Std. Deviations, and disclosure degree of self-disclosure related to personal issues with Other Cancer Patient (n=420).

No	Item	Other Cancer Patient		
		Mean	Std. Deviation	Disclosure Degree
1	My hobby like reading, sports, etc.	3.49	1.05	Absence*
2	Music & lyrics that are favorite and not favorite to me	3.77	0.71	Absence
3	My views in social issues like unemployment, poverty, expensive cost of life...etc.	3.44	1.02	Absence
4	Things abusive to me too much.	3.53	0.98	Absence
5	Things that make me annoyed or embarrassed to talk about.	3.57	0.94	Absence
6	My imperfections and how I feel with them.	3.63	0.88	Absence
7	When I have a health problem like a headache, or sleep disorder, etc.	2.96	1.28	Moderate
8	If I need to improve my shape and health condition.	2.95	1.28	Moderate
9	Things that make me feel depressed or very sad.	3.52	0.97	Absence
10	My history or sickness and depression.	3.08	1.26	Absence
11	Things that I like receive as a gift.	3.91	0.48	Absence
12	If I have debt or a financial obligation.	3.94	0.39	Absence
13	Pretty things in my life make me optimistic.	3.22	1.21	Absence
14	Expense strategies whether on basic or luxurious things.	3.94	0.36	Absence
15	My intense need for money at present to meet my needs.	3.94	0.39	Absence
16	My personal goals and ambitions in my career life.	3.34	1.12	Absence
17	Things that make me feel proud and self-esteemed.	3.29	1.15	Absence
Total Mean		3.50		

\* Patient does not disclose.

As for patient-to-patient self-disclosure had the lowest proportion of practice, as Table 2.3 shows, less than with the nursing staff, this is so because cancer patients are exposing to the same stress and anxiety and experience similar environmental conditions and the relationship with them is weaker that the patients share their feelings with them. This result shows that the cancer patients are generally reserved when disclose their feelings at Al Hussein Cancer Center as they never talk about themselves since the total mean of their personal issues according to the considered dimensions (Doctor , Nursing staff and Other cancer patients) is 3.22 which reflects absence disclosure about their feelings.

#### 4 Conclusions

The results of the study showed that on the overall scale self-disclosure level among cancer patients at Al Hussein Cancer Center was moderate; while patient self-disclosure to doctor had the highest rating; followed by self-disclosure to nurse and finally to cancer patient which had the least self-disclosure rating. Also, results indicated that the degree of self-disclosure



related to cancer disease in general was higher than self-disclosure of personal issues on all dimensions of the study.

In addition, results revealed no statistically significant differences at the level ( $\alpha \leq 0.05$ ) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, cancer type, length of disease, and length of treatment). Also, results revealed that self-disclosure practice had a high influence on decreasing fear and anxiety feelings, increasing patient self-awareness, increasing patient self-confidence, strengthening the interrelationship between patients and medical professionals providing the service and fast response to medication by patient among cancer patients at Al Hussein Cancer Center. In addition, results related to hindrances precluding self-disclosure among patients at Al Hussein Cancer Center indicated that only one item was rated with moderate degree of significance "Disease diffuses rate and development". The other hindrances were rated at a low significance degree.

### Research Limitations:

Major difficulties faced the researcher in the present study:

1. Responding to questionnaire items depends on opinions and attitudes of participants and truthfulness.
2. Dearth of Arab studies investigated self-disclosure practice in general and there was no Arab study to investigate self-disclosure behavior in medical workplace (to the researcher's knowledge).
3. Lack of both West and Arab literature that addressed self-disclosure since this concept is relatively new in business field.

### Practical Implications:

- Patients represent advanced cancer cases.
- Patients complaining forgetfulness due to aging or advanced cancer.
- Some cancer patients, who refused respond to the questionnaire because they are depressed.
- Children within the age group (12-18) years as they need special criteria and procedures in the study, for instance use the interview rather than questionnaire to measure their self-disclosure level.

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**Dr. Jamal Daoud Abu-Doleh**, is currently a professor of HRM at the Business Administration Dept. at Yarmouk University in Jordan. He obtained his Ph.D. in Business Administration/specialized in Human Resource management from University of Bradford Management Center, U.K in 1996. He holds an MBA degree from Saint Louis University, USA, in 1991. Prof. Abu-Doleh is a quality assurance consultant for many international bodies.

He is a member of many International Journal Editorial Advisory Board. He has over 30 published researches in reputable journals and has supervised more than 100 MBA theses.



**Areen Othaman Al-Ta'ani** is Borned and raised in Irbid , Jordan, Areen has a degree in pharmacy from Jordan university of science and technology , Jordan , 2010 and with over 9 years of experience in pharmacy management in humanitarian work related field. She also holds MBA degree from Yarmouk university, Jordan , 2014. She currently works in Doctors without borders (MSF)– Jordan mission and she has been worked in many other international organizations in Jordan. Her career is driven by a strong passion to alleviate the suffering of disadvantaged people from healthcare because armed conflict, epidemics, and natural disasters around the world. She is qualified and experienced humanitarian aid worker, specializing in pharmaceutical programs and her role in communicating with medical teams in all projects and in supporting the other departments especially in the pharmaceutical related issues.