Contemporary Healthcare Experience in Malaysian Hospitals

Hasliza Hassan Multimedia University, Cyberjaya, Selangor, Malaysia

Muhammad Sabbir Rahman International Islamic University Malaysia, Kuala Lumpur, Malaysia

Abu Bakar Sade UCSI University, Kuala Lumpur, Malaysia

The main dissatisfaction of patients in hospital is the long waiting time, which could lead to stress. This research makes suggestions concerning how to reduce the impact of the negative perception about the lengthy waiting time by having a contemporary healthcare experience through sub-retailers and nursery services within the hospital. It is highly expected that the enhancement of the basic healthcare concept through sub-retailers within the hospital will create a more relaxed feeling while waiting for medical treatment. In addition, it is suggested that nursery services would also provide more convenience for the patients.

INTRODUCTION

Healthcare possesses a key momentum to push the development of a nation, as healthy nations will have a more progressive impact on economic development, which could be shared by the society. The largest healthcare service in Malaysia is provided by the Ministry of Health (Hazilah, 2009; Manaf, 2005). The other two ministries that offer a healthcare service are the Ministry of Education and the Ministry of Defense (Manaf, 2005). Overall, 53% of the total government allocation for healthcare is being used by the Ministry of Health (Yon, 2002). The three categories of public hospitals that are provided by the Ministry of Health are at the national, state and district levels (Manaf, 2005). Kuala Lumpur Hospital is the largest public hospital in Malaysia (Hazilah, 2009). Approximately 92% of the population in urban areas stays within 3 km of a healthcare facility while only 67% of the population in rural areas enjoy a similar benefit (Suleiman and Jegathesan, 2000). Consequently, there is an inequality of access to healthcare services among the population (Manaf, 2005). The main reason for this inequality is because most of the public and private healthcare services are located in urban areas while the healthcare services in rural areas are mainly provided by the government (Ariff and Teng, 2002). Nevertheless, in general, the quality of the healthcare service in Malaysia is one of the best in the Asia Pacific region (Omar, 2000), and indeed, is similar to that provided in developed countries (Suleiman and Jegathesan, 2000). This has made Malaysia a suitable destination, and opened up wider opportunities for medical tourism (Chee, 2007).

The public healthcare service in Malaysia is supported by private healthcare (Hazilah, 2009), with half of the healthcare services in Malaysia being provided by the private sector (Ghani and Yadav, 2008). Most private healthcare services are located within urban areas (Hazilah, 2009; Manaf, 2005). Those who prefer to go to a private hospital are from a higher socio-economic status and education level than those who go to public hospitals. The majority of patients who go to public hospitals are low income earners (Manaf, 2006), because the costs for private medical healthcare are very expensive and the majority of Malaysians are still unable to afford such care. Accordingly, most patients feel very grateful to obtain subsidized medical treatment from the public hospitals (Manaf, 2012), as the expenditure for private healthcare has been continuously increasing at a far higher rate than that of public healthcare (Rasiah, Noh and Tumin, 2009). In addition, the effort that has been made by the government to improve the quality of healthcare services in public hospitals has made people to rely more on public hospitals (Sohail, 2003) even though considerable improvement to the public hospitals is still required (Rasiah, Abdullah and Tumin, 2011).

In line with the government effort to privatize the healthcare industry (Hazilah, 2009), based on the Seventh Malaysia Plan (1996-2000) to improve the service and quality (Manaf, 2012), the number of private hospitals has been continuously increasing in Malaysia. It is expected that greater efficiency in healthcare can be achieved through privatization (Yong, 2000). One of the public hospitals that has been privatized is the National Heart Institute (Manaf, 2012). Due to the achievements that have been made by the private healthcare hospitals, more and more people believe that the public hospitals are unable to provide equivalent healthcare quality (Yong, 2000). Parallel with this scenario, 50% of the overall healthcare revenue was contributed by private hospitals (Sohail, 2003).

PATIENTS EXPECTATIONS

The patients' expectations concerning the healthcare service have changed over time. This is due to the development of the economy (Sohail, 2003). As modern patients have very high expectations (Suki, Lian and Suki, 2011), the management should look into what the patients really expect and what they really perceive is needed to improve the level of satisfaction (Barlow, 2002). Normally, patients tend to have greater expectations from private hospitals than from public hospitals to gain more value for money in terms of what the patients have to pay (Rose, Uli, Abdul and Ng, 2004). Nevertheless, the price that has to be paid by the patient is expensive because of the increasing cost of healthcare due to the rapid development in medical technology, highly paid professional physicians and the discovery of new drugs (Manaf, 2005).

Although the development of the healthcare industry is being forced by society (Chee, 2008), the overall expectations of Malaysians of private healthcare is low because the majority of them still depend on public hospitals for which the costs are far lower, as 90% of the total costs are subsidized by the government. Accordingly, Malaysians have a positive perception of the quality of healthcare services in public hospitals (Sohail, 2003) and the overall satisfaction of patients towards healthcare is high (Manaf, 2012). However, the level of satisfaction towards public hospital services is dependent on the level of education and income of the patients. Patients with a higher level of education and income tend to express less satisfaction with public hospitals because they have higher expectations (Senarath *et al.*, 2013).

WAITING TIME IN HOSPITAL

The main issue concerning public hospitals is the shortage of professional experts, especially doctors and specialists, since they are more inclined to work in private hospitals. The heavy workload with long hours, low salary, unattractive working conditions, preference to work in urban areas rather than rural areas, and the long duration to produce a qualified expert in the medical field are the main issues in public hospitals (Manaf, 2012). An average of 300 doctors and specialists resign from public hospitals every year (Lim, 2002). The ineffectiveness of the strategy for managing talent (Hughes and Rog, 2008) has led

to the continuous shortage of professional experts in public hospitals. As a consequence, patients have a long wait to obtain treatment and medication.

Even though more professional experts in the medical field are attracted to work in private hospitals, a similar scenario is prevalent in both private and public hospital. This is because, generally, hospital managers do not emphasize a market related business process, value added elements in business activity or innovative technology (Caccia-Bava, Guimaraes and Guimaraes, 2013). Indirectly, this indicates that there is a lack of hospitality management to look into patients expectation from the perspective of the administration of the hospital. The hidden reason for the lack of hospitality management in hospitals is because most private healthcare facilities are not operated by professional managers (Sohail, 2003) who have strong experience in administering hospitality management in the corporate sector. This is because healthcare organizations involve complex operations and are vulnerable to error (Eiras, Escoval, Grillo and Silva-Fortes, 2014). Hence, the management in hospitals is being led by those who have a medical background, which, indirectly, will increase the existing workload of the doctors and specialists. In reflecting on this, the majority of patients are not satisfied with the healthcare service provided by the private hospitals because the private healthcare providers have failed to respond promptly to what the patients expect (Suki, Lian and Suki, 2011).

Due to the poor management, patients have to wait for long hours to obtain treatment from a doctor (Papanikolaou and Ntani, 2008). To wait in a queue for more than an hour is considered to be excessive for a private hospital (Suki, Lian and Suki, 2011). Younger people, especially females who are below 55 years, usually value their time more than those who are above 55 years. Hence, younger people are less tolerant than senior people when it comes to waiting in queues. Normally, those patients who are waiting alone will perceive the waiting time as longer than those who are waiting in a group. A long waiting time causes patients to be dissatisfied since it causes tension and stress. Hence, long queues will have a lose-lose impact for both the patient and the hospital since the patient will lose their precious time by waiting and the hospital will lose their existing patients. Consequently, the ineffectiveness in handling long queues will have a negative impact on the reputation of the hospital (Barlow, 2002).

Based on a review of various literature pertaining the healthcare industry within Malaysia, it is found that the main problem in the healthcare industry is the lengthy waiting time for patients to obtain medical treatment. Although there is a huge gap between the public and private healthcare in Malaysia (Leng, 2010), the same problem occurs in both public and private hospitals. This problem occurs in public hospitals because of the shortage of professional experts in the medical field, while a similar problem occurs in private hospitals because the patients are always looking for better value for money.

SERVICE MANAGEMENT IN HOSPITAL

With a strong hospitality management, hospitals would have the capability to promote a unique service (Han, 2013). As the service culture is developed internally by employees and externally by patients, satisfied employees are able to provide better service to the patients. In order to achieve this, human resource management is important to build a positive service excellence culture. Most service oriented hospitals tend to focus on teamwork and communication among employees and patients, and, hence, for the time being, there is no concrete or specific way to measure the culture of service excellence. However, the quality of service can be upgraded through patients' needs, wants and expectations (Voon, Abdullah, Lee and Kueh, 2014). Clinical quality is very important in healthcare irrespective of whether it is a public or private hospital, and the perception of quality depends on social support and patient education (Rose *et al.*, 2004).

Private hospitals are supposed to enhance the services by offering a hospitality experience that is similar to a hotel or resort. This is because the patient's health will improve with a better hospitality experience. Further research findings have also proven that patients tend to evaluate the healthcare service through hospitality instead of the medical care since the majority of patients do not have strong medical knowledge. Hence, the service excellence of a hospital is determined through hospitality. However, most hospitals use the word 'service' instead of 'hospitality' as the main term to refer to the hospital service

excellence (Severt, Aiello, Elswick and Cyr, 2008). In addition, it is not considered appropriate to call a patient a customer (Barlow, 2002). Similar to hotels or resorts, personal security is the most important aspect for staying in a private hospital. In addition, an improvement in the accommodation, environment, medical safety, security and post-care service is very important for private healthcare hospitals (Han, 2013).

CONTEMPORARY SERVICE MANAGEMENT IN HOSPITAL

An improvement can still be made by Malaysian hospitals, especially through the usage of databases (Sohail, 2003) and technology to speed-up the operations. However, this will not solve the issue of waiting time if there is a shortage of professional experts, especially doctors and specialists. This bottleneck will continue for more than a decade since it takes a very long time to produce qualified professional experts in the medical field, and those who qualify might not be interested in providing their service in Malaysian hospitals. Hence, the strength of the entrepreneurial quality, leadership capability (Naipaul and Wang, 2009) and a new innovation or logic of service (Gummesson, 2014) in hospitality management is highly needed to reduce the impact of this problem. While waiting for more professional graduates to join the healthcare industry, it is more practical to look at alternatives to divert the patients' dissatisfaction from the waiting time to a more relaxing experience while waiting for treatment or medication in the hospital.

Sub-Retailers

The majority of Malaysians prefer to spend time shopping, as shopping is not just for the sake of fulfilling basic necessities for the household but also for relaxation (Hassan and Rahman, 2012). Due to the modern lifestyle, the majority of people, especially those who are staying in urban and suburban areas, prefer to spend time shopping. Hence, it might be an advantage for hospital managers to look into this opportunity by providing a contemporary healthcare experience through sub-retailers within the hospital. Indirectly, this will provide the patients as well as the family members a means to fully occupy the waiting time by browsing through the sub-retailers within the hospital. The sub-retailers within the hospital, such as cafeteria, gift shop, convenience store, coffee shop, clothing and accessories shop, could attract the attention of the patients and reduce the stress of waiting in a very long queue.

The sub-retailers are not only able to divert the perception of patients positively, but will stimulate the Malaysian healthcare industry to be more contemporary within the Asia Pacific Region despite the shortage of professional experts in the medical field. The innovation in hospitality management is also expected to provide more entrepreneurial opportunities especially for new entrepreneurs who are looking for a place to kick-start their business. This effort is in line with the government intention to make Malaysia an entrepreneurial nation by encouraging more opportunities for entrepreneurship (Lee, 2013). The spaces for the sub-retailers can be a mixture of small kiosks or shop lots within the hospital premises. The sub-retailing opportunity that is given to the entrepreneurs will definitely be shared by the hospital through a secure rental income to the hospital.

Nursery Services

Hospitals could also provide a daily nursery for children and senior citizens to enhance the convenience for the patient while waiting to obtain medical treatment. This will definitely assist those patients who have difficulty in leaving their children or parents alone at home if they have to go to hospital to obtain daily medical treatment or are admitted to hospital for a few days. It would also be less troublesome to take care of the children if the waiting time is too long since most children are unable to wait for too long. Parallel to this, senior citizens will have more space to rest in the nursery. The willingness and capability of the hospital to look into this aspect shows the concern of the hospital management toward the community (Naipaul and Wang, 2009), especially the patients through corporate social responsibility, and, at the same time, attracts additional revenue from the sub-service that is being

offered to the patients. An organization that emphasizes corporate social responsibility is able to earn extraordinary goodwill assets to generate a sustainable income (Wildes, 2008).

SUGGESTIONS FOR FURTHER RESEARCH

It is highly suggested that further empirical research should be undertaken to discover how far subretailers and nursery services are able to influence the patients perception concerning the waiting time at hospitals. Even though the sub-retailers and nursery services might not directly solve the main bottleneck problem of lengthy waiting time, the innovation in hospitality management is expected to divert the negative perception towards a positive healthcare experience in a modern concept. To strengthen the possibility of this suggestion, further empirical research can be conducted by looking at the patient expectations concerning the enhancement of the healthcare experience through sub-retailers and nursery services. The priority of the research should be based on the patients and the research can be extended by looking at the perceptions from the hospitality management point of view. A comparison of patient expectations from the public and private hospitals can also be made since the patients from these two hospitals usually come from different socio-economic backgrounds and have a different level of education.

CONCLUSION

As an effort to enhance the momentum of nation development, it would be an advantage to look into healthcare services. Although there are still limitations in the healthcare industry, especially professional manpower, in the medical field, innovation in hospitality management is expected to enable this industry to enter a new dimension in healthcare experience. Accordingly, it is suggested that the hospital should provide spaces for sub-retailers in an effort to divert the conventional perception of the healthcare concept into a contemporary healthcare experience. Although it might be complicated to expect a hospital to become a retail-hub, this hospitality innovation is highly expected to be successful since the majority of Malaysians like to spend time shopping as a relaxation activity. Parallel to this effort, it is also an advantage for the hospital management to offer nursery services to provide more convenience for the patients while obtaining medical treatment.

REFERENCES

- Ariff, K.M. & Teng, C.L. (2002). Rural Health Care in Malaysia. Australian Journal of Rural Health, *10*(2), 99-103.
- Barlow, G.L. (2002). Auditing Hospital Queuing. Managerial Auditing Journal, 17(7), 397-403.
- Caccia-Bava, M.C., Guimaraes, V.C. & Guimaraes, T. (2013). Important Factors for Success in Hospital BPR Project Phases. International Journal of Health Care Quality Assurance, 26(8), 729-745.
- Chee, H.L. (2007). Medical Tourism in Malaysia: International Movement of Healthcare Consumers and the Commodification of Healthcare.
- Chee, H.L. (2008). Ownership, Control, and Contention: Challenges for the Future of Healthcare in Malaysia. Social Science & Medicine, 66(10), 2145-2156.
- Eiras, M., Escoval, A., Grillo, I.M. & Silva-Fortes, C. (2014). The Hospital Survey on Patient Safety Culture in Portuguese Hospitals: Instrument Validity and Reliability. *International Journal of* Health Care Quality Assurance, 27(2), 111-122.
- Ghani, S.N. & Yadav, H. (2008). Health Care in Malaysia, University of Malaya Press, Kuala Lumpur. Gummesson, E. (2014). Productivity, Quality and Relationship Marketing in Service Operation: A Revisit in a New Service Paradigm, International Journal of Contemporary Hospitality Management, 26(5), 656-662.
- Han, H. (2013). The Healthcare Hotel: Distinctive Attributes for International Medical Travellers. Tourism Management, 36, 257-268.

- Hassan, H. & Rahman, M.S (2012). Extended Shopping Experiences in Hypermarket. *Asian Social Science*, 8(11), 138-144.
- Hazilah, A.M.N. (2009). Practice Follows Structure: QM in Malaysian Public Hospitals. *Measuring Business Excellence*, 13(1), 23-33.
- Hughes, J.C. & Rog, E. (2008). Talent Management: A Strategy for Improving Employee Recruitment, Retention and Engagement within Hospitality Organizations. *International Journal of Contemporary Hospitality Management*, 20(7), 743-757.
- Lee, J. (2013). Punching Above Their Weight, The Star.
- Leng, C.H. (2010). Medical Tourism and the State in Malaysia and Singapore. *Global Social Policy*, 10(3), 336-357.
- Lim, B. (2002). Four Fold Increase in Foreign Doctors, New Straits Times, 25 January, p. 3.
- Manaf, N.H.A. (2005). Quality Management in Malaysian Public Health Care. *International Journal of Health Care Quality Assurance*, 18(3), 204-216.
- Manaf, N.H.A. (2006). Patient Satisfaction in Outpatient Clinics of Malaysian Public Hospitals: An Empirical Analysis, *IIUM Journal of Economics and Management*, 14(1), pp. 81-110.
- Manaf, N.H.A. (2012). Inpatient Satisfaction: An Analysis of Malaysian Public Hospitals. *International Journal of Public Sector Management*, 25(1), 6-16.
- Naipaul, S. & Wang, Y. (2009). Entrepreneurship and Leadership in Hospitality: Insights and Implications for Hospitality and Tourism Education Mr Harris Rosen in Conversation with Drs Sandra Naipaul and Youcheng Wang. *International Journal of Contemporary Hospitality Management*, 21(6), 639-658.
- Omar, R. (2000). Health Care in Malaysia, in Omar, R. and Doling, J. (Eds), Issues and Challenges of Social Policy, University of Malaya Press, Kuala Lumpur.
- Papanikolaou, V. & Ntani, S. (2008). Addressing the Paradoxes of Satisfaction with Hospital Care. *International Journal of Health Care Quality Assurance*, 21(6), 548-561.
- Rasiah, R., Abdullah, N.R.W. & Tumin, M. (2011). Markets and Healthcare Services in Malaysia: Critical Issues. *International Journal of Institutions and Economics*, 3(3), 467-486.
- Rasiah, R., Noh, A. & Tumin, M. (2009). Privatising Healthcare in Malaysia: Power, Policy and Profits. *Journal of Contemporary Asia*, 39(1), 50-62.
- Rose, R.C., Uli, J., Abdul, M. & Ng, K.L. (2004). Hospital Service Quality: A Managerial Challenge. *International Journal of Health Care Quality Assurance*, 17(3), 146-159.
- Senarath, U., Gunawardena, N.S., Sebastiampillai, B., Senanayake, A., Lekamge, S., Seneviratna, A., Jinadasa, M. & Wijeratne, D. (2013). Patient Satisfaction with Nursing Care and Related Hospital Services at the National Hospital of Sri Lanka. *Leadership in Health Services*, 26(1), 63-77.
- Severt, D., Aiello, T., Elswick, S. & Cyr, C. (2008). Hospitality in Hospitals?. *International Journal of Contemporary Hospitality Management*, 20(6), 664-678.
- Sohail, M.S. (2003). Service Quality in Hospitals: More Favourable Than You Might Think. *Managing Service Quality*, *13*(3), 197-206.
- Suki, N.M., Lian, J.C.C. & Suki, N.M. (2011). Do Patients' Perceptions Exceed Their Expectations in Private Healthcare Settings?. *Int'l Journal of Health Care Quality Assurance*, 24(1), 42-56.
- Suleiman, A.B. & Jegathesan, M. (Eds) (2000). Health in Malaysia: Achievements and Challenges, Ministry of Health Malaysia, Kuala Lumpur.
- The Star Online (2013). Budget 2014: Full Text of Prime Minister's Speech, 25 October 2013.
- Voon, B.H., Abdullah, F., Lee, N. & Kueh, K. (2014). Developing a HospiSE Scale for Hospital Service Excellence, *International Journal of Quality & Reliability Management*, 31(3), 261 280.
- Wildes, V.J. (2008). How Can Organizational Leaders Really Lead and Serve At The Same Time?, *International Journal of Contemporary Hospitality Management*, 20(1), 67-78.
- Yon, R. (2002). *Health Care Financing in Malaysia: Future Trends*, in AlJunid, S.M. and Mohsein, N.A.A.(Eds), *Health Economic Issues in Malaysia*, University of Malaya Press, Kuala Lumpur, pp. 87-112.
- Yong, T.K. (2000). Public versus Private Hospital, New Straits Times, 18 June, p. 29.