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Editorial

Journal of Social and Development Sciences (JSDS) is a scholarly journal that deals with the disciplines of social and development sciences. JSDS publishes research work that meaningfully contributes towards theoretical bases of contemporary developments in society, business and related disciplines. The work submitted for publication consideration in JSDS should address empirical and theoretical contributions in the subjects related to the scope of the journal in particular and allied theories and practices in general. Scope of JSDS includes: sociology, psychology, anthropology, economics, political science, international relations, linguistics, history, public relations, hospitality & tourism and project management. Author(s) should declare that work submitted to the journal is original, not under consideration for publication by another journal and that all listed authors approve its submission to JSDS. It is JSDS policy to welcome submissions for consideration, which are original, and not under consideration for publication by another journal at the same time. Author (s) can submit: Research Paper, Conceptual Paper, Case Studies and Book Review. The current issue of JSDS consists of papers of scholars from UK, Uganda, Indonesia, Bangladesh, Iraq and Turkey. Competencies and Development Needs of Physician Managers, Media Ecology: The Competition of Local Private Television on Seizing Audiences for Broadcasting Sustainability, Migrants during COVID-19 Pandemic: A Discursive Class Formation of Returnee Expatriates, Performance Measurement in Local Government: Institutional Factors and Top-Down Naturalization: Turkish Government Propensity and Syrian Refugee Attitudes are some of the major practices and concepts examined in these studies. Journal received research submission related to all aspects of major themes and tracks. All the submitted papers were first assessed, by the editorial team for relevance and originality of the work and blindly peer-reviewed by the external reviewers depending on the subject matter of the paper. After the rigorous peer-review process, the submitted papers were selected based on originality, significance, and clarity of the purpose. The current issue will therefore be a unique offer, where scholars will be able to appreciate the latest results in their field of expertise and to acquire additional knowledge in other relevant fields.

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PAPERS

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Competencies and Development Needs of Physician Managers in Nigeria: A Case Study of Selected Hospitals in Ibadan City, Oyo State

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Abstract: The physician is traditionally the head of the medical team. To be an effective and efficient team leader is not innate but requires acquiring some competencies. The medical school curriculum was deficient in this regard hence the need for acquisition of these skills through training. Consequently, the present study aims to assess the influence of leadership competencies and Development Needs on the job performance of Physician Mangers. A cross-sectional survey was distributed among Physician Managers in various hospital types that were purposefully selected. Ten Physician Managers were also interviewed for in-depth information of skills they require to perform well. Descriptive and inferential statistics were used to summarize the items of the questionnaire at a 5% level of significance and to determine if a significant difference existed between groups of Physician managers. Results show that possessing the competencies; communication and relationship management, leadership and business skills and knowledge do influence the job performance of Physician Mangers. There was a significant difference between physicians that had formal training in management and those that had none in the communication and professionalism domains. Seven Physician Managers from different types of hospitals were interviewed, two of them females. They had been in managerial positions from 6months to 34 years. They all emphasized communication and leadership skills as important competencies for every physician manager. They all also suggested that management training must be introduced either during undergraduate or postgraduate training and that physician as head of the medical team require regular management update training.

Keywords: *Leadership Competencies, Development Needs, job performance, non-parametric test, Physician Managers, Nigeria.*

1. Introduction

Competencies describe requirements for positions to help improve human performance. In business and human resources, competencies are evaluated and used to determine education and training requirements especially for managers (Matira & Awolusi, 2020; Mukonga & Awolusi, 2019). A Medical Doctor/ Physician is one skilled in the art of healing; educated, clinically experienced and licensed to practice medicine. A Manager is one who directs a team or conducts business. According to Stoller, Goodall and Baker (2016) "Physicians used to be seen as ill-prepared for management/ leadership positions but the view is changing? The trio also mentioned that the best two Clinics (Mayo and Cleveland) in America are headed by physicians. In a study by Spehar et al. (2012) physicians were found to be unprepared for the managerial roles but learned management on the fly. Ojo and Akinwunmi's (2015) study suggested "a curriculum review of both undergraduate and postgraduate medical training to include management. In the pre-colonial era, Nigerians relied mainly on traditional medicine. Orthodox health care was provided first to take care of the health needs of British Colonial officers.

The Christian missionaries extended medical services to the people through the establishment of the Sacred Heart Hospital, Abeokuta in 1855 (Schram, 1971). Subsequently, military health facilities were established in Nigeria during the First World War (1914-1918). Many were converted for use by civilians after the war. By Independence in 1960, there were more faith-based hospitals than government-owned. A Chief Medical Officer was then appointed. Training of medical personnel was initially in Britain and then later at the Yaba Medical College, Lagos established in 1939. This facility was shut down after the University College Hospital (UCH) was established in 1948. Other medical schools followed and today there are over 35 medical schools in Nigeria, each using a curriculum developed from that of the University of Ibadan, College of Medicine which they got from the British Medical Education about 70 years ago. However, the College of Medicine, University of Ibadan, my Alma Mata, "reviewed its MB.BS (Bachelor of Medicine and Bachelor of Surgery) and BDS

(Bachelor of Dental Surgery) curricula to competency-based medical education method of instruction" (Olopade et al., 2016). Traditionally, physicians take a medical history from patients.

Examine them, request for investigations when necessary and interpret the results, make a diagnosis and treat them. They also give counsel on various health issues. However, over the years, the roles and responsibilities of physicians have evolved. Different models of determining physician competencies have been developed and proposed. The Danish Health and Medicines Authority (DHMA) in its 2012 report presented the revised seven roles of physicians. This was done to support the medical competencies acquired during postgraduate medical training. The role here refers to a specific ability or a special competence which a physician demonstrates. There are overlapping roles and no role is superior to the other. These roles are carried out in daily activities and could be done at an individual, organizational or societal level. The roles are interdependent thus a specific competence cannot be assigned to a specific role. "The roles include Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional" (DHMA, 2012). This model differs from the Canadian model; Canadian Medical Education Directives for Specialists (CanMEDS) with the Medical expert as the central role and others supporting roles. Both models agree that the Medical expert role is what makes physicians who they are and other roles are necessary to perform the role of the Medical Expert.

"Leadership and Management are often used interchangeably but are the same. The former focuses on change/the future while the latter focuses on order and consistency in day-to-day activities" (Feigenbaum, 2017). Medicine is seen as a noble profession and physicians are respected in society. They usually occupy leadership positions in communities, associations, organizations, etc. They are traditionally the head of the medical team. With the global change, so is the "leadership role of physicians changing and becoming more complex. Physicians are being converted to managers" (Adindu, 2013; Bocar, 2013). Patients want better care quality care at lower costs. The physician has a responsibility to deliver this. A study done in 2011 by Goodall (2011) showed that "the top 100 US hospitals in 2009 as identified by the widely used media-generated ranking of quality in three specialties; Cancer, Digestive Disorders and Heart and Heart Surgery. There was a strong positive association between the ranked quality of a hospital and whether the CEO is a physician ($p>0.001$)". This is not to conclude that physician leaders do better than non-physician leaders but is consistent with such claims and thus requires further research. "To deliver quality health care, physicians need to begin to take up executive positions in hospital board rooms" (Campbell, 2012).

Being a physician manager involves supervising, planning, coordinating and directing different aspects of a healthy facility e.g staffing, billing, procurement, payments, policy implementation, etc. A physician manager requires a few more skills than his or her clinical acumen. "Managers in any business hold the key to leading other workers to understand the organization's vision. They must be able to communicate effectively, lead and motivate others, multi-task, make decisions and have good business acumen" (Phibbs, 2013). Most physicians are both managers and leaders. According to the World Health Organization (WHO), health is an important cross-cutting policy issue in the international agenda as it is a precondition, an outcome and an indicator of the three dimensions of sustainable development. Members of any society need to be in good health if they are to savor their existence and be fulfilled. However, Nigeria has poor health indices in the Nigerian health sector which is worrisome. The situation is caused by a combination of factors which include inadequate personnel, poor funding, obsolete facilities and equipment and disharmony amongst health professionals all leading to incessant industrial strikes in the sector. Health professionals in Nigeria include; Medical Doctors, Pharmacists, Nurses, Physiotherapists, Medical Laboratory Scientists, Radiologists/ Radiographers, Social care workers, etc.

In 2010, the former President of the Federal Republic of Nigeria, Dr.Goodluck Jonathan directed the then Minister of Health to ensure industrial peace and harmony in the sector. The Minister inaugurated the "Presidential Committee on a Harmonious Work Relationship Amongst Health Workers and amongst Professional Groups in the Health Sector" on 9th August 2010. From an analysis of views expressed in the memoranda submitted to the Committee, it was found that there are an unhealthy rivalry and disharmony among Health Professionals in Nigeria. The key issue is a desire to be the "most important" profession in health care; the struggle for leadership posts in the health care system, and parity in remuneration. This unfortunate phenomenon has eroded the team spirit necessary for effective and efficient health care delivery.

Lomgurum and Godowoli (2008) confirmed this in a survey of 45 health professionals (15 nurses, 15 pharmacists and 15 physicians). Adindu (2013)'s study on the issue of disharmony among health professionals concluded that "the degree of disharmony among health professionals in the Nigerian health system is censorious". The Nigerian Health sector experienced more than eight industrial actions between 2013-2015 involving physicians, nurses and other health workers (Olatunji, 2013, Hassan, 2013, Olokor, 2013, Obi, 2014, Premium Times, 2014 and Ibeh, 2015).

Such strikes led to avoidable deaths, an increase in quackery activities with complications and medical tourism. Some of these strikes occurred during epidemic outbreaks in the country like Ebola and Lassa outbreaks (Oleribe et al., 2016). Research on 'Industrial action by healthcare workers in Nigeria in 2013-2015' showed "92% cited poor healthcare leadership and management as the most common cause of strikes with only 2% rating the current healthcare management as excellent and 24% as very good" (Obinna et al., 2016). These incessant strokes occur only in the government-owned hospitals (federal, state, local), not in private hospitals, military hospitals or faith-based hospitals. The Nigeria Health watch on 13th January 2015 wrote an article on how repeated strikes were destroying the public health sector in Nigeria with medical tourism to India on the increase for those who can afford it. Individuals and groups are putting more funds into the private health care sector to improve their quality of health care delivery. In Nigeria, most government-owned hospitals are headed by physicians.

Moka and Ajijola (2017) in their study concluded that "the government policy that conceded or sanctioned the permanent leadership of government hospitals to physicians in a multi-professional environment is globally strange and a major cause of the incessant strikes in the Nigerian health sector. As a physician, I have had confrontations with other health professionals who challenged a decision I took concerning a patient or outrightly refused to carry out a management plan because 'they will not take instructions from a physician'. Consequently, the purpose of this study is to assess the influence of Competencies and Development Needs on the performance of physician managers in Nigeria. However, the following are the specific objectives of the present study:

- To assess the effect of communication and relationship skills of physician managers on their job performance.
- To test the influence of leadership skills on the job performance of physician managers.
- To assess the effect of business skills and knowledge of physician managers on their job performance.
- To assess the effect of the development needs of physician managers on their job performance.

All the objectives above are premised on the fact that most clinical training curricula do not include training in leadership and management skills (Donald, 2013; Lomgurum and Godowoli, 2008). It is therefore important to identify what their peculiar development needs are (Adindu, 2013; Bocar, 2013). Consequently, the study is designed to answer the following questions.

- What is the effect of communication and relationship skills of physician managers on their job performance?
- Is there any significant influence of leadership skills on the job performance of physician managers?
- To what extent is the effect of business skills and knowledge of physician managers on their job performance?
- What is the effect of the development needs of physician managers on their job performance?

Reoccurring comments from other health professionals about physicians are that "doctors are not competent to head health institutions or doctors are bad managers. In a study by Donald (2013) on the "Challenges of Clinical Leadership in Nigeria", he proposed that to achieve high performance in the Nigerian health sector, "physicians must be put at the heart of shaping and running clinical services for excellent outcomes and that this paradigm shift worldwide has led to many competency frameworks, making the concept researchable". The purpose of this study is not to endorse physicians only as the managers of health institutions or as better managers than other health professionals but an inquiry into the competence of physicians to execute managerial duties in different categories of hospitals (public: federal or state, private, faith-based, etc.) in Ibadan city, Oyo state (Goodall, 2011) and to also determine their development needs. An outcome that

shows most of them as competent can help in boosting the confidence of other health professionals and indeed the general public in the managerial positions held by physicians. Identifying development needs will help in the planning of appropriate training to fill the gaps. These can ultimately lead to better working relationships amongst physicians and other health professionals and an end to strikes in the health sector.

2. Review of Related Literature

Conceptual Review: The Nigerian health care system has been bedeviled with many issues from poor health indices (Tandon et al., 2017), low budgetary allocation (Premium Times, 2017), poorly equipped hospitals (Oyekale, 2017), inadequate and under-motivated personnel (Omaswa, 2014) to disharmony amongst different health professionals particularly over leadership in health institutions (Adindu, 2013; Bocar, 2013). However, more than any other issue, in recent years the battle for leadership in the health sector has been the major cause of industrial actions. Specifically, other health care professionals are challenging the managerial roles of physicians in health institutions in Nigeria as they consider them incompetent for the position. The scope and practice of medicine in Nigeria evolved over the years with physicians taking on administrative and managerial roles apart from their professional roles. The lingering crisis in the health workforce is about the biggest constraint to global health system development not only in Nigeria but in Africa as a whole. According to Oleribe et al. (2016), "eight (8) strikes occurred between 2013 -2015 resulting in several avoidable deaths. Healthcare leadership and management issues were named as the most common (92%) cause of health workers strike as well as the most important (43.3%)". Traditionally physicians have been responsible for coordinating the activities of the health team to provide quality patient care. However, over the years there is a growing sentiment by health workers that physicians are bad managers (Pharmaceutical Society of Nigeria).

Many critics hinge on the fact that most physicians have little or no training in management. Perry, Mobley and Brubakar (2017) attested that "most physicians in the US are not taught management skills in medical school and receive little on the job training to receive such skills. They are usually elevated into management roles and teamed up with business executives (dyad model)". Indeed some physicians who have held managerial positions did not perform credibly but does this make physicians unfit to be managers? In a review of literature by Loh (2015), it was concluded that there were greater benefits in having physicians in management but they required more training in that area. Stoller, Goodall and Baker (2016) stated that "the best two hospitals in America; Mayo s Clinic and Cleveland clinic according to 2016, US News and World Report (USNWR) ranking have been physician-led for about a century". Clay- Williams et al. (2017) in a review of 16 peer-reviewed studies concluded that "a modest body of evidence supports the importance of including physicians on organizational governing boards". In Nigeria however, the placement of physicians in managerial roles has been alleged by other health workers as 'a design to favor doctors' the protracted supremacy challenge is further deteriorating the already weak Nigerian health system. It is thus a matter of priority to address the leadership tussle by determining if physicians indeed have what it requires and identify skills lacked to perform well enough to stop the bickering.

Competence: Competence is the ability to do something successfully or efficiently. It is a combination of training, experience, skills and knowledge which an individual has and can perform critical tasks. A person s competence should be proportionate to the nature of the job and place of work. Examples of competencies are responsibility, communication, teamwork, decision making, leadership, career motivation, etc.

Assessing Competence: To assess competence refers to a formal process of collecting information on the skills and knowledge a person possesses. Such competence could be attained through on job training, off-job training, a structured learning environment and other relevant work experience. Verification of competency (VOC) should be evidence-based and verified before work commences. "Competency may be verified by:

- **Recognition of Prior Learning (RPL):** This is an assessment of the skills and knowledge that a worker acquired previously through informal or non-formal training, or through life or other work experiences.
- **On-site Recognition of Current Competency (RCC):** An assessment of someone who was previously assessed, been deemed competent, and is now required to be reassessed to ensure that competence has been maintained.
- Online training and development program.

All verification must include a documented assessment" (Oladejo and Awolusi, 2017).

Development Needs: "Development in the context of career development refers to the development of skills and competencies associated with one's profession and position. Assessing development needs is an important part of effective career management. Development needs to change as a person s career progresses and experience grows. Assessment should thus be continuous; gathering and analyzing of information" (Fitzell, 2015). People are found employable based on the skills (competencies) they possess. They may get training while on the job to improve these skills. Whenever there is a gap between the actual and expected level of job performance, there is a development need i.e. a need for training. When an organization identifies the development needs of its employees, an analysis of the training needs is then done. There are different types of needs analysis based on the development that needs to be identified; person analysis, performance analysis, content analysis, organizational analysis, etc. Different techniques can be used to assess needs such as direct observation, questionnaires, interviews, literature review, focus groups, records, etc.

Job Performance: Job performance is defined as the total expected value to the organization of the individual behaviors/ attitudes that an individual carries out within the organization over a standard period (Motowildo and Kell, 2012). Simply, job performance is an assessment of whether a person does a job well. A manager is someone who is in charge of something or a place. The main functions of a manager are planning, organizing, leading and controlling. Managerial skills are similar to leadership skills such as decision-making, problem-solving, communication, planning, delegation and time management. Managers also require these skills as good leaders. There are three levels of management; low level, middle level and top level. Physician Managers are top-level managers that are responsible for overseeing an organization. They develop goals, policies, make decisions and strategize.

Management in Healthcare: The dictionary defines a manager as "a person who is responsible for controlling or administering an organization or a person regarded in terms of skills (competencies) in managing resources". A Physician Manager is simply a physician functioning in the role of a manager. In the traditional model, there is a hierarchical relationship between layers of management, managers and employees. While in the contemporary model managers support and work with other managers and employees**.**

Theoretical and Empirical Reviews: Physician managers have a responsibility to ensure the health organizations they manage to deliver quality healthcare to the people. To achieve this they depend on management theories relevant to healthcare organizations and hospitals particularly. Some of the theories include:

"Bureaucratic Theory: One of the oldest, it recognizes the three levels of management which also exists in the hospitals. Each member has specific responsibilities based on specific competencies. A physician manager in top-level management has specific roles to carry out and certain competencies are required to do this effectively.

Patient-centered Theory: The focus of healthcare management today is providing patient-centered care. Physician managers as top managers must be able to promote collaboration of all aspects of the hospital to ensure patient-centered care.

Scientific Management Theory: Managers who want specific results adopt this theory. Delegation of authority is to a higher level than bureaucratic theory. The main objective is to improve economic efficiency and in particular labor productivity" (Adindu, 2013).

Evidence-Based Management: According to Dr. David Sackett, "decisions in medical care should be based on the latest and best knowledge of what works" (Pfeffer and Sutton, 2006). This is known as 'evidence-based medicine. Applying this to management, Pfeffer and Sutton (2006) concluded that "managers (like physicians) will practice more effectively if they are routinely guided by the best logic and evidence". Who better to adopt this theory than physician managers?

Henry Mintzberg Managerial Roles: Professor Henry Mintzberg after studying managers for years concluded that for managers to perform their functions they have to play one of ten roles which have been divided into three groups; interpersonal, decisional and informational (Berg and Howard, 2012; Leedy and Ormond, 2014). A manager thus wears ten different hats at different times depending on the occasion. For physicians to remain relevant in the healthcare system today and in the nearest future, they must be prepared to take leadership and or management roles. Patients expect physicians to be competent and in fact, assume they are regularly assessed. Physicians must have the required competencies to perform well on the job as physician managers. Appropriate training must also be carried out for identified development needs for expected job performance as physician managers. "Responsibilities do not start when physicians assume management positions but the day they take the Hippocratic Oath" (Ojo and Akinwunmi, 2015). Sonsale and Bharamgouder (2017) reported that a " survey showed 85% of General Practitioners in the United Kingdom felt they did not have the required skills for managerial positions".

Veronesi, Kirkpatrick and Vallascas (2014) found in their study of the English National Health Service that "physicians at board level are positively associated with the financial management of resources and management decision making beneficial for the performance of hospital services. A similar study in Italy National Health Service "showed a negative impact of physician leadership on the efficient management of hospital resources" (Sarto, Veronesi, Kirkpatrick and Cuccurullo, 2014), this suggests a development gap in the physician leadership. The authors in another study by Goodall et al. 2015 highlight how the US's top10 psychiatric hospitals, ranked by the US News and World Report are exclusively managed by CEOs with a medical background due to their competence. Accordingly, Sarto and Veronesi drew some conclusions from their study "first, physicians involvement in strategic decision making is an effective link between strategic planning and its implementation at the clinical level. Secondly, there is quality managerial decision making as physicians understand clinical challenges, a patient needs and knows how best to communicate it to the clinical staff ". These are competencies that aid job performance.

Model for Competency Assessment of Physicians Managers: Health care executives and leaders must have management skills to function maximally in today s healthcare environment. They are expected to demonstrate measurable outcomes and practice evidence-based management for workplace effectiveness. The Healthcare Leadership Alliance (HLA) comprises six major professional bodies from their research and experiences developed five competency domains common among all practicing healthcare managers.

Identified Competencies and Development Needs of Physician Managers: To meet up with current health demands, physicians require new skills; managerial skills. The skills of being an effective leader and manager are relevant to being a great physician" (Eller, 2017). Ojo and Akinwunmi (2015) reported that "it was pertinent to assess the managerial skill needs of physicians and integrate the findings into the undergraduate and postgraduate medical training curricula". In 2011, Bax, Berkenbosch and Busari carried out research "to identify the specific knowledge, skills and attitudes required for the development of managerial competencies in physicians". They identified residents (physicians in postgraduate training) need for management education by reviewing 40 relevant articles through a PubMed search. However, despite previous studies (Orlando and Hayataian, 2012, and Ackerly et al., 2011) reporting the need for managerial competencies among physicians, published studies assessing these competencies to manage hospital organizations are limited. Rather studies have focused on nursing managers and physician managers together as done by Adindu (2013) and Bocar (2013). On the contrary, many studies have been done to assess the competencies of nurses (Munyewende et al., 2016 and Armstrong et al., 2015).

Compare competencies of physician managers and non -clinical managers. Liu et al. (2016) on the other hand were concerned about developing a competency model for physicians in China. A similar framework was developed by Tuong and Thanh (2017) for public hospital managers in Vietnam. Again several studies have looked at the competencies of physicians in different areas such as Palliative care (Pampuri and 2016), Occupational Health (Lalloo et al., 2016), Public Health (Bertoncello et al., 2015), Radiographers (Mung'omba and Botha, 2017) to name a few but little has been done on the Physician Manager. In 2014, Dias and Escoval did a study to examine the demand for new skills and their influence on both innovation investments and the development of new skills in the public hospital sector in Portugal. The study participants were administrators of hospital management boards which included clinical and non-clinical managers and the

focus was on organizational rather than individual skills and gaps. Kalhor et al. (2016) studied the managerial competencies of Hospital managers in Tehran, Iran but unlike that of Dias and Escoval, they looked at individual competencies and compared managers in the public and private sectors. Pillay (2010) did a similar study comparing the skills of hospital managers in public and private hospitals in South Africa.

A cross-sectional survey using self -administered questionnaires was done. All the managers have had a clinical background as is the tradition in Iran. A limitation identified by the authors was that the competencies assessed do not reflect the scope of hospital managers. Ireri et al. (2017) compared the experiences, competencies and development needs of doctor managers in Kenya and the United Kingdom. This study put forward that healthcare systems need strong leadership to be sustainable and responsive to the health needs of the future. Qualitative interviews were done in the first stage of the study and a survey of self-administered questionnaires based on the Medical Leadership Competency Framework (MLCF) was used in the second stage. A self-assessed proficiency in different skills was done. "People management, self-management and task-related skills rated highest with largest deficits for the private sector being people management, self-management and health delivery skills" (Pillay, 2010). This study was not specific for physicians and also lacking in covering all the skills required for performance as a physician manager. An earlier study by Pillay (2008) looked at hospital managers in the public sector only with managers reporting they were “most competent in strategic planning, people management and self-management”.

Adindu (2013) carried out a study in which hospital managers assessed their performance in Calabar, Nigeria. Of the 260 hospital managers that participated in the study only 35 of them were physicians. Perceived ability to perform in management was generally positive and the author argued that this was not reflective in the Nigerian health situation with poor health indices. Ochonma and Nwatu's (2018) study to assess predictors for management training among hospital managers and chief executive officers in Abuja, Nigeria also had hospital chief executives (C.E.Os) as study participants. It was not clearly stated if these participants were all physicians. This study assessed specifically the training (development) needs of physicians.

3. Methodology

Description of the Study Area: Ibadan is the largest indigenous city in West Africa and is located in southwest Nigeria, the capital of Oyo state. It is located 145km northeast of Lagos, the commercial capital of Nigeria. According to the 2006 census, central Ibadan has a population of 1,338,659 covering an area of 128 km^2. Ibadan is the largest city in Nigeria by geographical area. It is known as the pacesetter state as it is home to many firsts in Nigeria; first skyscraper (Cocoa house), the first standard Nigerian stadium, the first television station in Africa, the first University in Nigeria in 1948 (University of Ibadan) and the first teaching hospital, University College Hospital (UCH) in 1957. The setting was chosen because Ibadan city is a panacea for all health-related issues in Nigeria. This is due to the presence of UCH with some exclusive specialties. According to the Oyo State Hospitals Management Board in 2017, there were 50 state government health facilities of different levels in Oyo state in general with 19 located in Ibadan city. There are over 50 private health facilities and three major faith-based health facilities. There are also educational institution-based health facilities like the University Health Service, University of Ibadan and Military based health facilities like the Military Barracks Hospital, Ojoo Ibadan.

Study Design: This study is a cross-sectional survey in design. The research described Physician Managers s characteristics (competencies and development needs) but not the cause of using qualitative and quantitative methods (Johnson and Christensen, 2012; Odunlami, Awosusi, and Awolusi, 2017). A semi-structured interview was used here as the data to be obtained is highly personalized. The participants in this study were health executives with very busy schedules. Bringing them together for a focus group discussion within the time available for this research was not feasible. In July 2018 a survey was designed adapted from the American College of Healthcare Leadership Alliance (HLA) competencies directory. The directory contained over 80 items for the assessment of physicians thus the need for adaptation. This survey was further modified after pretesting on Physician Managers domiciled in Lagos, a city about 120km from Ibadan. The final survey consists of fifty-two questions with thirty-six questions on managerial competencies. Combining both quantitative and qualitative methods in this research helped in providing a better understanding of the research questions as it reduced the limitations of using either of the methods alone. According to Jackson

(2009) "open-ended questions allow for a variety of responses from participants but are difficult to analyze statistically while the close-ended questions are easily analyzed especially using the Likert scale. Inclusion criteria of Physicians in managerial positions in hospitals are as follows: 1. the hospital must have at least ten beds and fifteen employees; 2. The physician must hold or have held a managerial position in a hospital.

However, the exclusion criteria are non-physician managers or hospital administrators. The sample size for this study was determined using the Leslie-Kish formula (Charan & Biswas, 2013) which states that:

$$n = \frac{z^2pq}{d^2}$$

Where n = sample size (number of persons required for the study); Z = confidence interval of 95% which is equivalent to confidence; Co-efficient of 1.96; p = proportion of competencies in hospital managers was 92.6% (Ochonma et al., 2018). The minimum sample size for the quantitative study was therefore 116 respondents Consequently, Physician managers who met the inclusion criteria were purposively selected for self-administration of questionnaires from different types of hospitals: 1. Government-owned: Tertiary, 2. Government-owned: State, 3. Government-Owned: Military, 4. Government-owned: Educational Institution Based, 5. Private and 6. Faith-Based. In choosing participants for the qualitative interview, a purposeful sampling approach was adopted based on the accessibility of the participant and those whose management positions suggested they had a wealth of information that will be beneficial to the study. The number of interviewees was based on saturation. "Saturation is defined as the point at which further data collection offers no new data or sparks no new theoretical insights nor reveals new properties of your core theoretical categories" (Awolusi, 2019; Dworkin, 2012).

Data Collection Instruments and Data Analysis: Questionnaires were delivered by hand to most of the physicians and about ten received them by email. The Quantitative method included the use of self-administered questionnaires to physician managers. The questionnaire contained 45 close-ended questions that gave quantifiable answers and 4 open-ended questions. The competencies were categorized into five domains within the HLA competency directory which are Communication and Relationship Management, Leadership, Business skills and knowledge Professionalism and Knowledge of the health care environment. For this research, the last domain was not considered as it covers technical skills physicians normally should have acquired from medical training. Data generated for the study were analyzed using Statistical Package for the Social Sciences (SPSS version 20). The HLA competency directory questionnaire used for the study had a Likert scale of a novice, familiar but not competent, competent, proficient and expertly scored as 1, 2, 3, 4 and 5 respectively. The level of competence in each of the domains of the questionnaire was assessed by summing the number of items in each domain of the questionnaire to get a composite score and dichotomized as competent and not competent. To dichotomize the composite score on communication and relationship domain, there are 10 items with a maximum score of 5 points, the maximum obtainable score was 50 (10 x 5).

Thus a competent respondent will have a score of 3 for each item in the domain, this implies a score of 30 (3 x 10). Hence, respondents with scores less than 30 were categorized as not competent while those with a score of 30 or more were categorized as competent. Similarly, the 9-item responses in the domain of professionalism were summed up to get the composite score in this domain. To dichotomize the composite score on this domain, the 9 items were summed up and a score of 5 for each item in the domain will give a maximum obtainable score of 45 (5 x 9). Thus a competent respondent will have a score of 3 for each item in the domain, this implies a score of 36 (3 x 9). Hence, respondents with scores less than 36 were categorized as not competent while those with a score of 36 or more were categorized as competent. Also, business skills knowledge competency was assessed using the 9 items in this domain by summing the responses up to get the composite score. To dichotomize the composite score on this domain, the 9 items were summed up and a score of 5 for each item in the domain implies a maximum obtainable score of 45 (5 x 9). Thus a competent respondent will have a score of 3 for each item in the domain, this implies a score of 27 (3 x 9). Hence, respondents with scores less than 27 were categorized as not competent while those with a score of 27 or more were categorized as competent. The job performance of the respondents was assessed by summing all the 36 items of the competency part of the questionnaire to get the composite score.

To dichotomize the composite score for the job performance, a score of 5 for each item will give a maximum, obtainable score of 180 (5 x 8). Thus a competent respondent will have a score of 3 for each item in the

domain, this implies a score of 108 (3 x 36). Hence, respondents with scores less than 108 were categorized as poor job performance while those with a score of 108 or more were categorized as good job performance. Summary statistics were generated and presented in frequency tables and charts. Normality of the composite scores was tested and the test of normality indicated that the composite scores of all the domains were not normally distributed, thus Mann-Whitney U and Kruskal-Wallis non-parametric tests were used to test for significant difference for variables with two levels and more than two levels respectively. The level of statistical significance was set at 5%. The qualitative study included interviews of 7 selected physician managers which involved answering open-ended questions. There was 5 face to face interviews and two phone interviews. Recorded data were transcribed and thoroughly read through to identify themes for coding. The American College of Healthcare Leadership Alliance (HLA) competencies directory is a global tool developed in the United States of America for health managers. The adapted format was used in a thesis by Okonkwo et al. 2018 for a Master's degree in Health Services Management at the University of Calabar, Nigeria. The qualitative interview guide was used by Ireri et al. (2017) in a similar study.

Method of Data Analysis: Data generated for the study were analyzed using Statistical Package for the Social Sciences (SPSS version 20). The HLA competency directory questionnaire used for the study had a Likert scale of a novice, familiar but not competent, competent, proficient and expertly scored as 1, 2, 3, 4 and 5 respectively. The level of competence in each of the domains of the questionnaire was assessed by summing the number of items in each domain of the questionnaire to get a composite score and dichotomized as competent and not competent. To dichotomize the composite score on communication and relationship domain, there are 10 items with a maximum score of 5 points, the maximum obtainable score was 50 (10 x 5). Thus a competent respondent will have a score of 3 for each item in the domain, this implies a score of 30 (3 x 10).

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Thus a competent respondent will have a score of 3 for each item in the domain, this implies a score of 108 (3 x 36). Hence, respondents with scores less than 108 were categorized as poor job performance while those with a score of 108 or more were categorized as good job performance. Recorded data were transcribed verbatim and thoroughly read through to identify themes for coding. Summary statistics were generated and presented in frequency tables and charts. Normality of the composite scores was tested and the test of normality indicated that the composite scores of all the domains were not normally distributed, thus Mann-Whitney U and Kruskal-Wallis non-parametric tests were used to test for significant difference for variables with two levels and more than two levels respectively. The level of statistical significance was set at 5%. This study followed the ethical principles guiding the use of human respondents in research (Awolusi and Atiku, 2019). Approval for the study was obtained from the Oyo State Ministry of Health Research Ethics Review Committee (AD/13/479/918). The nature, purpose and process of the study were explained to each participant after which informed consent was obtained. Participants were assured of confidentiality, privacy and anonymity of information provided. Necessary steps such as keeping transcripts and data sources in a secured place were taken to ensure confidentiality. Participants were told of the right to withdraw from the

study at any time. They were also informed of not necessarily directly benefitting from the study but that the data will be used to contribute to better healthcare delivery.

4. Results and Discussion of Findings

One hundred and twenty-five (125) questionnaires were distributed, out of which one hundred and five (105) were filled and returned giving a response rate of 84%. Thus the quantitative part of the result is for 105 respondents.

Socio-demographic Data of Physician Managers: Table 1 displays the socio-demographic data of Physician Managers (PM). The majority of them were aged between 46-60 years (58.1%). In Ireri et al.'s (2017) study where she compared PMs in Kenya and United Kingdom (U.K.), most of the PMs from Kenya were aged between 30-34 years while those in the UK were mostly between ages 50-54 years. In a study of Hospital Managers in Abuja, Nigeria by Ochonma et al. (2018) amongst which 39.4% were Physicians, the managers were mostly between ages 35-40 years. This suggests there is no specific age bracket when a physician can become a manager. There were more males (79%) than females (20.9%) amongst them. Ireri et al. study showed that 77% of the Kenyan respondents were males and 81.5% of the UK respondents were also males. Similarly in the Ochonma et al. (2018) study, 63.5% were males. Management is one of the most difficult positions for women to compete with their men and the hospital setting is not an exception.

In a study by Tlaiss (2013) in a University hospital, she examined attitudes towards female managers and found that employees and other managers had negative attitudes towards them. The findings in a similar study in Turkey by Kutlu and Akbulut (2018) are similar. These may be associated with a low number of female PMs. Most of the PMs have MBBS (Bachelor of Medicine and Bachelor of Surgery), 75.2% and MBChB (Bachelor of Medicine and Bachelor of Surgery), 16.2% which are equivalent degrees awarded depending on the institution. Most of the PMs had their basic medical qualification more than 20 years ago (68.6%) with only two (1.9%) attaining basic qualification less than 5 years ago. The majority of the PMs had Fellowships (40.9%), 18.1% have a Masters and 13.3% have a Master's in Public Health (MPH). None of the PMs has a Ph.D. (Doctor of Philosophy) and 8.6% have no additional qualification to the basic medical degree. Most of the PMs were in Private hospitals (49.5%) and the government-owned tertiary hospital (23.8%). Only 3.8% were in Military hospitals.

Table 1: Socio-demographic Data of Physician Managers

Demographic Variable	Frequency	Percent
Age Group (Years)		
25- 35	1	1.0
36- 45	20	19.0
46- 60	61	58.1
61 and above	23	21.9
Total	105	100.0
Sex		
Male	83	79.0
Female	22	20.9
Total	105	100.0
Basic Qualification		
MBBS	79	75.2
BDS	8	7.6
MBChB	17	16.2
Bch.D	1	1.0
Total	105	100.0
Years of Basic Qualification		
Less than 5 years	2	1.90

6 – 10	9	8.57
11 -15	5	4.76
16 – 20	17	16.2
More than 20 years	72	68.6
Total	100	100.0
Additional Qualification		
MBA	3	2.9
MSc	19	18.1
MPH	14	13.3
PhD	0	0
Fellowship	43	40.9
Diploma	6	5.7
Others	11	10.5
None	9	8.6
Total	105	100.0

Hypotheses Testing: Table 2 below displays competence comparison between PMs grouped by their type of formal training in Management. In Communication and Relationship management (p=0.007) and Professionalism (p=0.042) domains, there is a significant difference between PMs that had some formal training in Management; Certificate, Degree or Diploma programs and those that had none. However, in the Leadership (p=0.114) and Business Skills and Knowledge (p= 0.256) domains, there was no significant difference between PMs that had formal training and those that had none. There was no significant job performance difference of PMs p =0.078 due to the training. This implies that formal training made a difference in the communication and professional skills of PMs. Other results (not shown) further display competence comparison between PMs grouped by their years of experience. In Communication and Relationship management (p=0.490), Professionalism (p=0.508), Leadership (p=0.493) and Business Skills and Knowledge (p= 0.298) domains, there was no significant difference between the three groups of managers; those with less than 5 years experience, those with 6-10 years experience and those with over 10 years experience in management. There was also no significant job performance difference between the three groups of PMs, p=0.409. This implies in the four domains competence was the same for the same the three groups of PMs and the same in job performance.

Table 2: Competency Comparison among Physician Managers grouped by Formal Training in Management

Competency Domain	Formal Training in Management	Mean± Standard Deviation	Mean Rank	Kruskal Wallis H	DF	P-Value
Communication and Relationship management	Certificate(n=25)	41.60±5.61	51.38	12.274	3	0.007
	Degree(n=5)	36.00±2.55	29.00			
	Diploma (n=3)	42.67±4.16	57.17			
	Others(n=26)	36.96±7.81				
	None(n=46)	37.19±5.29	33.89			
Professionalism	Certificate(n=25)	37.44±5.51	47.60	8.222	3	0.042
	Degree(n=5)	33.80±2.17	30.10			
	Diploma (n=3)	39.67±1.53	62.00			
	Others(n=26)	33.77±7.33				
	None(n=46)	34.37±5.04	35.51			
Leadership	Certificate(n=25)	32.06±6.04	45.22	5.956	3	0.114
	Degree(n=5)	31.00±5.83	42.60			
	Diploma (n=3)	35.00±1.00	32-00			
	Others(n=26)	29.00±6.72				
	None(n=46)	30.09±4.56	34.45			

Business Skills and Knowledge	Certificate(n=25)	31.44±8.34	43.00	4.046	3	0.256
	Degree(n=5)	32.00±5.87	47.30			
	Diploma (n=3)	35.67±5.13	58.50			
	Others(n=26)	28.11±9.42				
	None(n=46)	29.04±6.88	36.37			
Job Performance	Certificate(n=25)	142.64±24.15	47.10	6.808	3	0.078
	Degree(n=5)	132.80±14.57	37.10			
	Diploma (n=3)	153.00±11.79	60.00			
	Others(n=26)	127.85±29.16				
	None(n=46)	130.69±19.12	35.15			

Analysis of Qualitative Data: Six participants participated in this study and the majority (4) of them is males. They are Medical directors of hospitals, consultants, heads of the department and public health physicians. The majority of them had both administrative and clinical duties as their current responsibilities. The clinical duties include patient care, treatment of illnesses, doing a ward round, attend clinical meetings and take part in the medical activities of the hospital. Their duties also involve training and re-training of other cadres. According to one of them, their work is exciting, challenging and dynamic. Impacting on others and are happy from the feedback received to make their work exciting while the administrative part of it make it challenging As was put by him: "*It is exciting because there are so many aspects of the job that allows me the opportunity to impact others and when you get the feedback you are happy and excited. Then there are also opportunities to test theories and principles in leadership, and if you get results you are excited. It's stressful because the human aspect of it is a bit challenging. Human beings are what we are; unpredictable.*

Of all available resources, human capital is the most intricate. It is dynamics because you keep on operating in an environment of uncertainties. What is good yesterday is no better today. If you have a target, you realized that your target is not a moving target. The environment - business environment is changing. The tools keep changing courtesy technology. The resources also have a huge turnover because people are not at the peak of their careers. So you keep on working with new people, new hands "different political setting", that makes it more dynamic". One participant posits that the best part was when there was funding, positive feedback in terms of knowledge generation and new horizons are coming up. As was put by the participants: "*The best part of my job is I have been able to pass on knowledge and satisfaction of mind seeing your patient getting well*". "*Well the best part was of it was that when we first started the private hospital, it was quite lucrative. The funds were coming in then. But as one got older in it some other things crept in. but by and large, it is still worth what we are doing at least we are happy with it and keep ourselves afloat and abreast of the medical practices".* Some of the challenges mentioned by the participants include a shortage of funds, double taxation, borrowing shortage of manpower, high turnover, training and re-training. They get money from the bank, the interest rate is outrageous, and they have to pay it back at a specific charge.

According to them: "*Paucity of manpower, we don't have enough, just like most hospitals we don't have enough manpower. The little six participants participated in this study and the majority (4) of them is males. They are Medical directors of hospitals, consultants, heads of the department and public health physicians. The majority of them had both administrative and clinical duties as their current responsibilities. The clinical duties include patient care, treatment of illnesses, doing a ward round, attend clinical meetings and take part in the medical activities of the hospital. Their duties also involve training and re-training of other cadres. According to them:* Some of the challenges mentioned by the participants include a shortage of funds, double taxation, shortage of manpower, high turnover, training and re-training. They get money from the bank, the interest rate is outrageous, and they have to pay it back at a specific charge. According to them: *"Paucity of manpower, we don't have enough, just like most hospitals we don't have enough manpower. The little we have is overstretched. So I will do what I shouldn't do as Medical Director. You understand. The little we have we give them additional responsibilities, I have to make sure that everywhere is covered".*

"The major one is finance. I mean in a private setting the government is not in any way financing any private hospital organization and the task is enormous. Double taxing and you have to pay through your nose for virtually everything, no reimbursement from anywhere that is the major challenge". On their relationship with their colleagues, the majority said they related well with them while one person said they cannot but only

their colleagues can assess them on the way they see the relationship. They are confident that their colleagues will not score them low. As way being put by them; *"From my end, I might say I get along easily with my colleagues. But when need to draw the line I don't hesitate to do that. I don't. I think you have gotten to a forum when they know what I want. That is very obvious because for every leader there comes a time when you are supposed to drive the system where everybody should be able to key into where it's heading to. I think in terms of integrity in terms of fairness, my colleagues will not score me low. They will not score me low".* They are also confident that their relationships with other staff are cordial and very good but with the administration, there may be a need for improvement*. "With the government, they claimed that they interact by paying their dues, obey the laid down rules and regulation and support the supervisory role by the government. One of the participants said he was not sure if he is friendly with the government".*

"*The major one is finance. I mean in a private setting the government is not in any way financing any private hospital organization and the task is enormous. Double taxing and you have to pay through your nose for virtually everything no reimbursement from anywhere. That is the major challenge*". On their relationship with their colleagues, the majority said they related well with them while one person said they cannot but only their colleagues can assess them on the way they see the relationship. They are confident that their colleagues will not score them low. As way being put by them; "*From my end, I might say I get along easily with my colleagues. But when need to draw the line I don't hesitate to do that. I don't. I think you have gotten to a forum when they know what I want. That is very obvious because for every leader there comes a time when you are supposed to drive the system where everybody should be able to key into where it's heading to. I think in terms of integrity in terms of fairness, my colleagues will not score me low. They will not score me low".* With the government, they claimed that they interact by paying their dues, obey the laid down rules and regulations and support the supervisory role by the government. One of the participants said he was not sure if he is friendly with the government**.** *"Well concerning government, we interact with the government majorly incommunicado supervisory role. So we don't have so many problems with the government*".

Discussion of Findings: The main results show that possessing the competencies; communication and relationship management, leadership and business skills and knowledge do influence the job performance of Physician Mangers. There was a significant difference between physicians that had formal training in management and those that had none in the communication and professionalism domains. Consequently, the findings of the present study are similar to previous studies in the literature (Tandon et al., 2017; Oyekale, 2017; Omaswa, 2014). Specifically, the present study also posits that the Nigerian health care system has been bedeviled with many issues from poor health indices (Tandon et al., 2017), low budgetary allocation (Premium Times, 2017), poorly equipped hospitals (Oyekale, 2017), inadequate and under-motivated personnel (Omaswa, 2014) to disharmony amongst different health professionals particularly over leadership in health institutions (Adindu, 2013). Similar to previous studies, healthcare leadership and management issues were the most common cause of health worker's poor job performance (Oyekale, 2017; Omaswa, 2014). Also, similar to the main findings in Perry et al.'s (2017) study, most physicians in Nigerian are not taught management skills in medical school and receive little on-the-job training to receive such skills.

The present study, therefore, concurs with the main findings of Loh's (2015) study that there were greater benefits in having physicians in management but they required more training in leadership competencies. However, the placement of physicians in managerial roles should not be seen as a design to favor doctors', so as not to compound the present supremacy challenge and the already weak Nigerian health system. It is thus a matter of priority to address the leadership tussle by determining if physicians indeed have what it requires and identify skills lacked to perform well enough to stop the bickering. Furthermore, based on the main findings, the present study, therefore, supports the need for Nigerian physicians to acquire new managerial skills and competencies to meet up current health demands in the country (Eller, 2017). It is therefore pertinent to assess the managerial skill needs of physicians and integrate the findings into the undergraduate and postgraduate medical training curricula in Nigerian tertiary institutions (Ojo & Akinwunmi, 2015). However, findings from this study differ from previous studies in the literature (Orlando & Hayataian, 2012; Ackerly et al., 2011).

Specifically, Ackerly et al. (2011) identified a limited need for managerial competencies among physicians but rather focused on nursing managers and physician managers. Contrary to the main findings in the present

study, Tuong and Thanh (2017) study developed competency models for public hospital managers in Vietnam. Other studies also argue for the necessity to concentrate on the competencies of physicians in different areas such as Palliative care (Pampuri and 2016), Occupational Health (Lalloo et al., 2016), Public Health (Bertoncello et al., 2015), Radiographers (Mung'omba and Botha, 2017) if the desired job performance improvements are to be realized. Also, rather than concentrating on the Physician managers, Dias and Escoval (2014) did a study to examine the demand for new skills and its influence on both innovation investments and the development of new skills in the public hospital sector in Portugal. The study participants were administrators of hospital management boards which included clinical and non -clinical managers and the focus was on organizational rather than individual skills and gaps.

In a similar study, Kalhor et al. (2016) studied the managerial competencies of Hospital managers in Tehran, Iran but unlike that of Dias and Escoval, looked at individual competencies and compared managers in the public and private sectors. A cross-sectional survey using self -administered questionnaires was done. However, a major limitation identified by the authors was that the competencies assessed do not reflect the scope of hospital managers. Pillay (2010) did a similar study comparing the skills of hospital managers in public and private hospitals in South Africa. A self-assessed proficiency in different skills was done. "People management, self-management and task-related skills rated highest with largest deficits for the private sector being people management, self-management and health delivery skills" (Pillay, 2010). This study was not specific for physicians and also lacking in covering all the skills required for performance as a physician manager. Notwithstanding the diverse findings, one common theme in the present study and previous literature is the necessity for improvements in strategic planning, people management and self-management of leaders to improve both workers and organizational performance of health institutions in developing countries (Adindu, 2013; Ochonma & Nwatu, 2018).

5. Summary, Conclusion and Policy Recommendations

Summary and Conclusion: The purpose of this study is to assess the influence of Competencies and Development Needs on the performance of physician managers in Oyo State hospitals. In this chapter conclusions are made based on the results from the analysis and recommendations are made. The majority of the Physician Managers were 46-60years. There were more males than females amongst them and most of them were in the private hospital as Medical Directors with over 10 years of experience in management. Most of the PMs were competent in communication and relationship management, leadership and business skills knowledge. The analysis shows that the least competence was in business skills and knowledge. This goes to show that there is a need for PMs to develop business skills and knowledge. From the data analysis, the importance of management training for physicians was emphasized by all the interview participants. The study, therefore, concluded that possessing the competencies; communication and relationship management, leadership and business skills and knowledge do influence the job performance of Physician Mangers. There was a significant difference between physicians that had formal training in management and those that had none in the communication and professionalism domains. There was no significant association between the experiences of the PMs and their job performance. This suggests that managers arrive at managerial positions without strategic preparation and thus emphasis is not placed on training; formal or informal.

Recommendations and Implications: Physicians have been perceived to be bad managers by other healthcare professionals in Nigeria. This is one of the major causes of disharmony in the health sector leading to incessant strike actions in the health sector. Various studies have shown the need for physicians to be in management positions in hospitals for improved healthcare delivery particularly one that is patient-centered and evidence-based. Some studies have reported better management practices with physicians as managers. Many studies have also reported the ill-preparedness of physicians during their medical training, both at the undergraduate and postgraduate levels for managerial roles with little or no training in management. However, there is limited literature on if Nigerian physicians have the competencies to be managers, what their development needs are and how these affect their performance as physician managers. To be effective and efficient managers, physicians require many skills. However, the key skills they require have been narrowed down into five competency domains by Stefl (2008) in the study on 'Common Competencies of all Healthcare Managers'. The first three research questions on the effect of communication and relationship

skills, leadership skills and business skills and knowledge of physician managers on their job performance are based on three of these domains.

The literature on competencies of physician managers along these domains was scanty and so was the effect of the competencies on job performance. Most literature reported the need for training in management among physicians but not on the effect this development need has on the job performance hence the need for the research question. The study also recommends the need for physicians to be competent in communication and relationship management skills due to their positive influence on their job performance. A good working relationship with colleagues, other health professionals, the public and even with the government are also necessary. Many respondents considered human resources the most important part of the hospital organization and most intricate; as such the PMs give it the utmost attention. The team-building aspect of the domain was emphasized. More culturally, the importance of getting involved in the social lives of other health professionals e.g. attending a laboratory technician s child dedication also helps with building better work relationships. The respondent PMs from the hospitals in Ibadan city reported they had good leadership qualities. These they demonstrated particularly in the government hospitals where they kept providing healthcare services despite daunting challenges. Leadership among physicians may seem innate as "nearly all physicians take on significant leadership responsibilities throughout their career" (Adindu, 2013; Bocar, 2013). This skill was exhibited in the innovative ways many of the PMs were managing their hospitals with low manpower.

Poor funding, old equipment and dilapidated structures. It may be this trait theory in physicians that resulted in no significant difference in their leadership skills with or without formal management training. The ability of PMs to provide vision, direction and take decisions in health institutions will boost the confidence of other healthcare professionals in them. PMs have both administrative and clinical responsibilities. Proper management of hospital funds requires business skills and knowledge. Lower competence was reported in this domain compared with the other two domains and invariably lesser job performance too. Some of the PMs employed financial experts to manage hospital accounts. It was the domain of least achievement in the previous year among physicians. Healthcare delivery today is not just about clinical work but business too especially with the emergence of managed care and/ or health insurance. This study identified a skill gap in business administration skills which is vital to PMs. Many PMs also reported a need for ICT training. The need for formal management training was a consensus. However, while some recommended introducing it during undergraduate training, others reported and at different stages of the medical career. Attendance at one or two management training or courses annually should, however, be the rule rather than the exception. Consequently, the following additional recommendations are made for physician managers and policymakers: Physicians in Nigeria need to improve their managerial skills.

Management training should be included in both undergraduate and postgraduate curricula. It should be a requirement for promotion in management in the hospital; there is a need to develop a Nigerian competency framework for assessing physician managers' competencies; Physician managers should be a manager to all health professionals, not physicians only. Teamwork and collaboration should be encouraged at all times; Physicians in management need to keep abreast of political happenings and policies regarding the healthcare industry. This study has provided a better understanding of the competencies and development needs of physicians in managerial positions in Nigeria. This study is currently the only one that provides information on the competencies and development needs of physician managers only. This study is also the only one currently that has assessed physician managers using a standard, internationally acceptable tool; the Health Alliance Competency directory. The time available for the study was short. Ethical approval took longer than anticipated.

The busy schedules of health executives made many turn down participation and some even though they accepted to participate failed to fill the questionnaire despite several reminders. A few physicians in the private sector out rightly declined participation saying "I do not take part in research" and another "speak to my matron, she can answer all your questions". Moving around a big city like Ibadan was also time-consuming and tiring. Self-evaluation using the survey is subjective. However, the time available for the study was short. The busy schedules of health executives made many turn down participation and some even though they accepted to participate failed to fill the questionnaire despite several reminders. Moving around

a big city like Ibadan was also a challenge. Consequently: 1. There is a need for further research into the appraisal of physicians for management positions, particularly how personal qualities can affect this, 2. More information on what influences a physician into management, 3. Investigate why other health professionals perceive physicians as bad managers and why they believe they are better managers, 4. There is little research on the patient s perception of the physician as the manager.

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Media Ecology: The Competition of Local Private Television on Seizing Audiences for Broadcasting Sustainability in South Kalimantan, Indonesia

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Abstract: Media ecology examined the interrelationships between the media and their supporting environment. This research article aimed to determine the category of life-support sources (niche breadth) and to measure the level of competition (niche overlap) of local private television in South Kalimantan in seizing for viewers. This research used a quantitative approach. Target audience data, as the main data, was obtained by data collection techniques in the form of logbook survey results or management estimates from each television. The collected data was processed using the niche breadth formula to determine the category of each television media, and the niche overlap formula to determine the level of television competition in seizing for its viewers. The findings showed that Duta TV was in the generalist category and Prima TV was in the specialist category. The niche overlap scores differed between a number of target audience types, where the level of competition in seizing for viewers between the two televisions was quite high in the gender category compared to the other four types of target audiences, namely age group, socioeconomic status, recent education, and occupation.

Keywords*: Media ecology, television competition, niche theory, niche breadth, nice overlap.*

1. Introduction

The existence of television stations in the regions, both local television stations and networked television stations, is expected to be able to compete to meet the needs of the people in that area. Morissan (2015) reveals that one of the weaknesses of the network system is the absence of local creativity and local genius in the broadcast realm. The network system makes local stations lack the motivation and creativity to produce, and develop local programs, including regional issues. The regional issues are less elevated and even regional cultural values are neglected. This is in line with the findings of Atika et al. (2021) that 90% of 20 televisions in South Kalimantan have limitations in broadcasting information local content-based programs. Television competition, both between local television and between networked national televisions can be analyzed with niche theory. Niche theory is used to measure media competition, which according to this theory, to maintain the survival of every living being requires a source of support that exists in the surrounding nature. If the required supporting resources are limited, then there will be competition or struggle between living beings. Similarly, with the media, if the source of media life support is limited in a region, then there will be competition or struggle for life support resources. Local television has the power to attract audiences with an approach and a feed of local content that suits the needs of the people in the region.

A number of studies have revealed how local television stations package their broadcasts as an attraction to grab viewers' attention. Priyowidodo (2009) reveals some examples from local television stations such as Bali TV, Yogya TV, and Borobudur TV very clearly directed the broadcast to audience segments which are bounded by local culture. Similarly, Favorite TV (Padang) for example also worked on Minang typical broadcast customs so that interested viewers and small-scale advertising can enter. TV Manado (TVM), TOP (Papuan Television) TV also tries to show the humor typical of North Sulawesi and Papua which is quite difficult to find on national television shows. Primasanti (2012) reveals that the diversity of content from local television that elevates diverse locality elements from various regions became the spearhead of democratization through broadcast media. Niche theory is used to measure the level of competition between mass media. Niche theory arises from the ecology study discipline that saying in order to maintain survival, a supporting source is needed in the environment. If the number of life supporting resources is limited then there will be competition. A media that utilizes the same resources or similar to other media then both media have a strong competition, and vice versa if the media utilizes different resources then it shows lower competition (Dimmick, 2008). This research article aimed to determine the category of life support sources (niche breadth) and to measure the level of competition (niche overlap) of local private television in South Kalimantan in seizing audiences.

2. Literature Review

Media ecology research has been conducted with a number of different media and supporting resource focuses. Some of them are still partial, with not covering all the main sources of media life support, 2017 there was a research that measures the niche breadth of three news media namely yahoo, television, and electronic newspapers (Li, 2017a), then in the same year produced findings of television competition in the form of new media and old media namely OTT TV (over-the-top) which is a video service broadcast through the internet, IPTV (Internet Protocol TV) is a television that is broadcast using internet protocol, and digital cable TV (Li, 2017b). In 2019, there was research on the competition between internet television and traditional TV or cable television (Katherine Chen, 2019). Research using niche theory has also been conducted in broadcast media (radio and television) as well as print media in Indonesia, namely in 2009 which analyzed radio programs in Malang city (Hidayati, 2009), 2010 the findings that measured the competition of advertising broadcasting on three radios namely Kudus FM, Pamira FM, and Yasika FM (Yudiningrum, 2010), in 2012 the results of research on national private television station competition (Winanti Riesardhy & Herawati, 2013). Research on television competition was also conducted by Dwinta Kusuma (2017), Hamid (2017), Irawan (2012), and Rinowati Na (2012).

The latest findings on media ecology are the ecology of public television media (Atika et al., 2020) and the ecology of private television media in terms of local information programs in South Kalimantan, which found that the level of competition of local television was high in terms of local-based content information programs (Atika et al., 2021). This idealism about locality is reflected in three things, namely conceptual, resource, and technical aspects of the broadcast. In contrast to a number of previous findings on media ecology, this article is the result of a follow-up study that previously analyzed media ecology based on local content-based information programs, while this article reveals the audience or target audience type as one of the main sources of television life support. The target audience type category analyzed is demographic segmentation (Morissan, 2015) reveals that audience segmentation based on demographics consists of age, gender, size of family members, highest education achieved, type of work, income level, religion, ethnicity, and so on. The category of target audience used in this article is adjusted to the data required to each television that will apply for a license to broadcast, namely based on the Regulation of the Minister of Communication and Informatics No. 28 of 2013 concerning Procedures and Licensing Requirements for The Implementation of Digital Television Broadcasting Services Through Terrestrial Systems, as presented in Table 1.

Table 1: The Television Target Audience Category

Category of Target Audience Types				
Age Group	**Gender**	**Social-economic status (monthly expense in IDR)**	**Latest education**	**Occupation**
. < 15 Years old . 15 – 19 Years old . 20 – 24 Years old . 25 – 29 Years old . 30 – 34 Years old . 35 – 39 Years old . 40 – 50 Years old . > 50 Years old	. Male . Female	. > 3.000.000 . 2.000.001 – 3.000.000 . 1.000.001 – 2.000.000 . 700.001 – 1.000.000 . 500.001 – 700.000 . < 500.000	. Did not complete elementary school . Graduated from elementary school . Graduated from junior high school . Graduated from high school . Academy . College	Civil Servant/ Army/ Police Private Employees Self-employed Retired Student Student Housewife Other Jobless

Table 1 shows five categories of target audience types that become media life support resources. Each of these categories has an indicator of different numbers, where the age group consists of eight indicators, the gender consists of two indicators, the social-economic status consists of six indicators, the last education consists of six indicators, and the work consists of nine indicators. All categories and indicators are measured to see the competition of local private television in seizing for viewers. (Morissan, 2015) writes that broadcast media competition is a competition to grab the attention of audiences, so broadcasters must

understand who and what their audience needs. Since 2005, several television stations in Indonesia began to segment and attempt to direct the program to a specific target audience.

3. Research Methodology

The research used a quantitative approach, with the research objects namely Duta TV and Prima TV which is a local private television station in South Kalimantan. Target audience data of television stations in South Kalimantan was quantitative data obtained by data collection techniques in the form of logbook survey results or management estimates from each television. The data that has been collected will be processed and analyzed using the following formula:

- To determine the category of supporting sources based on the type of target audience of each television (niche breadth), using the formula:

  Niche Breadth: $\frac{I}{\sum_{i=1}^{n} PI^2}$

  I = type /category of supporting sources used by television

  P = proportion of each use of a type of supporting source used by television

Televisions that were close to the maximum value of supporting sources based on the type of target audience categorized as **Generalist** televisions, on the other hand, televisions that have a low breadth niche value categorized as **Specialist** televisions, as seen in table 2.

Table 2: Specialist and Generalist Scores Based on Target Audience Type

No	Target Audience Type	Min	Max	Interval	Category	
					Specialist	Generalist
1	Age group	1	8	3.5	1.0 – 4.5	4.6 – 8.0
2	Gender	1	2	0.5	1.0 – 1.5	1.6 - 2.0
3	Social Economic Status	1	6	2.5	1.0 – 3.5	3.6 – 6.0
4	Latest Education	1	6	2.5	1.0 – 3.5	3.6 – 6.0
5	Occupation	1	9	4	1.0 – 5.0	5.1 – 9.0

- To measure the level of competition between television pairs (niche overlap), it used the formula:

  Niche Overlap: $\frac{n}{di,j} = \frac{\sum(pih - pjh)^2}{h=1}$

di,j = distance/overlap between population (I) and (j) calculated by summing the degree of difference between the usage proportion of each category type (h).
p = proportion of resource usage
h = categories of resources used by both populations where the resource type reaches n categories

The level of competition will be seen from the calculation of television pairs. If the result is closer to zero, then on the television pair there is a high competition in seizing audience and vice versa.

4. Data Analysis and Results

The findings showed breadth and niche overlap scores of each television media based on the type of target audience. Figure 1 shows a niche score of breadth or supporting sources owned by local private television.

Figure 1: Niche Breadth Score of Local Private Television Based on Target Audience Type

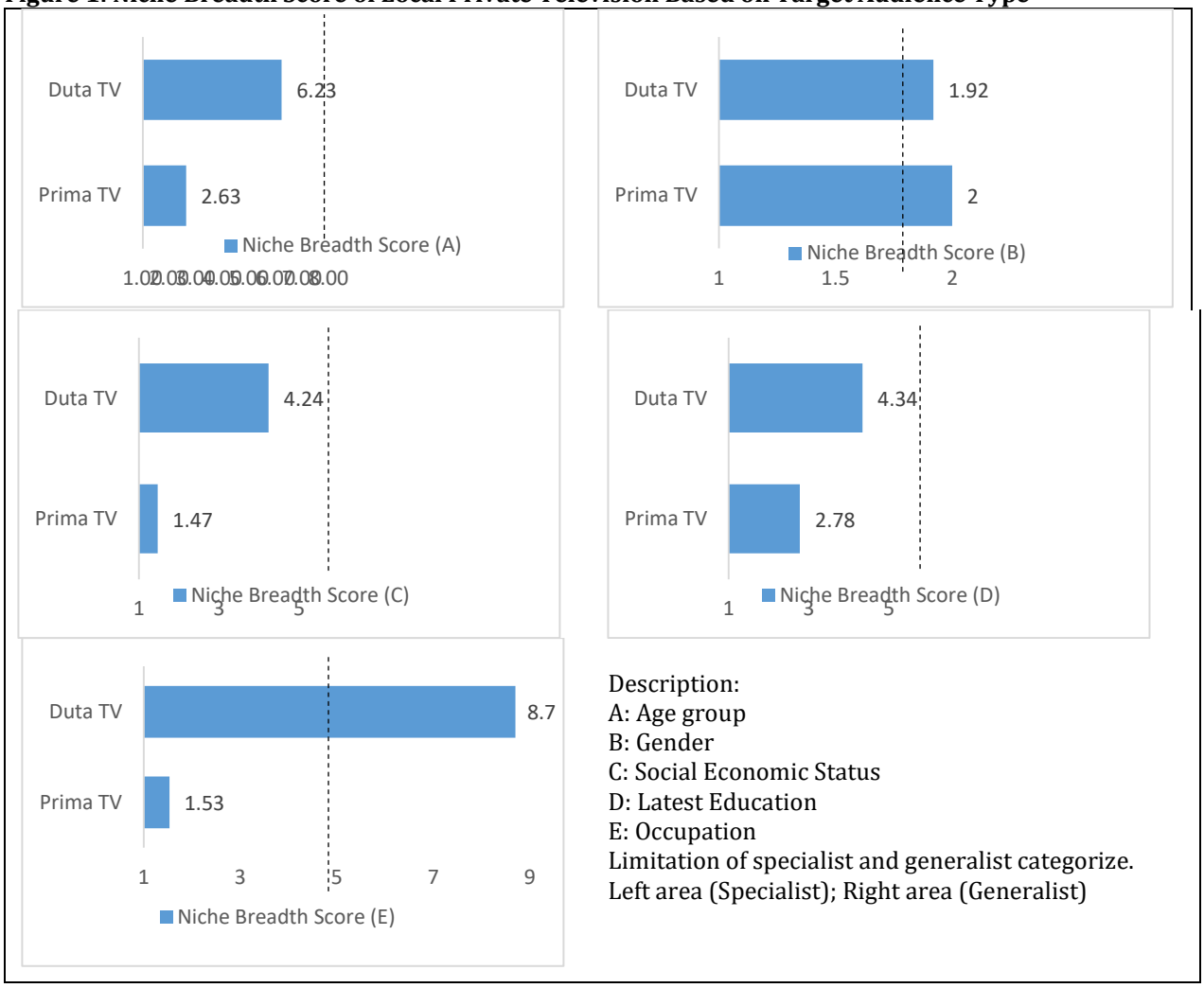

Figure 1 showed Duta TV had a fairly diverse target audience of all types, namely age group, gender, social-economic status, education, and occupation. Duta TV included television media that were in the generalist category on five types of target audiences with scores above the median value, while Prima TV included specialists in four types, namely age groups, social-economic status, education, and occupation with each score below the median value. As for the target audience of the gender, Prima TV is in the generalist category with a score exceeding the median value. Table 3 shows the target audience types percentage of each local private television media in South Kalimantan.

Table 3: The Target Audience Types Percentage of Each Local Private Television Media in South Kalimantan

No.	Category of Target Audience Types	Duta TV	Prima TV
A	**Age Group**		
1	< 15 Years old	3%	0%
2	15-19 Years old	5%	0%
3	20-24 Years old	10%	20%
4	25-29 Years old	10%	30%
5	30-34 Years old	17%	0%
6	35-39 Years old	17%	0%
7	40-50 Years old	25%	50%
8	> 50 Years old	13%	0%

B	Gender		
1	Male	40%	50%
2	Female	60%	50%
C	Social economic status (monthly expense)		
1	> IDR 3.000.000	20%	0%
2	IDR 2.000.001 - IDR 3.000.000	30%	80%
3	IDR 1.000.001 - IDR 2.000.000	30%	20%
4	IDR 700.001 - IDR 1.000.000	10%	0%
5	IDR 500.001 - IDR 700.000	7%	0%
6	< IDR 500.000	3%	0%
D	Latest education		
1	Did not complete elementary school	4%	0%
2	Graduated from elementary school	6%	0%
3	Graduated from junior high school	15%	10%
4	Graduated from high school	30%	10%
5	Academy	30%	30%
6	College	15%	50%
E	Occupation		
1	Civil Servant/ Army/ Police	15%	80%
2	Private Employees	10%	3%
3	Self-employed	10%	1%
4	Retired	10%	5%
5	Student	10%	1%
6	College Student	10%	0%
7	Housewife	15%	10%
8	Other	10%	0%
9	Jobless	10%	0%

According to the findings listed in Figure 1 and Table 3, the generalist category for Duta TV showed that the television media had diverse supporting resources in maintaining the viability of its media industry, while Prima TV with the specialist category, on four types of target audiences, shows that the television media has fairly limited supporting resources in terms of target audience type. Table 3 shows, for viewers with the age group category, Duta TV has a diverse target audience, namely 8 age groups ranging from <15 years to> 50 years, while Prima TV only has 3 out of 8 age groups, namely 20-24 Years old, 25-29 Years old, and 40-50 Years old. For viewers in the gender category, both TV Ambassadors and Prima TV both have the same target audience, namely male and female viewers, what distinguishes it is that TV Ambassadors are dominated by a female audience with a size of 60% while Prima TV has both male and female audiences the same which is 50%. Viewers with socioeconomic status groups, between Duta TV and Prima TV have different target audiences, where Duta TV has a target audience whose total monthly income starts from <IDR 500,000 to> IDR 3 million, while Prima TV has a target audience whose monthly income is between 1 million up to 3 million.

Likewise, with the Last Education and Employment category, Duta TV has a target audience with 6 target groups for recent education ranging from not completing elementary school to tertiary education and 9 target groups for employment, while Prima TV has 4 target groups for the latest education, starting from high school graduates to higher education, and 6 target groups for work, where the Prima TV audience is dominated by the Civil Servant group by 80%. The percentage of viewers for the media audience, especially television as presented in Table 3 can be affected by several things, as Waddell & Sundar (2020) discovered that view counters and comments affect media enjoyment through perceptions of audience size and collective opinion respectively. Breadth niche score that determines the category of both televisions based on the type of target audience has the same results as the findings of Atika et al. (2021) which revealed that Duta TV was in the generalist category and Prima TV was in the specialist category in terms of local content-based information program. The niche overlap score as presented in Table 4 shows the findings of the level of competition in seizing audiences between the two local private television media, namely Duta TV and Prima TV.

Table 4: Niche Overlap Score of Local Private Television in South Kalimantan based on Target Audience Type

No.	Target Audience Type	Niche Overlap Score
1	Age Group	0,191
2	Gender	0,020
3	Social Economic Status	0,316
4	Latest Education	0,170
5	Occupation	0,479

Table 4 shows that the niche overlaps score closest to zero is gender with a score of 0.020, proving that the competition between Duta TV and Prima TV is high in seizing audiences based on their gender compared to the other four targets audience types. A high level of competition was found on both local private televisions based on local content-based information programs, where Duta TV and Prima TV had a high level of competition compared to other local private television couples in South Kalimantan (Atika et al., 2021).

5. Conclusion and Recommendations

The findings showed that Duta TV was in the generalist category and Prima TV was in the specialist category. The niche overlap scores differed between a number of target audience types, where the level of competition in seizing for viewers between the two televisions was quite high in the gender category compared to the other four types of target audiences, namely age group, socioeconomic status, recent education, and occupation. Based on the findings which show that local private television has a high level of competition for viewers, it is recommended to the media and regulators to maintain the sources of supporting media life for broadcasting sustainability in Indonesia, especially in South Kalimantan.

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Migrants during COVID-19 Pandemic: A Discursive Class Formation of Returnee Expatriates

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Abstract: Amidst the outbreak of the Covid-19 pandemic, migrants are the most affected parts after the Health and economy. More than half a million migrants have returned from February to May 2020 to Bangladesh. The state and society have stigmatized returnee expatriates as suspected disease carriers. Some of them are being physically assaulted and humiliated by their neighbor and society. Researchers revealed a new dimension of "Othering" discourse; where consent of hate crime formed being solely blamed for bring coronavirus and ignoring mandatory quarantine period. The government officially stigmatized them by putting quarantined seals at their hands and hoisting red flags at their homes. Interestingly, we have found the distinction of stigmatization between returnee expatriates, where returnee workers were being humiliated rather than high-skilled returnee professionals from a so-called developed country. Returnee expatriates experienced a transformation of identity. Researchers argued about the discursive formation of a class of returnee expatriates who were once highly respected and spoiled of their identity as a probable source of virus carrier. Once labeled as a remittance fighter of the economy have to transients their so-called positions, and has to prove their worthiness as a citizen of the state, after starting the pandemic, governments and their developing partners were not humane, concerned about the returnee expatriates' social discrimination, risk of unemployment, uncertainty, economic crisis, and instability. Returnee expatriates' abandonment as a suspected carrier of the COVID-19 virus by the state and society should be worked out more comprehensively to protect them from social and economic exploitation.

Keywords: *Migrants; Covid-19 pandemic; Returnee expatriates; Stigmatization; Discursive formation of a class.*

1. Introduction

Coronavirus (COVID-19) attacked the whole world in such a way that all are stuck. Abundant scientific researchers are trying to figure it out. However, the breakneck change of this invisible enemy has made the situation gauche. If we moot the virus's impingement on people's lives, then it will be a rhapsody. The impact is not the same for all. Though the virus affects equally all sorts of people, the vulnerability is not the same. Response to COVID-19 can make new susceptibility. Therefore, social scientists are highly concern about the aftershock of this pandemic. Bangladesh is persistent in its economic growth amidst global uncertainties (World Bank-2017). However, this coronavirus is hampering the stable economy and bringing forth a fundamental question of whether people should focus on life or economy. The government of Bangladesh did not stop international flights because of the upcoming economic loss. Simultaneously, the general leave of office has been recalled, and the market and other sectors have been reopened because of economic constancy. In Bangladesh's economy, one of the most influential sectors of GDP is foreign remittance. Last year 18.3 billion US dollars was sent through the banking channel (The Daily Star, 2020). However, the coronavirus affected the world economy, and that is why foreign remittance is down.

Being aware and giving high importance, to maintain the flow government declared a 2% cash incentive without inspection for sending money up to 5 thousand US dollars (The Daily Star, 2020). The crucial fact is that remittance earned around 40% foreign exchange, the second-highest, and just after the garment sector (Daily Sun, 2020). However, the real irony is that COVID-19 reveals behind the scene our mentality. Whether we are highly concern about our garment industries' owners, we are as bitchier to foreign exchanges. Recently we shared malicious videos of a group of people who are the measureless contributor to the remittance. We shared that the returnee people from different countries are the real contributor to the coronavirus as well. By sharing a video with a caption of "indeed they fucked this country" we blamed all the foreign remittance earners of the country. People have pissed off the word "Bidesh Ferot" (returned from foreign countries or not from motherland). According to Govt., half a million returnees entered throw the airport only in January-February (BBC Bangla, 2020). All these are not workers or so-called "Probashi" (migrants). Among them, there are various kinds of people. It can be said that the coronavirus was carried by

someone, but it cannot be said that it was carried by a worker. Anyone could be the carrier. Unfortunately, the connotation of the shared videos and captions direct that the lower class, uneducated, labor class people were the carrier of this virus. This is a gimcrack generalization. The most exciting thing is that no one raises this question against the so-called educated (living in other countries for study), higher class (doing 'good' job), wealthy persons. Having this class distinction people are stigmatizing those "Probashi"s/"Bideshi"s. "Bidesh" is used and idealized to contrast with the poverty and insecurity of life (Zeitlyn, 2013). Carrying a conception that "Bideshi" (who lives in Bidesh) people are rich enough, secure enough, and what Gardner (1993) shows that it gives political power also. There is a concept of "Bideshi Badi" (someone who lives outside the country for earning money and who has enough property from a particular house). "Londoni Badi" (someone lives in London from that house), "Italy Badi" (someone lives in Italy from that house), or "Japani Badi" (someone lives in Japan from that house), are the common terminologies to refer to a powerful house (in the sense of wealth).

After the Covid-19 attack returnees are hiding their identity as "Bideshi" or "Bidesh Ferot", therefore the government is unable to trace them when it is needed (Manabzamin, 2020). So, the so-called "Bideshi Badi" or "Londoni Badi" or "Italy Badi" is not focusing on their pride rather migrants and their families are hiding this identity because of the common stigma that "Bideshi" people are the carrier of the corona virus. Researchers try to reveal the question of how the pandemic is connected to the 'migrants'. Is there any politics of stigmatization? Is this social stigma making a class distinction? Is it going to affect the upcoming expatriate's life? Are we demoralizing and decreasing remittance unconsciously? Is it going to be a massive aftershock socially and economically? Therefore, reconsidering the Covid-19 pandemic and expatriate life will be discussed in academia to get a better future. Accepting the expatriates without stigma might bring forth golden days and create a class-neutral society. Without analyzing the current situation, we will not be able to set our vision, impeding our growth. Policymakers might think about it.

Objectives of the Study: The explicit aims of this paper intend to excavate **-**

- To unfold the anti-expatriates sentiments after the Covid-19 pandemic
- Challenges amidst in the migration sector
- Stigmatization by authority and society
- Migrant's socio-economic inclusion and social cohesion.

2. Related Literature

Karim, Islam & Talukder (2020) mentioned in their paper- "Travellers as well as returning migrant workers and their relatives coming from China, Italy, and the Middle East are believed to be the original bearers of the coronavirus to Bangladesh, and it has since spread throughout the country. With the increase of incidents of COVID-19 around the world as well as in Bangladesh, commercial flights have been limited in and outside the country. As a result, an immense number of migrant workers are trapped, affected, and in dire circumstances". However, they did not explain the reasons and consequences of this circumstance. How migrants are being classified as 'others' is a matter of concern. Researchers tried to excavate the reasons to be believed as 'the original bearers'. Besides, the impact of such belief (the original bearers) has dire significance. Sorker (2020) in a featured article of 'Migration Policy Institute' stated simply- "When they return to Bangladesh they are isolated socially, and ostracized by neighbors who fear they are COVID-19 carriers". He mentioned the economic loss and the households' dependency on remittances have unexpectedly been confronted.

With ruthless snags meeting their foodstuff, wellbeing, education, and housing costs. Moreover, movements of migrants have the social, economic, and cultural dynamics of shaping. Communities and societies of all around the world, accounting (or not) for migrants recovery and response efforts will affect the crisis' trajectories in COVID- 19. Inclusive public health efforts will be crucial to effectively contain, and mitigate the outbreak, reduce the overall number of people affected, and shorten the emergency (Berger et al., 2020). Due to restrictions of mobility, many migrants in the host country have been left standard of living, food, and shelter uncertain, and also lost the ability to return home. While they've returned to their home country, they had to face xenophobia and discrimination, and have been accused of spreading the COVID-19. Meanwhile, governments have no tangible program to support (simplifying visa application, renewal, and visa

overstaying and waiving fees) to the returnee migrants. Widespread hate speech triggered them unwilling to take health care services like testing and screening for COVID-19.

More generally, the COVID-19 pandemic has been weaponized to proliferate anti-migrant narratives, and call for amplified immigration control, and reduction of migrants' human rights (Banulescu-Bogdan et al., 2020). The other three international organizations published reports on the impact of Covid-19 on migrants. Guadagno (2020) in Migration Research Series N° 60 International Organization for Migration (IOM) analyzes diversity measures of migrants adopted by host and home country to mitigate its negative impacts (IOM, 2020). In the publication of UN Economic and Social Commission for Western Asia - by ESCWA, UNICEF Regional Office for South Asia discussed migrants and refugees; this publication focuses on income security, education, and health issues of migrants. It also discussed trafficking in the pandemic, return, and voluntary repatriation (ILO, 2020). UNICEF Regional Office for South Asia reported the vulnerability of migrant workers and the impact of COVID-19 in the South Asia perspective on the discourse of labor migration. It also outlined recommendations for the private sectors to support migrant workers impacted by the COVID-19 pandemic (UNICEF, 2021). Socio-cultural impact and individual suffering of migrants in the COVID-19 outbreak have been ignored mostly by the governments and non-governmental actors in South Asia. However, most of the reports and researches are on economic loss or social loss. Therefore, in this paper, we tried to explore the anti-expatriates sentiments, challenges, social cohesion, and stigmatization by analyzing people's reactions to returnee migrants which are ignored in other research and reports.

3. Methodology

This paper is exclusively concerning the returnee migrants after the breakout of Covid-19. Researchers have decided to collect data from the selected spot in Bangladesh, which was the corona's hotspot of Bangladesh. Both primary and secondary data were used in this study. While collecting primary data- A total of 58 in-depth telephonic interviews and video group discussions (Zoom, Skype, Google Meets) was taken to explore valid and reliable data; where 49 were realized, and the remaining 9 were discarded due to non-cooperation of respondents. The secondary data, used in this research, were collected from scholarly journals research papers, newspaper articles, and social media posts. To collect the qualitative data, researchers used a purposive sampling method without following any structured questionnaire. At the beginning of each interview, the researcher introduced the research objective to the respondents. When required twice or thrice, interviews were arranged with a single person to achieve reliable information. Due to the social distancing guideline of WHO (World Health Organization), researchers also used shadow observation and ethnography processes (Kozinets, 2006). Among the returnee expatriates (interviewees), 11 were from the country K.S.A, 6 were from U.A.E, 4 were from Qatar, 17 were from the EU (Italy, U.K, Germany & France), 8 were from the U.S.A, and 3 were from Canada. There were 33 male respondents and 16 female respondents. Alongside, 27 respondents' educational qualifications were below Higher Secondary School (H.S.C), 18 respondents' completed Graduation (Honor's), and 4 respondents' were above Graduation/Post Graduation.

4. Findings

Who is the Carrier: To begin the discussion here, first of all, we have to identify who a migrant is? Internationally it is recognized "a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is (The UN Migration Agency (IOM)). According to this short term or long term, businessman or worker, illiterate or literate, male or female, old or young, legal or illegal, permanent or temporary, forced or deliberate all are equally treated as a migrant. Bureau of Manpower, Employment, and Training (BMET) express that- within 2018-2019 more than 1.3 million workers migrated from Bangladesh. Here, the legal migrated workers are counted. The most important thing is that they count workers only. Meanwhile, there are so many people migrated from here, not as a worker. For instance, every year a large number of students go abroad for higher studies, and they usually stay at least 2 to 6 years (U.S. Embassy in Bangladesh, 2019). To fulfil labor shortages, Bangladeshis, particularly from the Sylhet region, went to the United Kingdom just after the Second World War, which initiated chain migration of further workers and family members to the UK in the 1950s, 1960s, and 1970s; therefore, after 50-60 years they are permanently

out migrated (van Schendel, 2009, Zeitlyn, 2013). Though they settled down abroad, they have connections to Bangladesh. Even they feel Bangladesh is their "*Desh*" (Zeitlyn, 2013). According to the National Population and Housing Census-2011, between 2006 and 2011, 3.5 million had left the nation. However, the survey shows that 95 percent of migrants are still considered "household members" and not "emigrants". [BBS (2012), p. 19, p. 322.]. It is easy to say that they feel comfortable in their homeland, which is evident after the break of this pandemic. Whenever they see that long-distance staying is making loneliness and at the same time influences their immunity by breaking down the emotional strength, they try to come back to their 'household members'. However, the irony is that whenever they wanted to come back, the people of the host country did not receive them cordially. Rather people stigmatized them by spreading hate speech. The hokum is that in the meantime so many people entered into the country, but the so-called "*Probashi*"s are convicted for spreading out the virus. For example, every year a number of people visit Bangladesh as a tourist (Tourism Statistics, 2021). Not only this, almost half a million passengers have been screened in all the ports across the country only from 21st January to 8th March (Health Bulletin, DGHS). Among them, various people are included (Govt. Officials, Tourist, Foreign Worker, "*Probashi*", Students, and so on.). The first case was identified on 8th March; before that, a group of people was carried from China by the ministry of foreign affairs, and after maintaining quarantine procedure they were sent back to their friends and family members. Unfortunately after all these things are happening who can say that who is the carrier? Here, convicted "*Probashi*"s is not student, govt. official or a tourist; even not a permanently migrated wealthy businessman of London. The so-called illiterate, workers, lower-class people got the accusation for this situation after getting viral of a video. All are migrants, but we just noticed the Middle East workers or 'Italian Imbeciles'. Are we sure about this? No one can say the right answer.

Contested Narrative of "Probashi": The very term "Bidesh" is related to another term "Probashi" which is translated from the word "Migrant". Katy Gardner (1993) comprises the term "Bidesh" with that it is connected with the 'foreign countries' and as well as it refers to the 'source of the economy.' [6]Simultaneously, the word "Probashi" has a discourse that 'someone who lives in foreign countries to earn money. Whenever someone fills up a form in Bangladesh where he/she has to fill up father or mother's occupation, there is an option "Probashi". That means the person who lives in a foreign country to earn money. If anyone who studies in a foreign country for six to eight years is not identified as "Probashi". Though the latter one writes fairy novels of his life as "probash jibon" (life of emigrant) or though they are living outside of the country, they are not designated in the same way. Therefore, the term "Probashi" has a different discourse. Think about a government service holder who has been living in a foreign country that is not identified under this term. The term is related to the uneducated, worker class living outside for economic security (Zeitlyn, 2013). Indeed, here the term "Bidesh Ferot" does not mean an educated person.

In Bengali, the very word "Bidesh Ferot" means "bidesh theke asha" which is someone who returned from outside of the motherland. However, the pandemic situation reminds us that the word is not so easy to explain as it is. "Probashi'ra jokhon deshe asha shuru korlo tokhon corona akranto howa shuru holo" (Whenever those "Probashi"s came back to the country then people were being affected by corona). It is crucial to look at the connotation of the sentence. Here, no one identifies those people who are educated. Instead, it refers to those who are uneducated, lower-class workers, the odd-job holder, who lives outside only for money. After all, Covid-19 excavates the new scenario of the concept related to "Bidesh", "Probashi", "Bideshi Badi". Some other concepts, for instance, "Shami Bidesh" (someone whose husband lives outside) and "Bideshi Jamai" (a husband who lives outside the country) are very common and highly connected to this pandemic situation. Both terms have positive and negative connotation which has an impact on society, for example, the word "Remittance Fighter" by which "Probashi" or "Bideshi" people are trying to fight against the stigma and to retain their social, cultural capital. All these concepts related to 'Bidesh' will exceedingly influence the aftershock of the pandemic.

Hate towards Expatriates: The expatriates' have been persecuted mostly in this time of the Covid-19 outbreak. We have observed anti-expatriates sentiments in social media, the governments, and also the citizens are spreading the rumor that – expatriates are only responsible for bringing the coronavirus. As a result returnee expatriates are being physically assaulted and humiliated by neighbors and society in different parts of Bangladesh. We observed that banners were put up in the tea stall, shop, etc. mentioning the ban of the entrance of expatriates. Even though, some hospitals noticed "No patients or visitors returning

from abroad will come to this hospital". Expatriates Welfare and Overseas Employment Ministry have not taken any step to protect the humanitarian behavior of the overseas returnee. For a good reason, expatriates are said to be the main driving force of the country's economy. Bangladeshi expatriates sent a record remittance of $16.4 billion in the concluded fiscal year FY 2018-2019 (Dhaka tribune, 2020). On top of that, the government officially stigmatized the expatriates with quarantine seals in their hands and flying red flags at their homes. The mobile court fined some expatriates for ignoring the mandatory home quarantine of 14 days after they arrived from abroad.

In this way, with the state's help, hate crime spread out against the expatriates and their families. The law enforcement agency has identified expatriates as socially unacceptable people and spreaders of the coronavirus. As a result, there have been incidents of trolls and diatribe of expatriates on social media. In social media, people advised expatriates not to back to Bangladesh. "Expatriates, you have gone abroad for a better life. Please… stay abroad. When you come back to the country, you will kill your family and also will kill us too**".** Returning from abroad, those who used to be hugged by their neighbors and relatives are now being avoided. They never thought they would be neglected in such a way in their homeland. This is how an expatriate expressed his frustration- "While I was living abroad, everyone used to ask- when will I come back to the country? Now, I'm in my native country, but nobody knows except my family**".**

Paradoxical Narrative of Immigrants: An identity crisis emerged in Bangladesh after the Covid-19 pandemic for the Bangladeshi migrants and expatriates in their homeland. They are being solely blamed for bringing coronavirus rather than the administrative failure of the government to take precautionary measures. Before the Covid-19 pandemic, they were treated as remittance fighters. The controversial identity of belonging and not belonging to Bangladesh has raised a challenging narrative. In fact, we are cursing to whom? The labor expatriate from the Middle East or educated migrants of so-called developed countries? The discourse of "*Probashi*" has multiple dimensions. In society, hate speech triggered the returnee expatriates from the Middle East; those commonly treated as uneducated labor in the airport and society. Electronic and social media played an anti-migrant psyche which resulted in physical assaults and extortion. However, no one blamed returnee expatriates from U.S.A, U.K., and European Union. Here is a class distinction between educated expatriates and uneducated expatriates. According to wage earner remittance inflows of Bangladesh Bank until February 2020 (2019-2020 FY) remittance received from Middle-East (Bahrain, Kuwait, Oman, Qatar, K.S.A., U.A.E. Libya, and Iran) was USD 7172.70 million whereas total remittance inflows were USD 12498.56 million (Bangladesh Bank,2020). Interestingly, uneducated expatriates have the highest contribution to the remittance of the economy. Contrary, Bangladeshi expatriates living in the U.S.A, Canada, U.K., and European Union have received the highest education level from their homeland and become expatriates to obtain higher study or skilled professionals.

They have no significant contribution to the Bangladesh economy. Renowned educationist and founder of "*Bishwa Sahityo Kendro*"Professor Abdullah Abu Syeed express his opinion in an interview with "*Voice of America, Bangla*" about those skilled professionals of Bangladesh living abroad (VoA, 2020). "*If educated expatriates send 3% of their total income to the country as remittance, it may be more than the current total remittance. They may send this money to their family members or as an investment to the country or philanthropy. It's a question of morality and payback of debt to their homeland as if they have grown up & received education from public tax. Unfortunately, most educated and highly paid professionals (not all of them) bring to an end all connections after became emigrants. This is a kind of betrayal and injustice to their motherland*". Following this comment, Professor Abdullah Abu Syeed was brutally assaulted and trolled on social media by the Bangladeshi origin professionals in America and Europe. They feel offended by his comment. However, it was a bitter truth that has never been said before. As a strategy to secure the unpredictable future of their motherland, skilled professionals try to acquire migration opportunities to the developed country as a way of controlling citizenship rights and economic opportunities for their next generation. Therefore, they even sold all assets of the country and took the money abroad. When society was slanging to the "Probashi", this segment of expatriates was out of range and returnees of the Middle East were being humiliated. Thus, the discourse of "*Probashi*" has been diversified to portray the class distinction in contemporary Bangladesh ranging from economies to culture and media perception.

Authoritarian Stigma: Along with social stigma, authority paves the way to be stigmatized. After returning to their community, migrants faced a challenge to cope up with their "Desh". Their long-cherished dream gets stumble. Authority hoisted the red flag on returnee migrants' residences. Though, the initiative was for protecting others from being infected. Unfortunately, these red flags are not protecting others even they are making the worst situation for migrants; especially for 'lower class', 'illiterate', 'middle east workers' by spreading out a message to mass people that- they are harmful, infected, should be avoided socially which binds the returnee to become psychologically stressed and to violate the rules of quarantine. The fact is that in most of the cases, the so-called successful people who returned to their homes did not get this type of reception. In most cases without ensuring essential services local authorities rambunctiously hoisted flags on so-called unconscious migrants. Hoisting a flag is not the problem instead of creating class differences, and humiliating social capital is a significant concern. People treated these houses like a criminal's house due to the presence of police and other authoritarians covered by white PPE.

5. Conclusion and Limitations

Limitations of the Study: First of all, the methodological limitation of long participant observation is replaced by netnography. Here, researchers were not able to maintain all the aspects of qualitative research. Secondly, researchers considered the limitations of not going to any migrants physically/offline. At the same time, face-to-face interviews were avoided due to personal protection or social distancing. However, the individual network was used to reach the respondents.

Concluding Remarks: During the Covid-19 pandemic, social media has played a vital role to spread hate speech towards returnee migrants. Civil society and social activists were silent and did not play any proactive role to mobilize kinder discourse and demonstrate solidarity against the anxiety and hate of immigrants. After the emergence of the Covid-19 pandemic, Bangladesh started experiencing a fall of remittance where the economy is highly dependent on the cash flow of remittance. However, policymakers should rethink the migrant workers in the functioning of state economies. This pandemic is an unprecedented emergency that demands an exceptional comprehensive response. Amidst the critical situations, the government should introduce migrant's friendly policies and regulations to improve security & protection, file complaints, receive justice, or compensations by establishing bilateral/ multilateral agreements with destination countries. It is challenging to ensure the wellbeing and protection of migrant rights by developing countries like Bangladesh, where the economy and health system have succumbed to the Covid-19 pandemic. Along with returnee migrants and a large group of Diasporas worldwide are in severe anxiety during this pandemic situation. Returnee migrants have experienced physical assaults and discrimination in assessing medical facilities.

Most of the countries have imposed border closures to control the spread of Covid-19. Returnee migrants have no hope of ray to go back to their previous work although few countries are revoking economic activities. The immigrant Diasporas were facing the threat of job losses and deportation measures resulting from draconian immigrant policies. On the other hand, they experienced xenophobic sentiment by the administration and their society due to stigmatization. Thus, the new rhetoric of migration will have long-term effects on social inclusion. After the Covid-19 pandemic, stigmatization and excluding returnee migrants resulted in higher contamination as they hide the potential symptoms rather than seeking treatment. Governments' should declare extra incentives if it wants to keep remittance flow buoyant. Due to a negative mindset about returnee migrants, some financial institutions and banks halt the service of "Expatriate Advisory/Help Desk". There were no strict guidelines against this disruption of service. Ministry of Expatriates' Welfare and Overseas Employment, Bangladesh should generate a central database with the help of civil aviation and immigration departments for the surveillance of returnee migrants who returned after the COVID-19 outbreak.

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Performance Measurement in Local Government: Institutional Factors

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Abstract: The purpose of this research is to give empirical evidence of the impact of management commitment, resources, legislative mandate, management innovation, and reward/incentive on performance measurement. This research data was collected through a *Google F*orm, in which 64 questionnaires were sent to the Head of the Planning Subdivision and their staff in each of the Regional Apparatus Organizations in the South Tangerang City Government. With the technique used, census sampling, this study took a quantitative approach employing non-probability sampling. Structural Equation Modeling (SEM) using PLS version 3.0 was used to evaluate the data. Management commitment and legislative mandate have a considerable impact on performance measurement. Meanwhile, resources, management innovation, and reward/incentive *do* not. This study has implications for local governments in terms of describing how performance measurement is carried out based on institutional factors, as well as making recommendations for improving local government performance measurements in the future to make them more reliable, effective, and efficient.

Keywords: *Performance Measurement, Institutional Factors, Institutional Theory, Local Government.*

1. Introduction

The implementation of good government governance (governance that is transparent, accountable, fair, effective, and efficient) is a real requirement for every government to realize the aspirations of the people in achieving the goals of the nation and state. We can see the government's efforts to improve the old government structure and achieve good governance in Law Number 32 of 2004 concerning Regional Government and Law Number 33 of 2004 concerning Financial Balance between the Central Government and Regional Governments. Both central and regional governments are competing to gain support from the community, one of which is by designing a performance measurement system as a form of accountability to the community. Performance measurement can be said to be a crucial tool for local governments, where it is not only to evaluate activities carried out by local governments but also can provide feedback and recommendations for government management processes in improving their performance in the future.

The Government Agency Performance Accountability Report (LAKIP), which is the ultimate outcome of the Government Agency Performance Accountability System (SAKIP), contains performance and results previously achieved on activities budgeted in the APBN/APBD in Indonesia's public sector. International research conducted by Sole and Schiuman (2010) also discusses the problem of performance measurement which finds that performance measurement only focuses on output (31%), outcome (21%) and efficiency (26%). The findings of this study support those of Primarisanti and Akbar (2015), who found that performance measurement, still focuses on what has been done rather than on improvements that should be made. Jurnali and Nabiha (2015) revealed that the Indonesian government, even after years the performance evaluation system implemented in local governments still shows poor results. In Indonesia, the implementation of performance measurement has not yet been fully implemented. Reported from the belitungtimurkab.go.id website, namely the East Belitung Regency government website.

The State Administration Agency (LAN) assessed that there were still many weaknesses and shortcomings of the State Civil Apparatus (ASN) in compiling and making LAKIP. This is because many of the ASNs on duty do not understand the targets, and even often misjudge the LAKIP targets. Reports made by ASN also do not inform the success of agencies using performance measurement but rather report on the activities they have carried out and do not focus on the performance improvements they have made from the previous year (Primarisanti & Akbar, 2015). According to the report of the Ministry of Administrative Reform and Reform of the Republic of Indonesia (Kemenpan), the evaluation of performance accountability in 2010 conducted on 29 provincial governments and 57 district/city governments, only 9 provinces and 5 districts/cities received

the CC (Enough Good) predicate. This reflects that the accountability of local government performance in 2010 only reached 16.27% of the 20% target of local governments with predicate above CC (Enough Good).

Table 1: Performance Evaluation of Province, Regency/City with Good Score

Administrative Level	2015	2016	2017	2018	2019
Province	50%	65%	85,92%	94,12%	97,06%
District/City	2,38%	14,53%	35,40%	46,85%	57,28%

Source: Processed Data

Based on the performance evaluation of both the Province and the Regency/City from 2015-2019, it showed a significant increase. In 2019 the performance evaluation at the provincial level with the "good" category (CC or higher) increased from only 50% in 2015 to 97.06% in 2019. While the average score for the performance evaluation results in districts/cities with the "good" category (CC or higher) increased from only 2.38% in 2015 to 57.28 in 2019. Although there was an increase in performance evaluation every year, it was still found as much as 222 or 42.72% from districts/cities in Indonesia that still received an average performance evaluation score under the "good" category (CC or lower). Kemenpan still finds achievements that are below the target, especially in district/city governments due to several things, including 1) The commitment factor of leaders who are still lacking in preparing and implementing SAKIP; 2) Human resources who are responsible for the management of performance accountability have not been fully equipped with an understanding of good performance accountability so that if there is a change in the institution, either due to a change of leadership, mutation or promotion, it will disrupt ongoing performance; 3) The mindset that is not result-oriented and resistance to change. Given that there are still limitations in improving performance at the Regency/City Government level.

More attention is needed from the Central Government by providing direction and guidance to local government agencies to improve performance through performance measurement. Performance measurement is a method of evaluating the increase in work rhythm in order to achieve specific goals, such as information on the efficient use of resources in the production of goods and services, the quality of goods and services, and a comparison of the outcomes of activities for goals and the effectiveness of the actions taken to achieve them. Where performance measurement is formed from a rational/technocratic point of view, the adoption and implementation of performance measures is purely a technical matter, institutional factors are expected to describe the influence of the development and use of performance indicators on the public sector in Indonesia (Julnes & Holzer, 2001). Institutional theory is an example of how to show that organizations are developed as a result of the institutional environment's pressure in the form of language and symbols that explain the organization's existence (DiMaggio & Powell, 1983). So specifically, this research uses an isomorphism approach to explain the adoption and implementation of PMS. Aswar et al. (2020) also found that the 2012 performance evaluation of the provincial government received 75.75% with a CC predicate or good value. Meanwhile, in the same year, district/city governments only received 24.20% of good grades.

The provincial government has experienced a rapid improvement in terms of performance which previously in 2009 only received 3.7% which was considered good. On the other hand, district/city governments showed unsatisfactory results, only experiencing an increase of 1.16% in the period 2019-2012. Based on the explanation above, this study aims to find out how local governments measure performance in their regions based on institutional factors consisting of management commitment, resources, legislative mandates, management innovation, and rewards/incentives. As a result, the goal of this research is to empirically demonstrate and investigate the impact of management commitment and resources on performance measurement, as well as to contribute to the literature by including legislative mandates, management innovation, and rewards/incentives as independent variables, as suggested by Aswar, Lovina and Ermawati (2020). In addition, the results of this study have several significant implications for local governments in Indonesia regarding organizational factors that affect the performance measurement system that can be used as recommendations for improving performance measurement to become more reliable, effective and efficient as recommendations for improving government performance in the coming period.

2. Literature Review

Performance Measurement: Performance measurement is the process of gathering, analyzing, and reporting data on the performance of individuals, organizations, institutions, systems, or the scope of their operations. The success of an organization can be measured by measuring its performance every year, the results of which can be used as input or evaluation for each organization to improve and improve the quality of the organization in the coming period (Aswar et al., 2020). Success in demonstrating and generating accountability to the public becomes legitimacy and direct support by the public. Mardiasmo (2004) suggests that performance measurement in the public sector is carried out to help improve government performance, is used for resource sharing and reference in making decisions in the public sector, and aims to realize accountability to the public and as an improvement in institutional communication. Performance measures are also influenced by the attitudes of superiors or employees in implementing the performance measurement program.

Utilization of performance information will be carried out well if the implementation of the program of performance measurement activities and personnel carrying out performance measurement feel that the performance information can improve organizational performance. Attitude as a measure of innovation is a pattern of basic assumptions found, made or developed by certain groups for organizational learning in solving existing problems (Julnes & Holzer, 2001). Performance measurement will result in changes in the organization. These changes will be perceived differently by everyone in it (Sihaloho & Halim, 2005). Primarisanti and Akbar (2015) state that the views and readiness of members to changes are caused by the innovations created and the consequences caused by the adoption of a performance measure. Walker et al. (2010) state that the influence of management innovation on organizational performance is fully influenced by performance measurement. However, Julnes and Holzer (2001) state that there is certainly a desire to encourage innovation from personnel or top management.

But the organization is not sure that the innovations made will bring influence and change to the performance measurement system at the Association of Government Finance Officials, City Management Association/ County International, and the National Association of College and University Business Officers in the United States. Good performance measurement indicators for organizations and individuals can be implemented based on rewards and punishments (Kloot, 1999). Every individual has an interest in improving their welfare; therefore incentives are a fundamental factor in improving and controlling their performance (Primarisanti & Akbar, 2015). Khaeruddin and Aditya (2020) also stated that reward and punishment are factors that play a role in the performance measurement system, with these factors it is hoped that employees can be motivated and continuously improve their performance, but the Klaten District Education Office has not implemented a reward system and this we can conclude that not all local government organizations implement a reward system. Speklé and Verbeeten (2013) state that the use of an incentive-oriented PMS (performance measurement system) will negatively affect organizational performance.

Institutional Theory: This is a social theory that focuses on gaining sociological insight into an institution, how its members interact, and how their actions affect others around them (Scott, 1987). Institutional theory is formed due to the pressure of the institutional environment where each organization influences other forms of organization through the process of adoption or institutionalization (institutionalization). Isomorphism is a concept found in institutional theory (iso means the same and morph means form). DiMaggio and Powell (1983) state that isomorphism is like a "limiting process" which describes the homogenization of an organization in a given environment. Three mechanisms of isomorphism are identified by DiMaggio and Powell (1983), including 1) coercive isomorphism arises as a result of the influence of formal and informal pressure from other organizations and political forces in order to gain legitimacy for an organization. In institutional or institutional theory, coercive isomorphism will appear when the institution is required to adopt a similar way (i.e. PMS) in carrying out the provisions set out in the regulations.

These regulations are made and enforced by the central government about performance reporting and accountability. Thus, the source of isomorphic pressure in Indonesia is likely to come from regulations and laws implemented by the central government that affects government organizations, including local

governments; 2) mimetic isomorphism, arises due to environmental uncertainty within the organization, which creates a tendency to imitate other organizations. The results of measuring and reporting their performance will also not be the same. Given the environmental uncertainty of an organization, superiors will direct their subordinates to imitate other organizations that have succeeded in achieving the same equality; 3) normative isomorphism, arising from the demands of professionalism through various channels as an effort to improve the quality of resources in each institution. If HR has a good education and has a lot of knowledge, the more likely the organization has similarities and equality with each other in management practices (DiMaggio & Powell, 1983). The development of the hypothesis is motivated by factors that are expected to affect performance measurement. Therefore, the formulated hypothesis is as follows:

Hypothesis Development: The management commitment factor in institutional theory refers to normative isomorphism, which is demonstrated by the pressure on the organization to carry out the responsibilities that have been prescribed by each individual in order to fulfill the company's vision and goal. When institutions are in the same country, for example, Indonesia, but have different conditions in terms of area, population, human resources, total assets as well as financial and managerial capabilities. The nature of individual professionalism that arises with management commitment is also reflected in normative isomorphism (Primarisanti & Akbar, 2015). The role of the leader is very important in improving the performance of the agency, as well as the commitment he gives to the organization, of course, being an example and self-motivation for employees to continue to improve their performance (Khaeruddin & Aditya, 2020). According to Cavalluzo and Ittner (2004), top management commitment, decision-making power, and manager training have a positive and significant relationship with the development of performance measurement standards. Several studies were conducted by Cavalluzo and Ittner (2004), Primarisanti and Akbar (2015), Khaeruddin and Aditya (2020), Akbar et al. (2012), Gowon et al. (2018), and Nurkholis et al. (2010) proved that management commitment significantly affects performance measurement.

H1: Management commitment significantly affects performance measurement. In institutional theory, resources are derived from the pressure exerted by organizations that are obligated to give as many resources as possible to achieve their objectives. This is consistent with institutional theory connected to mimetic isomorphism, which states that pressure occurs as a result of coercion from other organizations that are able to provide appropriate resources for their organizations, causing other organizations to compete to equalize their abilities (Aswar et al., 2020). The resources in question, which include government staff, are all that can be employed to support work operations to meet targets. Because the effective and correct implementation of performance measures is dependent on the availability of adequate resources (Julnes & Holzer, 2001), having adequate and consistent resources can be critical for performance measurement implementation. According to Aswar et al. (2020), resources have a substantial impact on performance assessment; the more resources available, the easier it is to measure performance. Resources have a substantial impact on performance measurement, according to Sihaloho & Halim (2005) and Akbar et al. (2012).

H2: Resources significantly affect performance measurement. Organizations are required to comply with regulations that have been set by external parties, for example, the government, resulting in the emergence of coercive isomorphism from institutional theory which is present as pressure by institutions that have authority. Pressure in the form of regulation from the central government is still quite strong even though decentralization to local governments has been going on for more than a decade (Ahyaruddin & Akbar, 2016). Gowon et al. (2018) state that the legislative mandate has a significant effect on performance measurement, because the regulations given by the central government cause local governments to have good accountability and have an impact on performance measurement, this research is also supported by Julnes and Holzer (2001). Cavalluzo and Ittner (2004) state that externally mandated PMS implementations are used to meet legal requirements. Sihaloho & Halim (2005) also reveal that policies towards the adoption of a performance measure in government agencies are more influenced by mandates or provisions from outside the agency (e.g. government regulations, Presidential Instructions, and PERDA). The results by Ahyaruddin and Akbar (2016), Gowon et al. (2018), Julnes and Holzer (2001), Cavalluzo and Ittner (2004), and Akbar et al. (2012) concluded that the legislative mandate significantly affects performance measurement. Therefore, the hypothesis can be formulated as follows":

H3: The legislative mandate significantly affects performance measurement. In institutional theory, management innovation factors refer to normative isomorphism that arises from individual professionalism (Primarisanti & Akbar, 2015). Management innovation can aid organizational change by facilitating external environment adaption and improving the efficiency and effectiveness of internal operations. Performance measurement will result in changes in the organization. Primarisanti and Akbar (2015) along with Sihaloho and Halim (2005) state that the views and readiness of personnel to changes caused by the innovations created and the consequences caused by adopting a performance measure.

H4: Management innovation significantly affects performance measurement. In institutional theory, the reward or incentive factor refers to normative isomorphism (Primarisanti & Akbar, 2015). Individuals in both commercial and governmental organizations have a vested interest in increasing their own well-being, so incentives are a critical aspect in enhancing and controlling their performance (Indudewi & Nafasita, 2012 in Primarisanti & Akbar, 2015). According to Primarisanti and Akbar (2015), in the preparation of LAKIP at the SKPD of the Special Region of Yogyakarta, the pattern of incentives in the form of salary plus honorarium has a good influence on the establishment of a performance assessment system. Julnes and Holzer (2001) also show that required performance measurement works because it is backed up by monetary incentives.

H5: Rewards/Incentives significantly affect performance measurement.

3. Methodology

This research employs a causal research approach. To determine the impact of management commitment, resources, legislative mandate, management innovation, and rewards/incentives on performance measurement, the causal technique is utilized. Previous studies with a variety of different statements were used to measure this characteristic. The measurement of each variable is shown in Table 1.

Table 2: Variable Measurement

Variable	Indicator	Scale	No of Statement	Sources
Performance Measurement	Collection, analysis, and reporting of information related to the performance of an institution, group, system, and elements	Likert	7	Aswar, Lovina dan Ermawati (2020)
Management Commitment	Management loyalty, management engagement, responsibility and management agreement	Likert	3	Aswar, Lovina dan Ermawati (2020)
Resource	Human resources, technology, information, tangible assets or anything of value	Likert	5	Aswar, Lovina dan Ermawati (2020)
Legislative Mandate	Written or oral government regulations, government decrees	Likert	2	Akbar, Pilcher dan Perrin (2012)
Management Innovation	Novelty and change, management ideas in the form of new products or services, technology for new production processes, new structural and administrative systems or new plans for organizational members	Likert	4	Primarisanti dan Akbar (2015)
Reward /Incentive	Rewards or service rewards in the form of physical or non-physical	Likert	2	Primarisanti dan Akbar (2015)

Source: Produced by researchers

The sample used is closely related to the performance measurement produced by regional organizations that understand the topic being raised and are able to provide the necessary information. The sample was selected using non-probability sampling with a saturated sampling technique (census) to each Head of the Planning Subdivision and their staff at the Regional Apparatus Organization in the South Tangerang City Government, and the number of respondents obtained was 64 people. The Indonesian city government is used as an

example to demonstrate the broader challenges with performance measurement at the local government level. Table 3 provides a list of structural positions.

Table 3: List of South Tangerang City Regional Apparatus Organizations

Regional Apparatus Organization	Number of Local Government
Inspectorate	2
Regional Secretariat	1
Regional Committee	12
Civil Service Unit	2
Local Agent	33
Districts	14
Number of Subdivision Heads and Employees	64

Source: Self Calculation

A questionnaire-based on indicators from prior studies was utilized to collect data for this investigation. The questionnaires were delivered to the South Tangerang City Government's 38 Regional Apparatus Organizations. The questionnaire was delivered electronically to one of the general and personnel department workers in each Regional Apparatus Organization by WhatsApp or e-mail in a Google form link that was generated for distribution to the Head of the Planning Subdivision.

4. Results

The sample of this research is the Head of the Planning Subdivision and his staff in 38 South Tangerang City Government Regional Apparatus Organizations that meet the criteria. General department officials and personnel from each Regional Apparatus Organization aided in the distribution of the surveys. This study's data collection process took 40 days and yielded 64 replies, with an 84.2 percent response rate.

Table 4: Descriptive Statistics

Variables	Mean	Std. Dev.
Performance Measurement (PM)	4,21	0,088
Management Commitment (MC)	3,88	0,455
Resources (RS)	4,28	0,099
Legislative Mandate (LM)	4,24	0,569
Management Innovation (MI)	4,16	0,125
Reward/Incentive (R)	3,59	0,033

Source: Self Calculation

The results of descriptive statistics in Table 4 show the overall results of descriptive statistical analysis; the magnitude of the standard deviation is smaller than the magnitude of the mean value. The smaller the resulting standard deviation, it illustrates that there is a fairly high homogeneity in the processed data.

Table 5: Convergent Validity and Reliability

Variables	Ave	Composite Reliability	Cronbach Alpha
PM	0,699	0,942	0,928
MC	0,630	0,836	0,731
RS	0,620	0,888	0,843
LM	0,812	0,896	0,779
MI	0,681	0,895	0,862
R	0,957	0,978	0,956

Source: Self Calculation

The convergent validity was tested using the Average Variance Extracted (AVE) method. The AVE value that should be used is more than 0.50. (Hair et al., 2014). Table 5 shows that all AVE values in each variable are greater than 0.50, based on the test findings. These results illustrate that the variables in this study are valid.

In addition, the value of composite reliability and the value of Cronbach's Alpha can be said to be reliable or reliable if the value is equal to or greater than 0.7 (Garson, 2016). Each construction has a score of more than 0.70 for the second value. These findings show that all of the structures met the requirements for high reliability.

Table 6: Fornell-Larcker Criteria for Discriminant Validity

	Management Commitment (PM)	Resources (RS)	Legislative Mandate (MI)	Management Innovation (MOT)	Reward (R)	Performance Measurement (PM)
MC	0,794					
RS	0,637	0,787				
LM	0,389	0,484	0,901			
MI	0,642	0,691	0,390	0,825		
R	0,145	0,310	0,139	0,425	0,978	
PM	0,590	0,574	0,475	0,505	0,174	0,836

The discriminant validity test was also performed using the Fornell-Larcker Criteria (Table 6). Each variable with a construction value greater than 0.70 is considered to be legitimate if it has a value greater than 0.7. (Hair et al., 2014). Performance measurement (PM) has a value of 0.836. Management commitment has a value of 0.794. Resources have a value of 0.787. The Legislative Mandate has a value of 0.901. Management Innovation has a value of 0.825. The value of the reward is 0.978. As a result, all constructs for each variable can be inferred to be valid.

Table 7: PLS Path Algorithm and Bootstrapping

	Path Coefficient	T-Value	P-Value
MC → PM	0,330	2,787	0,006
RS →PM	0,220	1,408	0,160
LM → PM	0,219	2,118	0,035
MI → PM	0,054	0,359	0,720
R → PM	0,005	0,053	0,958

Meanwhile, the route coefficient value to examine the association between management commitment (MC) and PM performance measurement is 0.330, as shown in Table 7, resource (RS) is 0.220 performance measurement (PM), and mandate is 0.220. legislative (LM) with performance measurement (PM) which is worth 0.219, management innovation (MI) with performance measurement (PM) which is worth 0.054, Last is the relationship between reward/incentive (R) on performance measurement (PM) which is worth 0.005. Table 7 also shows the outcomes of hypothesis testing utilizing SEM with SmartPLS version 3.0, specifically the PLS route method and bootstrapping. The results show that the management commitment (MC, = 2.787 and P = 0.006) and the legislative mandate (LM, = 2.118 and P = 0.035) affect the performance measurement, which means that H1 and H3 are accepted. Meanwhile, the resources (RS, = 0.408 and P = 0.160), management innovation (MI, = 0.359 and P = 0.720), Rewards/incentives did not have a significant relationship on performance measurement (R = 0.053 and P = 0.958), indicating that H2, H4, and H5 are rejected.

Discussion

According to the findings, managerial commitment has a considerable impact on performance measurement. This is due to management or the Head of the Planning Subdivision's commitment to be able to influence employees' work and be accountable for the results and data used in decision-making. The findings of this study corroborate those of Akbar et al. (2012), who performed on senior regional government finance executives across Indonesia, Gowon et al. (2018) conducted in SKPD in Central Java, Cavalluzo and Ittner (2004) conducted on civil managers of executive institutions in the United States General Accounting Office, Nurkholis et al. (2010) which was conducted in SKPD in East Java. The four studies state that successful change in an organization depends on employee participation along with direction and commitment from

management. These results support the institutional theory, especially the notion of normative isomorphism which explains that the State Civil Apparatus (ASN), the regional apparatus organization where he works puts pressure on the Head of the Planning Subsection and his team to complete the responsibilities that have been assigned to each employee in order to fulfill the organization's vision and objective. Then also the professionalism that is owned by the management, namely the Head of the Planning Subdivision, causes the commitment he gives can have a good impact on the continuity of the organization where he works. Empirical evidence shows that resources do not significantly affect performance measurement. This is because the resources in each OPD in the South Tangerang City Government are not yet fully available.

This is illustrated by the results of the descriptive statistical test which explains that as many as 27 respondents or equivalent to 42% of 64 respondents answered neutrally so that the resource variable has not become a strong factor in improving performance measurement in each OPD in the South Tangerang City Government. The findings of this study contradict with Julnes and Holzer (2001) at the Association of Government Finance Officers, International City/District Management Association, and National Association of College Business Officers in the United States, as well as Sihaloho and Halim (2005) on government employees in the province of the Special Region of Yogyakarta. However, the findings of this study are consistent with Khaeruddin and Aditya (2020), which claims that resources have no significant impact on performance measurement because the Klaten District Education Office faces several problems related to its human resources, including poor implementation, weak due to a lack of resources, and poor implementation due to a lack of resources. These results do not support the institutional theory, especially the idea of mimetic isomorphism which explains that environmental uncertainty, especially in terms of human resources owned by Regional Apparatus Organizations (OPD) in the South Tangerang City Government is still high and the tendency to imitate other City Governments that have established better performance measures is still not maximized. The results show that the legislative mandate significantly affects performance measurement. This is because the mandate given by the central government to each Regional Apparatus Organization in South Tangerang City is still dominant and causes performance measurement to be in line with the mandate of the legislature.

With the regulations given by the central government, causing local governments to have good accountability and impact on performance measurement. Julnes and Holzer (2001) conducted research at the Association of Government Finance Officers, the International City/County Management Association, and the National Association of College Business Officers in the United States, which found a significant relationship between legislative mandates and performance measurement. Then also supported by Akbar et al. (2012), Gowon et al. (2018), Ahyaruddin and Akbar (2016), and Sihaloho and Halim (2005). Furthermore, in a study in the US government to apply multidimensional performance measurement for accountability purposes, Cavalluzo and Ittner (2004) stated that the implementation of an externally mandated performance measurement system (PMS) was used to meet legal requirements. These results support the institutional theory, especially the idea of coercive isomorphism which explains that ASN, especially the Head of the Planning Subdivision and their staff in the South Tangerang City Government are required to comply with and carry out the tasks that have been given in accordance with the mandate of the central government, which has an impact on the results of performance measurement and reporting through LAKIP in their local government. Meanwhile, empirical research indicates that management innovation has little impact on performance measurement.

This shows that the innovation provided by the Head of the Planning Subdivision in each OPD in the South Tangerang City Government has not been fully found, this is evidenced by statistical tests which illustrate that as many as 28 respondents or equivalent to 43% of 64 respondents answered neutrally. So that the innovation provided by the Head of the Planning Subdivision has not become a strong factor in improving performance measurement for each OPD in the South Tangerang City Government. The results of this study are in line with Julnes and Holzer (2001) which states that the desire to encourage innovation from every member, employee or top management is certainly there, but the organization is not sure that the innovations carried out will bring influence and change to the system. While the results of this study contradict with Sihaloho and Halim (2005), Primarisanti and Akbar (2015), and Walker et al. (2010) which states that management innovation affects performance measurement because of the views and readiness of members to changes caused by the innovations created and the consequences caused by the adoption of a performance measure. The results of this study are not supported by institutional theory, especially the notion of

normative isomorphism which explains that the change from the existence of management innovations carried out by the ASN or the Head of the Planning Subdivision as demand for professionalism has not fully run optimally.

Finally, empirical evidence shows that rewards/incentives do not significantly affect performance, measurement. This illustrates that the reward system given to the Head of the Planning Subdivision and his staff is not the main motivation to improve performance measurement in the South Tangerang City Government. Then for an ASN, doing a good job in his division is a form of community service, so to measure good performance and prepare an appropriate LAKIP is merely a form of service to the community and the area where he works. In addition, the results of the descriptive statistical test showed that 54.7% of respondents were neutral on the two statements related to the reward system at their institution, which indicates that the reward system in each OPD has not been fully implemented in measuring performance and preparing LAKIP. This result is in line with the study conducted by Khaeruddin and Aditya (2020) at the Klaten District Education Office. Based on this, this research is not supported by institutional theory, especially the notion of normative isomorphism which explains that ASN, especially the Head of the Planning Subdivision and their staff in measuring performance does not rely on awards/incentives given, but rather a form of dedication to the area where they work and the community.

5. Conclusion

The South Tangerang City Government underwent several tests connected to performance measurement that was influenced by management commitment, resources, legal mandates, management innovation, and awards/incentives. The following conclusion was reached: Management commitment has a significant influence on performance measurement, which means that if the Head of the Planning Subdivision has a high level of commitment and provides the right direction so that it can influence employees at work and is responsible for the results and use of data in decision making, the easier it is to measure performance. Resources have no substantial impact on performance measurement, implying that the more resources an institution has; the more difficult it is to assess performance. The legislative mandate has a considerable impact on performance assessment, meaning that the easier it is to monitor performance, the higher the legislative mandate granted by the central government.

Management innovation has no effect on performance measurement, implying that the lower the level of management innovation that delivers improvements to an agency, the less convenient it is to measure performance. Finally, rewards and incentives do not affect performance assessment, which means that the lesser the reward or incentive system given to the Head of the Planning Subdivision and his employees, the more difficult it is to quantify performance. Then, for the results to be more valid and in-depth, more research is needed to increase the object and sample of research respondents. Suggestions that can be given to the Head of the Planning Subdivision, especially in the South Tangerang City Government, are expected to be able to place their staff in positions that are in accordance with their abilities, allowing each Regional Apparatus Organization's ability in human resources to run optimally. Then, the Head of the Planning Subdivision is expected to be able to provide innovations that bring changes to performance measurement so that they are able to align the quality of their regions with other regions that are better.

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Top-Down Naturalization: Turkish Government Propensity and Syrian Refugee Attitudes

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Abstract: Naturalization takes place at the intersection between a host government's propensity to give citizenship and refugees' attitudes towards it. However, the naturalization of Syrian refugees, with its top-down approach, shows the possibility of a divergence between a government's propensity and refugees' attitudes, and that divergence may spoil the expected benefits. This study questions the factors that determine government propensity and refugees' attitude, besides the convergence and divergence between them. The regressions have been estimated using data collected from a sample of 296 Syrian students at Mardin University, Turkey. The findings of this study revealed a contradiction between attitude and propensity, although they share factors of education and the hosting context. While the indications of social and cultural integration have a positive effect on attitudes, they do not affect propensity. Besides the contextual factors of hosting province shape attitude and propensity. Moreover, the most important factor in deciding attitude is the perception of the costs and benefits of naturalization.

Keywords: *Naturalization, Syrian refugees, rational choice, integration, attitude.*

1. Introduction

Three Durable Solutions Exist to a Refugee's Problem: Voluntary repatriation, local integration in their asylum country, and resettlement in a third country. Naturalization is an important issue in the context of integration. It has been considered as an indication of integration and a way towards more integration (Kuch, 2017). Scholars and international organizations consider naturalization a major measure of the political, civil, and social integration of immigrants, besides being a gateway to the civil, political, and economic life of the country, and thus enhance the integration process (Mossaad et al., 2018). Indeed integration "becomes a durable solution only at the point when a refugee becomes a naturalized citizen of his or her asylum country" (Crisp, 2004: 2). The Syrian crisis has been moving towards its tenth year, resulting in millions of refugees and displaced people who have been distributed within the home country, neighboring countries, Europe, USA, Canada and North America. Turkey has taken the largest number of Syrian refugees, currently exceeding 3.5 million. The Turkish government initially dealt with the Syrian crisis with open-mindedness, allowing refugees inside its territory and providing them with temporary solutions (Abedtalas et al., 2021). However, with the longevity of the crisis and the increase in the number of refugees, the Turkish government also began to search for long-term solutions for integration. As integration has many dimensions and naturalization is an important issue within it, the Turkish government began a naturalization policy for Syrian refugees.

However, Turkey has followed a policy of the exceptional naturalization of Syrian refugees by a top-down approach, where the government determines who should apply for citizenship and communicates with them. This was done by activating Article 12 of Turkish Citizenship Law 5901/2009. This article gives the government the right to give citizenship to people without satisfying the customary conditions for citizenship. This procedure is in contrast to the normal naturalization process that begins with the initiative of those who want to obtain citizenship, according to the government's declared conditions, which are still available in Turkey according to the above-mentioned law. By December 2019 (the most recently available figure) about 110,000 Syrian refugees had been naturalized (Mülteciler Derneği). Regular naturalization happens at the intersection between a government's propensity to give citizenship according to its declared requirements, and the refugee's attitude, who seeks citizenship by satisfying those requirements. However, the Turkish government's top-down approach means that the naturalization maybe without the usual convergence between government propensity and a refugee's attitude. There may even be the possibility of a divergence

between the two, which may spoil the benefits of naturalization. Thus it is important to explore the factors that determine the extent of a Syrian refugee's desire to gain Turkish citizenship.

To make a comparison between those who have obtained it and those who have not yet, and attempt, to explore the extent to which the government takes these factors into account in the process of naturalization. We hope to arrive at insights that can contribute to more informed naturalization decisions, which help use naturalization in the context of the integration in a healthy way for the benefit of both refugees and Turkish society. Thus, the principal question of this study is: are the factors that determine the attitude of Syrian refugees towards Turkish citizenship the same factors that determine the Turkish government's propensity to give it? As naturalization is an issue in the relationship between a host country and refugees, we believe that the study of naturalization would be more informed by an exploration of rational choice and symbolic approaches to study the relationships between human groups, majority and minority, or hosts and migrants. A consideration of the naturalization rate is an indication of that relationship (Grebler, 1966).

How the socio-economic and contextual factors of refugees (migrants) affect the naturalization propensity of government and the attitude of refugees also needs to be taken into account (Yang, 1994). Accordingly, the study also hopes to answer the following sub-questions: What are the characteristics of those Syrian refugees who have been chosen by the Turkish government to apply for citizenship? What factors affect Syrian refugees' attitudes towards Turkish citizenship? Is it self-interest or concerns of identity? What is the role of the host community context and refugees' socio-economic characteristics? What kind of relationship is there between the attitude of Syrian refugees towards Turkish citizenship and the Turkish government's propensity to give it? To answer those questions, the next section will explore the theoretical background, the third will review existing literature the fourth will outline the methodology of the study the findings will be presented in the fifth section before we conclude.

Theoretical Background: What are the motives that make a refugee or immigrant decide that he or she should obtain the citizenship of the host country? Trying to answer this question, many scholars affirm that naturalization should be seen as the overall result of a combination of a variety of variables and reactions, not the result of isolated factors. So, the interaction of these factors and how they combine to lead to decisions in favor of naturalization (Alvarez, 1987; Gasarasi, 1990). In investigating human behavior, and in particular, the issues of the relationship between different human groups and matters of migration (which may encompass integration and naturalization), researchers can take two perspectives, namely the rational choice perspective and the symbolic perspective. The basis of the rational choice perspective is the idea that behavior seeks to maximize individual benefit, while the symbolic perspective depends on issues of values, group identity and belonging (Kaufman, 2006). In theorizing, the rational choice perspective focuses on individual interests and opportunities or threats concerning resources, while symbolism theorists emphasize the threat to group values or the feeling of distinction and superiority (Sides & Citrin, 2007). Refugees, in general, are deprived of many of the rights that citizens enjoy, and they are considered to be outside the political, social, and economic life of the host community, so gaining citizenship is related to security, acquiring a higher status in society in the future and obtaining more rights (Kibreab, 2003).

Accordingly, the answer to the question of attitude should consider economic, social, political, and demographic factors (DeVoretz & Pivnenko, 2005). Although the pursuit of naturalization is individual behavior that is influenced by individual adaptation experiences and demographic characteristics, this behavior is conditioned by the general contexts of the country of origin and the country of destination through the overlapping roles of perceived benefits and costs and the meaning of naturalization (Yang, 1994). The final decision on citizenship adoption is a balance between advantages and disadvantages. In terms of benefits, citizenship can bring real economic benefits such as employment in the public sector, retirement pensions, bank loan facilities, or other types of financial aid. There are also social benefits to citizenship, such as achieving a positive role in the new country, and political benefits such as the opportunity to participate in political life. As for stateless persons or those without valid documents, citizenship provides them with security, removes the risk of deportation, and gives them a passport that enables them to travel abroad. The real and perceived disadvantages of gaining citizenship relate to the extent of the damage this step can do to a refugee's opportunities in their country of origin. If the country of origin allows dual citizenship, the disadvantages are reduced to a very low level (Kelley & Mcallister, 1982; "Naturalisation: A Passport for the

Better Integration of Immigrants?" 2011). As for Syrian refugees in Turkey, the issue of gaining Turkish citizenship can be evaluated in the previous context.

2. Literature Review

Many studies have tried to address the different effects of the naturalization process on the host, country and immigrants (Bratsberg, et al., 2002; Kogan, 2003; DeVoretz, and Pivnenko, 2005; Steinhardt, 2012). Turkish citizenship can be a means to reach a safe and stable legal situation in the medium and long term, as they are only subject to "temporary" protection and are not accepted legally as refugees. They usually face a number of economic, social, and legal problems. Thus, gaining Turkish citizenship is the path for many Syrians to achieve security, access to more legal work opportunities and acceptance by the wider community (Akcapar & Simsek, 2018). However, few studies have explored refugees' attitudes towards naturalization, although the academic debate about the rate of naturalization goes back to the first decade of the last century. There was a general tendency that new immigrants from Southern and Eastern Europe were less inclined to naturalization than Northern Europeans. Bernard (1936) referred to this as a racial bias of the Anglo-Saxon tradition. The racial approach based on the distinction between old (Northern European) and new (Eastern and Southern European) immigrants and refugees has been disproved by Gavit and others (1922, cited in DeSipio, 1987).

Carpenter (1927, cited in DeSipio, 1987) who have shown that time is not important in terms of naturalization, but that economic, social, and educational factors and age at the time of migration matter. But Bernard (1936) showed that besides time, which is a necessary component for everyone, factors such as education, profession, and family income constitute the cultural environment that, in addition to personal motivations, cause differences in the rate of naturalization. Guest (1980) denied there were important differences between the 'new' and the 'old' in the naturalization rates in the United States at the beginning of the last century. But he indicated that the marginal differences between the two groups may be related to different social structures in the country of origin. The role of the relationship between the home country and the host country's context was raised by Grebler (1966), who studied the causes of the low rate of naturalization of Mexican immigrants in the United States and found that this was due to the existence of a Mexican minority community that adhered to the identity of immigrants and their relationship with the homeland, in addition to their low educational and economic status.

Later, Garcia (1981) also studied the rate of naturalization of Mexicans and confirmed that it was affected negatively by association with adherence to a Mexican identity and the continuation of ties with Mexico and positively by the length of stay in the US. However, Portes and Curtis (1987) found that individual characteristics such as age, occupation, income, and length of residence are not related to naturalization. Rather, rootedness through homeownership, the number of children the housing pattern related to neighborhood race in the United States, and barriers encountered during the period of residence are factors that increase the tendency for naturalization. A group of studies showed the development of attitudes towards naturalization in relation to concerns over the chances of returning to the origin country. Gasarasi's (1990) study, for example, summarized the process of gradual transformation, over a long period of time, of the attitude of the Rwandan refugees towards Tanzanian citizenship. Attitudes changed from skepticism and hostility to acceptance and seeking citizenship, after losing hope of returning to Rwanda. Bastaki (2020) studied the complications and doubts surrounding the issue of Palestinian refugees obtaining citizenship in other countries, as it may be a reason for losing the right of return.

The study also found that there was a positive shift towards acquiring citizenship in other countries if doing so was not considered to contradict the right of return. In contrast, another group focused on integration concerns. Diehl and Blohm (2003) explored the high rate of naturalization of Turkish immigrants in Germany, showing that their higher tendency to naturalize compared to other groups of immigrants was a result of the greater difficulties they face in trying to integrate socially and economically into German society. This was emphasized in part by Kuch (2017), who showed that for Burundian refugees, Tanzanian citizenship is a necessary step to protect their actuality. Some studies have attempted to approach the propensity to naturalization in a more comprehensive framework. Yang (1994) notes that the economic, political, social, cultural and geographical conditions in the country of origin, ethnic communities of immigrants, and urban

concentration in the country of destination, affect the propensity of immigrants to naturalize and that, regardless of contextual factors, many indicators of immigrant adaptation and demographic characteristics are also important predictors of the acquisition.

Of citizenship besides the referred to possible importance of perceived costs, benefits, and meaning of naturalization. Mossaad (2018) agreed and showed that the assessment of costs and benefits is a function of social and demographic characteristics, the context of the home country, and the social environment of the host country. To the best of our knowledge, no study has drawn directly on the theories of attitudes between different social groups such as self-interest (rational choice) and symbolic approach. Moreover, there is no study on the relationship between attitude and perceptions of cost and benefits, nor are there studies that analyze how those perceptions are impacted by socio-economic, demographic factors, and the contexts of home and host countries. Even though some referred to costs and benefits, they used indirect indications of costs and benefits. Yang (1994), for instance, declared that although the role of the perceptions of benefits, costs, and the meaning of naturalization in shaping the naturalization decision is not clear, they may be the most important direct determinants of that decision. Likewise, the effect of the individual characteristics of immigrants and social contexts on naturalization decisions in forming their perceptions of costs and benefits and the meaning of naturalization is not clear. However, due to the lack of data, he did not clarify this.

Moreover, up till now, scholars have considered naturalization where the government announces its citizenship requirements and refugees (or migrants) apply when they satisfy those requirements. Thus naturalization is usually at the intersection between government propensity and refugees' attitude. This is in contrast with the Turkish naturalization of Syrian refugees, which is exceptional, where the government centrally chooses which Syrians it believes are eligible for citizenship. This exceptional, top-down approach oscillates between government standards and its desire or propensity to naturalization, and refugees' attitude. So, gaining citizenship is no longer solely an indication of refugees' attitudes that previous studies have considered. This presents a unique case for exploring government propensity and refugees' attitude and to compare them, which may enrich the literature in this field. To contribute to bridging the above-mentioned gap we studied the exceptional naturalization of Syrian refugees in Turkey. We explored, comparatively, the role of direct factors (perceptions of costs, benefits, and identity), indirect factors (socio-economic, demographic, and integration indications), and the interaction between them in shaping refugees' attitude towards citizenship and the probability of gaining it as an indication government propensity.

3. Methodology

The targeted population is about 1,200 Syrian students at the University of Mardin in southeastern Turkey. These students were selected as Mardin University has the highest number of Syrian students of any Turkish university with a high rate of naturalization among them. Thus, it was possible to ensure a sufficient number of naturalized, applied for nationality and non-naturalized cases in this population, sample, and for variances to be comparable and statistically meaningful within the sample. In addition, there were two secondary reasons. First, the spread of Covid 19 during data collection, between August and September 2020, made communication generally very difficult. Second, three of the researchers teach at Mardin University and were able to communicate with students easily. A questionnaire was sent to a non-random sample of the students through WhatsApp groups, from which 296 accepted answers were obtained. A two-part questionnaire was designed. The first part addressed personal issues related to socio-economics, demographics, and integration. In the second part, questions were about the degree of desire for citizenship, including perceptions of economic, political, legal, and social costs and benefits.

As well as the extent of adherence to Syrian identity. The questions were close-ended and involved choices ranked on a Likert five-point scale. The dependent variables were measured as the desire for gaining Turkish citizenship (attitude indication), in addition to being naturalized or have applied for citizenship (propensity indication), while the independent variables, with the exclusion of home country differences as all the refugees, are Syrians and Syria accepts dual citizenship, are three groups of variables. The first group, represented by a question about the province of residency, intended to capture the hosting context variables which refer to the socio-economic conditions of the hosting province in terms of job opportunities, the concentration of refugees, and the presence of social networks to support refugees, which greatly influences

the naturalization decision (Mossaad et al., 2018). A high unemployment rate in the asylum environment delays the economic, hence cultural and social integration of the refugee, and thus citizenship. Likewise, the presence of a large number of refugees or residents with similar ethno cultural characteristics, and the resulting social networks, may help social integration.

But the transformation of the resident ethno cultural situation into an ethnic enclave may impede integration and naturalization (Yang, 1994). A high degree of urbanization of the local environment has a positive effect on naturalization as it provides job opportunities, social networks, and greater mobility (Mossaad et al., 2018). However, it should be noted that the high cost of living and the abundance of unskilled labor in urban areas may have a negative impact (Mossaad, et al., 2018). The resource used for the unemployment rate in the province of residence was TURKSTAT (2019); for the ethnic composition of the province (measured by the ratio of Kurds to the population) was the uMap website; the rate of its population number to Turkey's population (as an indication of urbanization) was TURKSTAT (2019), and the ratio of Syrian refugees to the local population was Mülteciler Derneği. The second group of variables includes the socioeconomic situation, integration, and demographic variables (Mossaad, et al., 2018). With regard to socioeconomic status, Bernard (1936) indicated that people with higher formal education, occupational status, and family income, which are indicators of socioeconomic and cultural integration, are more likely to become naturalized. Cultural integration enhances immigrants' sense of belonging to the host community by enhancing their knowledge of its language, standards, values, history, government, and social systems, and thus their ability to meet the requirements of naturalization.

In addition, successful economic adjustment to the host country, such as gaining professional status higher, income, and home or company ownership, increases immigrants' commitment to society (Yang, 1994). As for the demographic variables, there may be a curved relationship between the age at immigration and naturalization. Immigrants who arrive at a young age are less likely to understand the value of citizenship and thus have a low tendency to naturalize. Immigrants who are of working age at the time of immigration, and especially those who join the workforce, are aware of the benefits of citizenship, have a greater tendency to seek naturalization. The older group of immigrants is less interested in citizenship, as they will enjoy shorter citizenship benefits and face difficulties in meeting language, education requirements, and overcoming the obligations to the home country (Yang, 1994). Thus, it is expected that as the age at immigration rises, the tendency of migrants to naturalize first increases and then decreases after a certain point in their life cycle. Some scholars expect men to have a greater tendency to acquire citizenship than women because they are more likely to work in jobs where citizenship may have an advantage. A competing hypothesis predicts the opposite, arguing that females are more vulnerable than their male counterparts and thus have stronger incentives to obtain citizenship in order to move from an unfavorable situation (Grebler, 1966; Alvarez, 1987). Another demographic feature is marital status.

Married immigrants may seek citizenship more than unmarried individuals because married people enjoy a relatively stable life and it costs those more to return to their homeland (Gerbler, 1966). For socio-economics we used ethnic origin, having Turkish relatives, the period of residency in Turkey, speaking English, having another university degree, and their department in the university. The degree of integration into Turkish society is measured by mastering the Turkish language, having an economic activity, and friendships with Turkish citizens, in addition to age, gender, and marital status. The third group is the variables related to perceived cost, benefit, and identity. Perceptions of the cost-benefit (benefits from the present) of citizenship were measured through questions related to the expected benefits and costs of obtaining citizenship in the legal, economic, political, and social areas. It is expected that they would have a positive effect on attitude. Meanwhile, perceptions of identity were measured through questions related to the degree of intolerance of Syrian identity which is expected to have a negative effect on attitude. We estimated linear regressions for the dependent variable of attitude towards naturalization. We also estimated binary logistic regressions for the dummy dependent variables of being naturalized, naturalization applied for, or not, for the government propensity.

4. Findings

The demographic characteristics of the sample were as follows. Gender composition was 35.8% females and 64.2% males. This corresponds with general trends that show that more males than females enroll in higher education. The age structure was: 71.5% were under 30 years and 29.5% were over 30; this corresponds to the presence of many cases of educational dropout and return among Syrians. For marital status, 39.7% were married and the remainder were single. This corresponds to the tendency for early marriage among Syrians and the high average age of students. For employment, 51% were full-time students and outside the workforce, while 8.3% were unemployed and the rest have a variety of jobs. With regard to ethnic origin, 80.8% are Arabs, 17.2% are Kurds, and 2% are Turkmen.

This is close to the composition of the Syrian population, in which the Arabs are the majority, followed by Kurds, and then Turkmen. The academic specializations were: 47% Business Management, 34.3% Political Science, 11.9% Sociology, and 6.6% History; this corresponds to the numbers attending each department. The reliability of the questionnaire was evaluated by the Cronbach Alpha test, which measures the internal consistency of the questionnaire's questions. The results are presented in Table 1.

Table 1: Cronbach Alpha Test

Variables	Total	Attitude to Citizenship	Economic Benefit	Political Benefit	Legal Benefit	Social Benefit	Syrian Identity
Cronbach Alpha coefficient	0.853	0.624	0.739	0.774	0.566	0.826	0.769

It is clear from table 1 that the questions of the variables are of acceptable internal consistency, as their coefficients exceed 0.60 (minimum acceptable value), except for the legal variable, which is less than 0.60. This may be due to the possibility of interaction between the variables, given that most legal issues have economic, social, or political aspects. Besides, legal language terms are specialized and are likely to be interpreted ambiguously. In order to obtain a comparative initial assessment of perceptions of benefits and identity, and attitude, we computed the mean of these variables. Table 2 shows the mean of the variables concerned. It is evident from table 2 that there is a strong desire for naturalization among the sample in general, where the mean exceeds 4 out of 5, by the Likert five-point scale, where the highest level that can be expressed is 5.

In terms of the benefits of naturalization, it appears that the legal benefit is the highest, followed by economic, social, and political. This is in line with some views of needs and their hierarchy in seeking to satisfy them, such as Maslow's hierarchy of needs (Kottler, 2008: 163) for example. Legal motivation is the strongest because it satisfies the needs of security and stability. Next, comes the economic motive, which captures the need to work and have a constant income the social motive, which focuses on the needs of belonging, cooperation, harmony, and social acceptance, and the political motive. Regarding Syrian identity, it seems that adherence to it is weak as the mean of the sample is 2.89, less than the average level 3 on the five-point scale. This may be due to the existence of an inherent problem in the formation of this identity.

Table 2: Means of the Variables

Variables	Attitude to Citizenship	Economic benefit	Political benefit	Legal benefit	Social benefit	Syrian Identity
Mean	4.16	3.96	3.44	4.00	3.68	2.89

To understand the relationships between perceptions of benefits and identity on one side, and demographics, socio-economics, integration indication, and hosting context on the other, we estimated four linear regressions Model 1, Model 2, Model 3, and Model 4. These regressions will also help us to see the indirect impact of those factors, through the perceptions, on the attitude towards naturalization. Table 3 contains those four regressions. Model 1 is the regression of the perception of the economic benefits of citizenship on the dependent variable. Only the coefficients of the three factors are significant. Speaking English, an indication of human capital positively affects the perception of economic benefits. This can be explained by the fact that gaining citizenship allows refugees to benefit more from their human capital.

Residing in a province with a higher level of unemployment increases perceptions of the economic benefits of citizenship, which can be related to the fact that citizenship allows access to wider job opportunities that are available only to citizens. In contrast, there is a negative relationship between ethnic composition (such as the ratio of Kurds) and perceptions of economic benefits. We can understand this relation by being aware that areas with high levels of Kurdish ethnicity are, in general, agricultural areas where one can find work easily without formal documents. Model 2 shows that having the ethnicity of Syrian Kurds decreases the perception of the political benefits of Turkish citizenship. This can be understood in light of the sensitivity and complications of the relations between the Turkish government and the Turkish Kurds. Having a university diploma, as an indication of a higher level of education, increases perceptions of political benefits.

This may be related to the fact that more highly educated people tend to be interested in public issues and look for a political role. Data suggests that students of the departments of Political Science and Sociology have a higher appreciation of political benefits compared to students in Business Management; this is an expected result. Having Turkish friends increases perceptions of political benefits as a result of being more integrated into the host society. In addition, the high levels of refugees' intensity in the province may push people to become interested in political issues.

Table 3: The Estimations of Perceptions' Linear Regressions

	Model 1 (Economic Benefits Perception)		**Model (Political Benefits Perception)**		**Model 3 (Social Benefits Perception)**		**Model 4 (Identity)**	
	B	Sign.	B	Sign.	B	Sign.	B	Sign.
Constant	3.318	0	2.111	0	2.713	0	2.603	0
Demographics								
Gender	0.112	0.282	0.129	0.151	0.045	0.667	0.012	0.927
Age	0.009	0.846	0.069	0.069	0.048	0.278	-0.052	0.345
Marital Status (Single compared to married)	-0.033	0.755	-0.168	0.07	-0.199	0.064	-0.059	0.658
Socio-economics								
Ethnic origin (Syrian Kurd)	-0.01	0.932	-0.357*	0.001	-0.328*	0.007	-0.12	0.427
Having Turkish relatives	-0.027	0.77	0.015	0.846	-0.023	0.803	-0.134	0.237
the period of residency	0.03	0.163	-0.008	0.682	0.018	0.424	-0.038	0.163
Speaking English	0.296*	0.001	-0.051	0.509	-0.036	0.684	-0.385*	0.001
Another Diploma	0.097	0.353	0.189**	0.037	0.082	0.436	-0.119	0.36
University department (reference business management)								
Political sciences	-0.141	0.144	0.23*	0.006	-0.12	0.214	-0.224	0.064
Sociology	0.225	0.092	0.273**	0.019	0.415*	0.002	0.026	0.877
History	0.047	0.78	0.07	0.635	0.094	0.582	-0.21	0.325
Integration								
Having an economic activity	-0.056	0.581	-0.095	0.283	-0.121	0.239	-0.007	0.957
Speaking Turkish	0.046	0.649	0.112	0.199	0.125	0.215	0.29**	0.022
Having Turkish friends	0.202	0.088	0.251**	0.015	0.375*	0.002	0.069	0.64
Hosting context								
Unemployment rate in the province	3.454**	0.026	1.583	237	3.209**	0.04	2.325	0.23
Province's ethnic composition (percent of	-1.338**	0.026	0.095	0.854	-0.677	0.262	0.28	0.709

Syrian Kurds)								
Ratio of refugees to province's population	-1.087	0.107	1.604*	0.006	0.419	0.535	0.34	0.686
Province's population ratio to Turkey's population	-1.506	0.278	1.819	0.131	-0.601	0.667	1.906	0.273
	R^2	0.065		0.234		0.182		0.095

* Significant at the level 0.01, ** significant at the level 0.05

Model 3 shows a negative relationship between being of Syrian Kurdish ethnicity and perception of the social benefits of Turkish citizenship, which can be understood in the same way as the perception of political benefits. Moreover, being a sociology student and having Turkish friends is the same as for political benefits. With regard to the unemployment rate, this raises the appreciation of the social benefits of citizenship as a way for avoiding the marginalization threats of unemployment. About identity, as we can see in Model 4, there are just two significant factors. For speaking English there is a negative relation with Syrian identity. In contrast, speaking Turkish has a positive effect on Syrian identity, which means that integration may not affect the identity of the origin country negatively. The estimation of attitude models is presented in table 4. Demographic variables have no effect on the attitude towards Turkish citizenship. Model 5 is the estimation of the linear regression of the attitude on perception variables. The model can explain 38% of variations of the attitude, as referred to by the Adjusted Coefficient of Determination (R^2).

Economic benefits are the most important, followed by social benefits and then political benefits, which are in line with the hierarchy of human needs. At the same time, there was no role for adherence to Syrian identity. Model 7 shows that some socioeconomic factors, namely ethnic origin, having another diploma and social integration, such as having Turkish friends, have a significant effect on attitude. But the model can explain just 13% of the variance. When controlling the effect of the perception of benefits and costs for demographic, socio-economic, and integration factors, see Model 6. There is a small change in the coefficients; there is also a small change in R^2, which increased from 0.380 to 0.417. This means that those factors that can affect attitude mostly do that through shaping the perception of individual benefits. Furthermore, the perception of benefits has its role in shaping attitude that is not affected by demographics, socio-economics and integration factors. Only having another diploma keeps its explanatory abilities. This means that education level affects attitude indirectly through perceptions, as well as directly.

Table 4: The Estimation of Attitude Linear Regressions

	Model 5		**Model 6**		**Model 7**	
	B	**P**	**B**	**P**	**B**	**P**
Constant	1.652	0.000	1.911	0.000	3.749	0.000
Demographics						
Gender			-0.075	0.303	-0.016	0.857
Age			-0.024	0.449	0.000	0.996
Marital Status (Single)			-0.074	0.330	-0.154	0.093
Socio-economics						
Ethnic origin (Syrian Kurd)			-0.113	0.197	-0.243**	0.019
Having Turkish relatives			0.069	0.281	0.059	0.448
the period of residency			0.007	0.629	0.019	0.308
Speaking English			-0.053	0.419	0.014	0.856
Another diploma			0.176**	0.017	0.249*	0.005
University department (reference business management)						
Political sciences			-0.105	0.139	-0.139	0.092
Sociology			-0.059	0.541	0.140	0.221

History			0.043	0.719	0.089	0.541
Integration						
Having an economic activity			0.031	0.665	-0.026	0.762
Speaking Turkish			0.021	0.768	0.078	0.365
Having Turkish friends			0.072	0.399	0.250*	0.014
Hosting context						
Unemployment rate in the province			-0.454	0.681	1.464	0.268
Ethnic composition in the province (percent of Syrian Kurds)			0.030	0.945	-0.485	0.345
The ratio of refugees to province's population			0.148	0.761	0.174	0.762
Province's population ratio to Turkey's population			0.403	0.683	0.098	0.934
Perceptions of costs and benefits						
Economic	0.273*	0.000	0.274*	0.000		
Political	0.145*	0.005	0.141**	0.028		
Social	0.260*	0.000	0.236*	0.000		
Identity	-0.008	0.817	-0.004	0.915		
	R Square	0.380		0.417		0.132

* Significant at the level 0.01, ** significant at the level 0.05

For the government's propensity toward naturalization, we estimated two binary logistic regression models, as the dependent variables are dummies. Model 8 explores the factors that the government takes into account in selecting Syrian refugees for a call to naturalization. So, the dependent variable is a dummy variable that equals 1 if the person has been called for naturalization, no matter whether they have received it or not yet, and 0 otherwise. The second model, Model 9, tries to specify the factors that the government takes into account when deciding to give citizenship. The dependent variable is equal to 1 if the person has received citizenship and 0 if not. The dependent variables are the same as the attitude regression, in addition, and the attitude variable. Table 5 shows the estimated binary logistic regressions for government choices. From Model 8 we can see that the significant coefficient are those of Political Science students, the province's ethnic composition, the rate of refugees to the province's population, the province's population ratio to Turkey's population, and attitude.

Thus, the government's propensity for calling refugees for naturalization is affected basically by the hosting context, besides the small effect of the university department where the chance of political science students being called is less than for business management students. It seems that the higher the ratio of ethnic Kurds in the province, the higher the level of refugees' ratio to the province's population, and the higher the level of the province's population to Turkey's population leads to a higher probability for a refugee being called to apply for citizenship. This means that the Turkish government decides its calls for naturalization because of the characteristics of the hosting province such as its ethnic composition, the concentration of refugees, and the level of the province's urbanization. There are negative relationships between refugees' attitudes toward citizenship and the probability of being called for naturalization. This may refer to a problem in the central selection approach as it chose people with a low appreciation of citizenship or where there has been some disappointment with the process of naturalization.

Table 5: The Estimated Binary Logistic Regressions of the Government Propensity to Naturalization

	Model 8		Model 9	
	B	**P**	**B**	**P**
Constant	1.278	0.465	-7.472	0.023**
Demographics				
Gender	0.051	0.887	1.599	0.028**
Age	0.038	0.805	0.153	0.519
Marital Status (Single)	0.173	0.639	-0.623	0.319
Socio-economics				
Ethnic origin (Syrian Kurd)	0.097	0.814	0.364	0.588
Having Turkish relatives	-0.228	0.473	0.132	0.796
the period of residency	0.036	0.636	0.258	0.058
Speaking English (human skills)	-0.291	0.347	-0.165	0.753
Another Diploma (human skills)	0.608	0.105	1.233	0.036**
University department (reference business management)				
Political sciences	-0.627	0.06	-1.097	0.058
Sociology	-0.929	0.062	-1.525	0.18
History	-0.863	0.159	-1.793	0.138
Integration				
Having an economic activity	-0.244	0.49	-0.25	0.649
Speaking Turkish	0.481	0.171	0.514	0.423
Having Turkish friends	0.21	0.61	1.092	0.184
Hosting context				
Unemployment rate in the province	-7.65	0.176	8.008	0.382
Ethnic composition in province (percent of Syrian Kurds)	4.443	0.043**	2.205	0.494
The ratio of refugees to province population (refugees' concentration)	5.09	0.03**	21.926	0.009*
the province population ration to the Turkey population (Urbanization)	12.71	0.012**	8.03	0.031**
Attitude	-0.911	0.001*	-1.342	0.005*
	Cox & Snell R Square	0.131		0.126
	Nagelkerke R Square	0.177		0.259

* Significant at the level 0.01, ** significant at the level 0.05

Model 9 is for the government's propensity to give citizenship. Again, there is an important role for hosting province characteristics, such as the concentration of refugees and urbanization in increasing the probability of giving citizenship, while ethnic composition has no role. In addition, in contrast to Model 8, gender and human skills (having another diploma) shows positive and significant coefficients. This means that men have a higher chance of being given citizenship than women. Besides, there is a higher probability of giving citizenship to people with a higher human skill or who are more educated. The negative association between refugees' attitude towards citizenship and being given it by the government affirms what we previously referred to as a problem in the selection approach, which chooses people with a low appreciation of citizenship. Moreover, we can refer to a probability of some disappointment after being naturalized, when the reality is compared to the expected benefits. As shown above, expected benefits play the most important role in attitude models.

5. Conclusion and Recommendations

In this study, we have explored the determinants of Syrian refugees' attitude towards naturalization and compared it to the possible determinants of the Turkish government's propensity to naturalization. We used a sample of Syrian students at Mardin Artuklu University, and estimated regression models, linear for attitude and binary logistic for propensity, to clarify the relationship between a dependent (propensity and attitude) and independent (determinants) variables. For refugees' attitudes, there is no role for demographic variables. This may be a result of the sample's characteristics, as being young and students. However, for government propensity, it seems that men have higher chances of being naturalized. Relating to socio-economic factors, being a Syrian Kurd, compared to Arab or Turkmen, affects attitude negatively, indirectly. These may agree partially with what (Yang, 1994) referred to as a negative role for ethnic enclaves in integration and naturalization, as the enclave keeps both the identity and facilities for working and living.

However, in the Syrian Kurds' situation, there is no such real ethnic enclave. So, this may be a result of the complicated relationship between Turkish Kurds and the Turkish government. Speaking English as an indication of higher human skills has a positive effect on attitude, but no effect on the propensity. This affirms Bernard's (1936) indication that people with higher formal education are more likely to become naturalized. At the same time, education raises the probability of being accepted by the government for citizenship. Finally, being a student of Political Science or Sociology decreases attitude but has no effect on propensity. The indications of integration, speaking Turkish, and having Turkish friends, affect directly and indirectly, and increase attitude. This agrees with Bernard (1936) that cultural integration enhances immigrants' sense of belonging to the host community and then the likelihood of being naturalized.

But indications of integration have no effect on propensity, which means that the government is not interested in the degree of integration when giving citizenship. For the hosting context, the unemployment rate has a positive effect on attitude. This is opposite to Yang (1994), who finds that a higher level of unemployment in the hosting context is associated with a low probability of naturalization. He (or she?) explained this by considering that unemployment is an obstacle to integration and then naturalization. We think that in our case seeking naturalization is a way of avoiding unemployment when its rate is high. However, it seems that the unemployment rate is not a concern for the government in its propensity. The ethnic composition of the province (measured by the percent of Kurds to the province's population) negatively affects attitude. It seems that the concentration of refugees in a province increases attitude and the propensity of calling for naturalization and naturalization. This is not unexpected as naturalization is a solution for refugees' problems. The urbanization level (measured by the rate of the province's population to Turkey's population) is not significant for attitude but is an important factor in the propensity for calling for naturalization and giving citizenship. This may be the result of the higher ability of urban areas to provide channels for integrating refugees as referred to by Mossaad, et al. (2018) and Yang (1994).

The calculations of the costs and benefits of naturalization are the most important factor in determining the level of attitude towards naturalization, which is consistent with the self-interest (rational choice) approach. While identity has no role in determining attitude, this finding denies the symbolic approach. In comparing propensity and attitude determination factors, the shared factors are education, the province's ethnic composition (in the opposite direction), and the concentration of refugees. This means that the government is interested in educating refugees and provinces' contextual factors in naturalization. Furthermore, the government ignores the refugees' desire for naturalization, and indeed opposes it, as we can see from the negative association between propensity and attitude. The added value of this study is its consideration of the top-down approach of the exceptional naturalization of Syrian refugees in Turkey. Indeed, there is a possibility for divergence between the two which was confirmed by the findings of the study. The basic limitation of this study was the limited populations under consideration, and thus the sample has limited characteristics. This restricts the possibility of generalization of the findings, or it should be done carefully. For future study, we suggest considering, after Covid 19, larger and more diversified samples that encompass all groups of Syrian refugees, to enhance the generalizability of findings.

We also suggest exploring Turkish government officials' attitudes towards naturalization, to be able to make a more insightful comparison of the factors of divergence and convergence between the two sides, of

naturalization. As our findings reveal, there is some contradiction between refugees' and government concerns relating to naturalization. We believe this is a result of Turkey's top-down approach to naturalization, which is characterized by centralization and a lack of transparency. We think that this may affect the future of Syrian refugees' integration and their relationships with local people negatively. Based on this insight, we suggest that the Turkish government follow a less centralized and more transparent bottom-up policy for naturalization. This bottom-up policy may consider procedures, such as the following: first, establish a website and ask refugees with formal residency documents to apply there with their detailed socio-economic and demographic information. Second, determine the requirements for naturalization, according to the information given on the website and government considerations. Third, declare the requirements for citizenship to the public and ask refugees who satisfy the requirements to apply for citizenship.

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