Analyse the impact of health services in Malaysia by using SPSS

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Abstract. This study aims to analyse the impact of health service in Malaysia. A descriptive study was designed using survey method. This study was conducted under government hospital in Penang. Data were collected using statistical package for social sciences SPSS. A total of n= 115 patient responded to this survey. This study showed that access to services, have a positive relationship with patient satisfaction. Access to services are acknowledge as key determinants to improve health services quality in Malaysia.

1. Introduction
Malaysia's population has grown rapidly, now an estimated 26 million people. Changes in demographic trends and the influx of foreigners by more than 2.5 million will surely affect the pattern of illness and use of health facilities in Malaysia. As a result, the public hospital service sector in Malaysia is facing an influx of patients, doctors' inability to care for patients and public perception of the quality of government hospital services is also poor (Ministry of Health Malaysia, 2011). From this issues, all agency especially in health sectors need high quality service. Providing high quality service is reflected to be a crucial strategy for success and endurance in today’s competitive environment (Ali & Fauziah, 2015). Quality is defined as the degree of excellence (Reha Girgin et. al, 2019) while service quality has been defined as “the consumer’s overall impression of the superiority of the organization and its service encounters (Bitner & Hubbert, 1994).

Evaluating patient’s satisfaction is one of the important indices of care quality and presenting service. Considering points of view of the patients can promote the processes and consequences and also enhance their satisfaction (Boshra et. al, 2019). Satisfaction is the patient’s perception of care and received compared with the care expected. Effect from satisfaction, patient are more likely to comply with treatment, take an active role in their own care, continue follow up their treatment, and implement recommendation of health care providers and maintain with a specific system (Hiwot et. al, 2020).

On the other hand, among the factors contributing to dissatisfaction with public health services related to physician services are time taken to treat patients, less experienced and less skilled doctors, less empathic doctors, having to wait too long to get treatment, doctors not taking care about patient issues and style of interacting with ineffective patients (Ganasegaran & Al-Dubai, 2014; Andaleeb, Siddiqui & Khandakar, 2007; Al-Dubai, Ganasegaran, Perianayagam & Rampal, 2013; Steward, 1984;
According to Rahman, Shahidullah, Shahiduzzaman and Rashid (2002), insufficient time with a doctor in a consultation session are among the factors contributing to dissatisfaction among patients. Therefore, aspects of patient satisfaction need to be given priority as comfort in accessing services and changes in health care quality are becoming the demands of society (Abdullah, 2008) today. The general public is not only looking at the need for health services but also reaching out to the need and demand for change in services. This is because society is more educated, has a stronger economic power and they have access to a wide range of health benefits, including from the private sector and alternative treatments such as traditional and complementary medicine. Consumer demands have increased and their expectations have shifted towards more coordinated and community-oriented services.

2. Methodology

The research method used by the researchers in this study is quantitatively descriptive study (survey). Piaw (2014) states that the survey method is a popular method because one of its features is the comprehensive use of the survey method which can be used to express a wide variety of questions, such as issues and problems in various perspectives especially describing attitudes, views, beliefs, feelings and behaviours. According to him, this method can save time as the data collected is fast whereby respondent can be collected directly in no time. Similarly, the analysis results take a short time. Therefore, the survey method is the method that meets the objectives of this study.

2.1 Sampling

Sampling is the process of selecting a number of subjects from a population to be the respondents of the study. This is an important aspect of research because improper use of samples will reduce the validity and reliability of the study (Piaw, 2014). This study used purposive sampling technique to obtain the respondents of the study. Sampling is intended to refer to the sampling procedure in which a group of subjects with specific characteristics were selected as respondents of the study (Piaw, 2014). Specific characteristics of the respondents selected from this study were the patients receiving services or treatment in the clinic, patients with mental disorders, patients aged 18 years and above, patients able to understand Malay, Malaysian patients and patients voluntarily agreed to this study. Therefore, respondents are taken into account if all the necessary criteria are met. This causes other subjects in the population to be less likely to be selected as respondents (Piaw, 2014).

This study was conducted at a government hospital in Penang. The study involved 115 outpatients who received services and treatment at various clinics. The sample size selection was 115. The questionnaire was distributed to the respondent while the respondent was waiting for their turn to get the drug at the pharmacy after the respondent met the doctor at the clinic. SPSS 23.0 program was used in the analysis of the data.

3. Result and discussion

With regard to the gender of the doctors treating the respondents, the results showed that female doctors (65.2%) treated the respondents more than male doctors (34.8%). Refer to races, the Malay doctor (50.4%) is the highest percentage, followed by Chinese doctors (29.6%), Indian doctors (19.1%) and others race (0.9%). Table 3 shows that most respondents had previously received treatment at this government hospital with the highest percentage (87.8%) and only a small percentage had received treatment at this hospital (12.2%).
Table 3: Response distribution based on treatment characteristics

| Variables                                      | Frequency (n) | Percentage (%) |
|------------------------------------------------|---------------|----------------|
| **Gender treating physician (N = 115)**        |               |                |
| Male                                           | 40            | 34.8           |
| Female                                         | 75            | 65.2           |
| **Race of doctors treating (N = 115)**          |               |                |
| Malay                                          | 58            | 50.4           |
| Chinese                                        | 34            | 29.6           |
| Indian                                         | 22            | 19.1           |
| Others                                         | 1             | 0.9            |
| **Have received hospital treatment (N = 115)**  |               |                |
| Yes                                            | 101           | 87.8           |
| No                                             | 14            | 12.2           |

Table 3.1 below is about the descriptive analysis of respondents regarding access to service. Overall, there were 3 items on access to service and the average mean score for these three items was above 3.5. For the first item “patients were able to get medical care whenever the patient needed” (M = 3.74, S.P = .750) was the highest score. This was followed by the third item “the number of nurses in the hospital was adequate (M = 3.60, SP = .737) and for the lowest score was the second item “the number of doctors in the hospital was adequate” (M = 3.57, SP = .775).

Table 3.1: Descriptive analysis of respondents regarding Service Access

| Item                                                                 | M        | (S.P)   |
|----------------------------------------------------------------------|----------|---------|
| 1. I am able to get medical treatment anytime I need                 | 3.74     | (0.750) |
| 2. The number of doctors in this hospital is enough                   | 3.57     | (0.775) |
| 3. The number of nurses in this hospital is enough                    | 3.60     | (0.737) |

(N=115)
Table 3.2: Correlation between access to services and patient satisfaction

| Independent Variable | Patient Satisfaction | r (p)    | r²       |
|----------------------|----------------------|---------|----------|
| Access to services   |                      | .230 (.013) | 0.053    |

N= 115, *p< .05, **p< .001

Hypothesis H1: Access to physician services has a positive relationship with patient satisfaction.

The results of the data analysis showed that service access was positively related to patient satisfaction (r = .230, p = .013). However, the strength of the relationship is weak. This explains that the better the access to the doctor's services, the higher the patient's satisfaction. Service access was found to contribute 5.3% of the variance to patient satisfaction. So hypothesis H1 is accepted.

4. Conclusion
The objective of this study was to present and examine the relationship of access to services with patient satisfaction. The hypothesis also assumed that access to services, have a positive relationship with patient satisfaction. According to results, the indicated relationship were proven. The results of the study show that good services are very important to the patient. We recommend that the assessment methodology be developed further through similar studies at more others factor about health service facilities

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