



Community Perception Toward Health Quality Service Provided in Malaysia

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Abstract

The purpose of this research to find out about community perceptions toward health quality services provided by the Malaysia government. The type of research was used descriptive qualitative with data collection techniques in the form of observation, interviews, and documentation. The type of data in the form of primary and secondary data obtained from interviews with the public about the perception of health quality services provided by the Malaysia government. The results of the research obtained the data that community perceptions of health quality services provided by the Malaysia government to indigenous people with the migrant population were the same, the difference was that the financing of treatment for migrants was slightly more expensive than the indigenous population. Both in the royal hospital and in private hospitals. The Malaysian government sets Universal Coverage, that was, all citizens were guaranteed health services received by paying only 1 RM (Malaysian Ringgit) for treatment with a general practitioner and 5 RM for treatment with a specialist. However, severe illnesses were not included in this health financing system because it was expensive. In medicine must be ensured complete self-document so that treatment can run well.

Keywords: Community Perception, Health Services

Introduction

One of the main concerns of every country is health. In getting good care will certainly support other aspects. One of the countries that have the best healthcare in 2017 in Malaysia. This assessment consists of good hospitals, trained doctors, and affordable care. Malaysia is a federation of countries consisting of thirteen states and partnership territories in Southeast Asia with an area of 329,847 square kilometres with the capital city is Kuala Lumpur. Whereas, Putrajaya became the centre of the alliance government. Malays are the largest part of the Malaysian population. In its history, health services in Malaysia have gone through radical changes. In the early pre-colonial period, medical treatment was limited to traditional medicines that were common among local populations, such as Malaysia, China, and other ethnic groups. The arrival of colonialism brought the Western medical practice to this country. Since Malaysia's independence in August 1957, the medical care system has changed gradually to meet current medical care. As a Commonwealth State, the social security system in Malaysia developed earlier and faster than the social security system in other countries in Southeast Asia. Malaysia is a tourist country with huge profits from its medical tourism business. Based on the data, medical tourism in Malaysia data has increased



by 100% in the last five years. Kuala Lumpur is the capital city and the largest city in Malaysia. On the other hand, Putrajaya saw as the administrative capital of the Malaysian Alliance government. Although many executive and judicial branches of the alliance government have moved there (to avoid congestion that grows in Kuala Lumpur) but is still seen as Malaysia's legislative capital because there is the complex of the Malaysian Parliament building. Kuala Lumpur is also the centre of Malaysian trade and finance. Efforts that can be made in order to prevent or minimize the adverse effects of flood disasters are mitigating Hermon, 2010; Hermon, 2012; Hermon, 2015; (Umar, 2018).

Health is the right of every human being in the world. This is stated clearly in the 1948 Declaration of the United Nations (UN) on Human Rights article 25 paragraph (1) "Every person has the right to an adequate degree of life for the health and welfare of himself and his family including the right to clothing, housing and care health and social services needed and entitled to guarantees when unemployed, suffering from illness, disability, widow, reaching old age or other conditions which result in a shortage of income, which is beyond its control. In line with a scientific basis, every country tries to fulfil the health rights for its citizens. The health financing system used by each country varies. In general, the financing system in the world divided into 4 types, namely the concept of private subsidy with government subsidies (Traditional Sickness Insurance), the concept of the government to finance national health insurance (National Health Service), the concept of National Health Service, a mix of financing traditional and national health (Health Insurance and Health Service). Malaysia has developed widely in terms of health services because it is a British Commonwealth State. Since 1951 employees have been required to start compulsory savings as old day savings facilitated by the EPF (Employee Provident Fund) institution. Besides that, the State also guarantees work accidents or disabled retirees facilitated by the SOSCO (Social Security Organization) institution. This is reflected in the universal health care system, meaning that this system has a lot to do with private services. The health system in Malaysia is divided into the public sector and the private sector.

According to Oentoro (2012), perception is a process that is carried out by individuals to choose, organize, and interpret stimuli into meaningful images of the world, namely the process of how we see the world around us. Private (2003) perception is a process in which consumers realize and interpret their environment, they mention that perception is the way people perceive the world. According to Soekidjo (2003), health services are a sub-system whose main objectives are preventive and promotive with community goals. According to Levey (1973), health services are efforts to carried out individual or group in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups or communities. According to Hidayat (2008); Hermon (2009); Hermon et al (2018), the health service system is an important part of improving health status. Through this system of healthy development goals can be achieved effectively, efficiently, and on target. The hospital has various types of health services that can be seeded to maintain patient loyalty. One type of health service in the hospital is outpatient services because are more compared to other treatments. From the pattern of social interaction, community perception is very instrumental in describing the level of patient satisfaction toward hospital services. Based on this perception, the patient's impression of the hospital will arise, which in turn can be called the quality of health services. These impressions can be an assessment of different individuals. From this explanation, the research focused on community perceptions of the health quality services in Malaysia.

Method

The type of research was descriptive qualitative by using observation, interview, and documentation as a technique in data collection (Hermon *et al* (2008). The data used are primary data and secondary data obtained from the public on the quality of health services provided by the Malaysian government. The primary data was collected by interviewing informants and conducting observations or open observations related to the perceived health quality services provided by the Malaysian government in. The technique of determining the informants was carried out purposively, the informants chosen were those who were considered the most knowledgeable and understanding about the problems in this research. Analysis qualitative data techniques were data reduction, data presentation which was done by using narrative text form and drawing conclusions.



Results and Discussion

Hospitals are required to provide a good service, quality and affordable (Nurfarida, 2014). Perception can be seen from the comparison of expectations and services perceived by patients, suitability of services with agreed medical service standards. The limited availability of health resources affects the performance of hospital services (Wahyudi, 2015; Hermon, 2016; Hermon, 2017). On the other hand, the government and hospital are required to be able to manage the availability of health resources to provide the maximum and optimal health services by prioritizing efficiency in every hospital operation. Malaysia has been known as a tourist destination with medical goals because health services in this neighbouring country are indeed the best and cheapest in the world. Medical expertise in Malaysia is considered the same or even better than most countries in the West. Currently, Malaysia continues to perfect itself to become a medical tourism destination. One of them is by offering hotel prices is cheap, easy transit systems and three-month visas for tourists.

Popular health services in Malaysia include plastic surgery, dental health, and skin care by the best doctors. Health workers in Malaysia are also fluent in English and university graduates in the United Kingdom or the United States. The low cost being the cause of Malaysia is increasingly the arrival of medical tourists. There are eight hospitals in this country getting Joint Commission International (JCI) certificates. In Malaysia, there are two major health centres named George Town and Kuala Lumpur. Even both cities have been equipped with many airlines from all over the world. In addition, Malaysia has some of the best and trained doctors in Asia, the United States, Australia and the United Kingdom. Some of the institutions involved in the Malaysian health system are Minister of Health, government offices that function health, voluntary health institutions, companies that function health, and private institutions. The government agency responsible for the prevention of population health in Malaysia is the Minister of Health (MOH), but there are also several actors besides the government.

The minister is a member of the national cabinet and participates in all political aspects of policy breakers. Preventive services include family health (maternal and child health), environmental sanitation, occupational health protection, preventive and controlling acute and chronic diseases, health education, and dental maintenance. Several other government offices are carried out relevant to the health system in Malaysia, for example, the Ministry of Education is responsible for the implementation, national universities.

Community perceptions of health services in Malaysia revealed that services carried out in royal hospitals with private hospitals were the same, which differed in terms of financing between indigenous people and migrants. The health financing system in Malaysia is divided into two, namely public and private health. The source of funds for public health comes from several sources, namely public taxes paid directly to the federal government, annual State revenue budgets, and from SOSCO and EPF institutions. Then, the funds are allocated to preventive and promotive programs such as environmental health, health facility permits, building inspection, control of hygiene vectors, control of food quality, control of infectious diseases, control of water hygiene, and planning of health services. As for curative and rehabilitative programs, the Government of Malaysia sets Universal Coverage, that is, all citizens are guaranteed for health services received by only 1 RM (Malaysian Ringgit) for treatment with a general practitioner and 5 RM for treatment with a specialist. Newcomers are charged a little more than the original population. The health financing system in Malaysia consists of two, namely public and private health. If you want to seek the treatment at any hospital in Malaysia, it is expected that documents yourself exist so there are no problems with treatment. The relatively low cost of treatment, the queue of treatment in government hospitals is long and for critical illness will take precedence so that people who are impatient to get treatment services will choose treatment in the private sector with their own money. The operational of health costs in Malaysia are relatively cheap because the Malaysian government exempts tax on medical devices and medicines. The government-owned hospital finances health by looking at the amount of health spending in the previous year and then submitting a financing budget to the Ministry of Health. There are many advantages in financing treatment in Malaysia, among others, the community only offers a very cheap price of 1 RM-5 RM, health operational costs are relatively cheap because medical devices and medicines are exempt from taxes, standardized government health services, easy access to health services, each resident lives a maximum of 5 km from health services (government hospital or clinic), health workers (doctors) can only practice in one place but their welfare is



guaranteed with a high salary, funding sources come from many sectors (tax, APBN, EPF, SOSCO, etc.), the health budget is also allocated to finance the education of health workers.

However, there are also shortcomings in the financing of health services in Malaysia including, cheap payments and standardized health services, the queue of people in treatment is very long. It caused by the hospitals and clinics are government-owned by visitors with limited numbers of health workers and health facilities, they are less stable or inadequate because annual budgets must compete with other agencies, inefficient because they tend to benefit of the rich compared to the poor if there is no favorable conditions such as good economic growth, tax administration professionals who are competent institutions, payment for operating costs of government hospitals or clinics by looking at previous year's expenses so that the possibility of a hospital could experience losses in the event of cost overruns for the previous year vulnerable to "moral hazard" because people will depend on free health services to desire the maintenance of health is low. For the satisfaction of our patients, we have to talk about 3 important things. First is the service provided, second facilities and last is the price. Regarding the health services in Malaysia to patients by taking good time of patients to communicate or consult with patients.

Conclusion

Based on the results of the research and discussion, we can be concluded that financing medicine in Malaysia is cheap, which is only around 1 RM till 5 RM with equipment from tax borne treatment. In the treatment of doctors have free time for patients consulting health problems. Access to health services is easy and funding sources come from many factors making it more manageable. However, there are also shortcomings in the financing of health services in Malaysia including, cheap payments and standardized health services, the queue of people in treatment is very long. It caused by the hospitals and clinics are government-owned by visitors with limited numbers of health workers and health facilities, they are less stable or inadequate because annual budgets must compete with other agencies, inefficient because they tend to benefit of the rich compared to the poor if there are no favourable conditions such as good economic growth, tax administration professionals who are competent institutions.

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