

COMPARATIVE STUDY: 1MALAYSIA CLINIC AND HEALTH CLINICS

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ABSTRACT

1Malaysia clinics and government health clinics are example of healthcare program available in Malaysia. Basically both clinics have almost the same functions and ideas of establishment but under different programs and name. Based on the review of previous literature done, there is very few research related to 1Malaysia clinics and no research that compared 1Malaysia clinics and health clinics had been found. This study is a preliminary research of 1Malaysia clinics. The objective is to compare 1Malaysia clinics with health clinics in terms of tangibles, reliability, responsiveness and accessibility. Through this study, enable assessment of the rationale for the 1Malaysia clinics establishment is able to be made. The study employed semi-structured interviews and observation. The interviewees involved department of health officer and both 1Malaysia clinic and conventional clinic staff and patients. Observation of both clinics were also made and the results indicated that 1Malaysia clinic provided better service in term of accessibility than health clinics. On the other hand, health clinics provided better service in tangibles, reliability and responsiveness. Overall, health clinics provide better service to customers. This is not surprising since 1Malaysia clinics would normally be upgraded to health clinics after achieving certain standard.

Keywords : 1Malaysia, 1Malaysia clinics, government transformation program, health clinics, SERVQUAL dimensions,

1.0 INTRODUCTION

Healthcare system in Malaysia is one of the crucial sector focuses by the government. The healthcare services can be divided into public and private sector. The importance of these healthcare services can be seen by the increasing number of public and private sectors providers (Ghani & Yadav, 2008). There are efforts done by the government to increase the country healthcare quality such as establishing 1Malaysia clinics under 1Malaysia concept, health clinics, rural clinics and dental clinics.

Government faces many challenges in maintaining the healthcare system in Malaysia. The current challenges are increases of public demands. However, only limited resources available in term of doctors, nurses and other healthcare personnel. The lack of doctors is proven by the current ratios between doctor and population in Sabah. The ratio 1:4120 (Abd Manaf Noor Hazilah, 2009). This means on average there is only 1 doctor for every 4120 people in the state.

Other challenges are demographic changes and high consumer expectation is also the challenges (Sharifah ezal et. al., 2010). Thus, effort to enhance the current condition of country healthcare is needed. 1Malaysia, clinics and health clinics are the focus of this study.

Health clinic is one of the types of clinic that was established at urban areas to enhance people quality of health. In Malaysia there are 808 health clinics and 86 of them are in Sabah. It can receive from 800 to 1000 patients per day but actual number of patients varies based on areas. It offers maternal and child services, oldest illness and mental illness, and other outpatients treatment.

1Malaysia clinics provide affordable fees (RM1 per person for Malaysian and rm15 per person for non Malaysian) just like health clinics. It is a new program established by the current prime minister to reduce the burden of hospitals and health clinics. Currently, there are 100 1Malaysia clinics.

1Malaysia clinics are managed by medical assistance and only applicable in handle minor treatments with supplies of medicine. The 1Malaysia clinic objective is to provide affordable but quality healthcare treatment to the local residents' especially middle and local income groups. In Sabah only there are 20 1Malaysia clinics and 2 (Sulaman Sentral Kota Kinabalu and Bandar Leila, Sandakan) had been upgraded to health clinics (Utusan, 2012).

Every 1Malaysia clinic that received more than 100 patients per day would be upgraded into health clinics which have a doctor. There are criticisms and concerns shows by public related to the effectiveness of 1Malaysia clinics. For example the president of the Malaysian medical association (MMA), Dr. David Quek said that 1malaysia clinic provide low healthcare standard system because it is staffed by medical assistance and nurses only and not doctors. They have healthcare services compare to other clinics (the star, 2010).

Furthermore, government invests a lot of money in 1Malaysia clinics. Thus, there is a need to evaluate 1Malaysia clinics performance. The need increase by limited availability of previous literature about this issue. The purpose of this study is to compare 1Malaysia clinic with the health clinics in term of service quality dimensions of SERVQUAL.

2.0 DIMENSIONS OF SERVICE QUALITY

There are several model created to measure various aspects of services and one of them is SERVQUAL by Parasuraman, Zeithmal and Berry. The measurement can be in term of performance, delivery and others. SERVQUAL dimensions not fully used and only functioning as list of comparative variables.

SERVQUAL dimensions are a service quality measurement. Originally, SERVQUAL dimensions consist of 12 gaps between perception and expectations that are tangibles, reliability, responsiveness, communication, accessibility, competence, courtesy, credibility, security and understanding and knowledge of the customers. The dimensions were then simplified into 5 dimensions which are tangibles, reliability, responsiveness, assurance and empathy (Parasuraman et. al., 1988).

Tangibles is defined as physical environments of clinics that include physical facilities, equipment and appearance of personnel (Parasuraman et al.,1988). Reliability is defined as the ability to perform the promised service dependably and accurately (Parasuraman et. al., 1988). This means the customer expectations of services to be well delivered and must provide effective and error free services every time they consume the services (Jusuf Zekiri, 2011).

Responsiveness is the willingness to help patients and provide prompt services (Parasurama et. al., 1988). Failure of responsiveness such as making the customer wait for a long time without reasonable reason can create negative perceptions to the management quality (Yusuf Zekiri, 2011).

Accessibility is not one of SERVQUAL dimensions but according to Gulliford (2001), accessibility is a concerned by helping people with command appropriate healthcare resources to improve people's quality of healthcare received.

3.0 METHODOLOGY

Evaluation of the 1Malaysia clinics and health clinic were made in term of tangibles, reliability, responsiveness and accessibility.1Malaysia clinic and health clinics chosen share similarity of location that is located in urban areas. Clinics involved were Menggatal health clinic, Sulaman health clinics, Penampang 1Malaysia clinic and Menggatal 1Malaysia clinic.

This research employed semi-structured interview and direct observation. Observation on 1Malaysia clinic and health clinics were made with regard to their environment, facilities, staffs and time frame.

For semi structured interview, several categories of respondents were interviewed involving an officer of the Sabah Health Department, 1Malaysia clinics and Health clinics staff and patients that have experienced in getting treatment from both clinics. Officer from Sabah Health Department was chosen as respondent to provide important information related to both clinics.

Items under tangibles included physical facilities and equipment such as clinics cleanliness, basic facilities (chairs, treatment room and toilet), parking areas and other facilities available (Haliza, 2003).

In term of reliability, the differences of service reliability that were provided by 1Malaysia clinics and Health clinics were analyzed. In addition, responsiveness of both clinics was compared in term of waiting time, treatment time, registration time and the staff attitude. Staff attitude can be in term of friendliness, responsiveness to patients' questions and behavior. Accessibility of both clinics were compared, it included analyzing clinics location, operational time, transportation facilities and emergency facilities.

4.0 FINDINGS

4.1 Tangibles

Tangible in this research refers to physical environment and facilities. Such as cleanliness and basic facilities such as chairs, treatment room condition, toilet and parking areas and other additional facilities and equipments.

Based on observation there were obvious differences between these clinics. Health clinics performed well in providing basic facilities to the people. For example having clear division of services such as registration counter, outpatient treatment, pharmacy, pathology section and maternal section. It was well organized where every section had its own area, chairs, counter and staff.

In addition, it provides parking areas for patients and staff such as those provided in Menggatal health clinics. In term of treatment room, the health clinics observed had 6 rooms for outpatients' treatment and 8 rooms for pregnant women and children. Each of the room was staffed with 2 health officers.

In contrast, 1Malaysia clinics were located at shop lot and only offered limited parking space. Due to space constraints also, it could have one (1) treatment room and one (1) pharmacy only.

In term of cleanliness of clinics, 1Malaysia clinics were cleaner especially with the location of clinics at shop lot. It makes the cleaning process easier with limited spaces compared to health clinics. Health clinics has a much larger space and it was not easy to ensure the cleanliness of the whole areas. It is difficult for ensuring the whole areas clean.

For the additional facilities and equipments, both clinics seem to be comparable. Both had health equipment such as blood pressure equipment, weight scales for baby and adult, oral dehydration salt, and asthma treatment section. The staff would assist patients in using the equipments. Overall, the health clinics provided better services than 1Malaysia clinics in tangibles aspects.

4.2 Reliability

Reliability is the ability to provide services accurately every time. Health clinics provided better reliability than the 1Malaysia clinics including expertise and drug prescriptions. Health clinics were divided into 3 categories of service which are treatment for outpatient, pharmacy and maternal and infant.

Moreover, the treatments were performed by a doctor and medical assistance in Health clinics. The services scope in health clinics was wider than 1Malaysia clinics. Health clinics offered all types of treatment except for dental treatment. On the other hand, 1Malaysia clinics were staff only by medical assistance and nurses, and its scope limited to minor treatments such as fever, coughs, flu and other minor ailments only.

People trust doctor more than medical assistance because of better the qualification as it admitted by one of the respondents. The respondent said that he preferred to go to health clinics even if they are far compare to 1Malaysia clinics.

Based on the interviewed and observation, reliability was higher for health clinics because of the well-organized division of service. For example, there were specialize doctors for pathology, pregnancy and infants and minor treatment. The doctors and nurses were segregated based on expertise.

In 1Malaysia clinics, medical assistance would be responsible in giving all treatments and medications. There no specialize nurse in charge in managing medication in the clinics. It was time consuming and too much pressure for medical assistance to handle all these responsibilities. It can be concluded that health clinics are more reliable compare to 1Malaysia clinics in term of reliability.

4.3 Responsiveness

Responsiveness consists of waiting time, treatment time and registration time, and staff treatment. For registration time on average, 1Malaysia clinics staff spent 5 to 10 minutes for filling forms and recording patients' details. The treatment time spent per patient was around 3 to 5 minutes and the waiting time was from 5 to 8 minutes depending on the number of patients.

The health clinics registration time was from 2 to 4 minutes. For treatment time, it spent approximately 5 to 8 minutes depending on the illness. The waiting time was from 5 to 10 minutes depending on the number of patients. Patients in health clinics need to wait 5 to 10 minutes before receiving medicine from pharmacists.

1Malaysia clinics were run by 2 or 3 nurses and a medical assistance. However, the health clinics have at least 7 staffs including doctor for new Sulaman Central Health clinic to unlimited number of staffs based on the necessity of clinics like Menggatal health clinics.

The treatment at 1Malaysia clinics was less friendly compare to health clinics. In health clinics, the doctor briefly explained the illness cause from and prevention. This show that health clinics provides better responsiveness compare to 1Malaysia clinics.

4.4 Accessibility

Accessibility refers to the location, availability, operation time, transportation and emergency facilities. Health clinics were available in 86 clinics at different areas in Sabah

compare to only 20 of 1Malaysia clinics. Additional, 12 future 1Malaysia clinics are to be built. The availability is important in providing convenient access to public.

Furthermore, health clinics had better emergency facilities such as emergency room and ambulance for serious cases. No such service in 1Malaysia clinics was provided. According to one of the staff, they can only request ambulance in from Hospital Queen Elizabeth in emergency cases. For serious cases patients were advised to go straight to hospitals or health clinics.

1Malaysia clinics provided better location, operational time and ease transportation. They were located at shop lot city and near to housing areas. Thus, there was better access for 1Malaysia clinics with ease of public transportation.

1Malaysia clinic has another advantage by operating every day. 1Malaysia clinics are open every day from 10 a.m. to 10 p.m, including Sunday and public holidays compare to health clinics that operated from Monday to Friday and during office hours. One respondent said that health clinics were close most of the time when she needed only to get treatment. This means 1Malaysia clinics showed better accessibility compare to health clinics.

5.0 DISCUSSION

The findings of this research indicate that there are some differences between 1Malaysia clinics and health clinics. in term of tangibles, the findings that health clinics provide better service. They are located at strategic locations and facilities that including parking facilities, good basic facilities and environment. The patients interviewed were more satisfied with health clinics in providing convenient physical environment.

These findings contradict the findings of Sabrizan, Mohd Rizal and Suriyati (2011), who found that 92.6% of respondents were satisfied with the physical environment of 1Malaysia clinics. The difference may be due to regional location where Sabrizan research was done in Negeri Sembilan while this research was done at Sabah.

Moreover, health clinics provided better services in terms of reliability and responsiveness compare to 1Malaysia clinics. This is because health clinics were managed by doctors with higher qualification and skills.

In term of accessibility, 1Malaysia clinics provide better accessibility especially in relation to location, operational time, and transportation access. This findings support previous studies that found 94.3% and 93.7% of patients were satisfied with the accessibility and availability of 1Malaysia clinics respectively (Sabrizan et. al., 2011).

The findings suggest that certain aspects need to be improved in 1Malaysia clinics such as in terms of availability, reliability and responsiveness. However, 1Malaysia clinics implementation is not meant to replace health clinics but as alternative medium for reducing the burden of available hospitals and clinics.

This study suggests that 1Malaysia clinics can be effective and important healthcare sources to the public with necessary improvement. Prior to its establishment, some people doubted and criticized the plan for its establishment. However, the result of this study indicates that there is a need for this type of clinics.

6.0 CONCLUSION

1Malaysia clinics and health clinics are part of the government effort to provide better healthcare services to the people. Both of these clinics have their own advantages and disadvantages. One of the limitations of this study is the limited observation. That is only 2 1Malaysia clinics and 2 health clinics were observed. Also, information were direct observation cannot be made and obtained from staff and patients. However, 1Malaysia clinic has its advantages and should not be seen negatively. Rather, it provides additional choice for the people. In due time, most of 1Malaysia clinics will be upgraded to health clinics.

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