

READINESS LEVEL OF FACILITIES MANAGEMENT COMPANY IN PROVIDING FACILITIES ON ACCORDANCE WITH THE MALAYSIAN SOCIETY FOR QUALITY IN HEALTH (MSQH)

Nabil Hishamudin, Fadhilah Mohd Nor, Zuriati Abdul Majid, Kaarthiek Arutsothi
Politeknik Sultan Salahuddin Abdul Aziz Shah

ABSTRACT

Issues with hospital's facilities sometimes ignore the patient safety at risk. Several times in 2015, the safety of hospital patients was compromised or nearly compromised because of building or maintenance problems. The Malaysian Society for Quality in Health (MSQH) is working actively in participation with healthcare professionals to ensure safety and continuous quality improvement in the services provided by healthcare facilities and services in the country. However, even in accredited healthcare organizations, patients were harmed by medical errors every day. This research is done to study the level of readiness of the hospital support service or the facilities service provider to fulfill the quality needs of a hospital. In the present study, the researcher has used a combination of interviews and surveys to obtain data. The research strategy is a mixed – method. Meanwhile, the research instrument used is semi – structured interviews, questionnaires. To supplement these findings the surveys were distributed to 117 staffs in the facility managing company in Penang. One hundred and twelve (112 – main survey) usable questionnaires were received back. The questionnaires were analyzed statistically using the SPSS software version 24.0 and achieved a 95.7% response rate. For the interview, four (4) expert people were chosen to answer the questions and the answers were analysed using content analysis. The output shows the readiness level of the facilities service staff in providing services in accordance with the standard was medium in the hospital; however, there are few areas for improvement detected.

Keywords: readiness level, hospital support service, MSQH, facilities management company

1. INTRODUCTION

Hospital and healthcare services are a synonym to each other as both are vital components for human society. Both services are not the only top priority for patients but also for the staff and the general public. The services have attracted great interest from various bodies, including government, NGO in healthcare and social welfare, professional organization representing doctors and patients as well as shareholders of healthcare provided companies. The demand for healthcare service's quality has increased drastically due to various market forces such as insurance, medical tourism, and corporate growth. This resulted in a very high expectation from the consumer for the best quality which, directly, leads to the introduction of national and international accreditation bodies to act as quality assurance mechanisms (Jason, 2011). However, the accreditation scheme is totally different from government initiatives that focus to access healthcare providers with governmental objectives in mind (Handayani, 2015).

Accreditation systems first to develop to improve the quality of hospital care. In the industrial and service sector, quality has become predominant key to gain the highest possible return on investments (ROI) as well as a reduction in cost (Anderson and Zeithaml 1984; Parasuraman et al., 1985). Service organizations are well informed about the fact that they need to take preventive quality measures in order to gain customer satisfaction and retention (Spreng & Mackoy, 1996; Reichheld & Sasser, 1990). Accreditation structure is starting to develop in order to address the quality in this mixed sector especially when the healthcare system is moving forward to an immense emphasis on primary and home care. Quality assurance approaches are frequently assisted by using external peer review processes which help to check the administrative and management in place just like in many other healthcare systems. When this approach is based upon standards and leads to a score which suggests a degree of compliance with those standards, it is often referred to as accreditation.

MSQH's accreditation is needed as it is a tool to prove that the hospital not only performs evidence-based practices but also give vitality to access, affordability, efficiency, quality, and effectiveness of healthcare. However, many regulations made by the government are not followed in most states resulted in healthcare's quality poor and unattended. Since accreditation is non-mandatory, it questions the medical regulations provided by the government both at the federal and state level (Lim, 2012). This is essential for them as they bring the image of the government and states. Therefore, this research is done to determine their readiness to apply for accreditation.

The aim of this research is to study the readiness level of the hospital support service which is the facilities service provider to fulfill the quality needs of a hospital. To achieve the aim, one (1) objectives are developed which are to study the facility service requirements according to hospital standards in Malaysia.

2. PROBLEM STATEMENT

Patients are putting their trust in healthcare professionals to do and to give the best to them when they are admitted to the hospital. Accredited healthcare systems will demonstrate to the public that they are able to have a set of standards along with maintaining compliance that provides the public at very least, some reassurance of quality and patient safety standards are being met. However, patients are getting harmed by medical errors every day even in accredited healthcare professionals (Nizam, 2013).

MSQH currently become the national voice regarding of continuous quality improvement in healthcare facilities and services. This feat was achieved through active and smart partnerships with healthcare professionals, relevant facilities and agencies, and educational institutions that were involved in healthcare. MSQH had developed standards, accreditation program's plan, and implementation, promote safety and quality improvement in healthcare facilities, organizing opportunities for communication, and experiences exchange on current and best practices in healthcare in order to achieve the vision. Since 2014, MSQH had initiated the Patient for Patient Safety Movement to strengthen patients and family engagement in the delivery of healthcare services (MSQH, 2017).

The reason we need accreditation these days because of medical care used to be simple, ineffective and safe, but nowadays, it is complex, effective and potentially dangerous (Chantler, 2011). A couple of time in 2015, the safety of patients in the hospital were compromised or nearly compromised because of building or maintenance problems (Becker, 2016). Meanwhile, having a small amount of bedding for patients will not only be a burden to the society but also be the cause of negligence on safety aspects leading from the congested traffic in hospitals (Abdullah, 2017).

Institute of Medicine's Report had been released 15 years ago and since then, there have been multidisciplinary interventions and system reform to prevent patient harm and preventable harm in the hospitals was still substantial (Leape, 2015). Therefore, any shortfall in meeting service standards of the basic facilities is a great concern since a low quality of services could adversely affect patients' health in hospitals (Chew et al., 2007). However, the readiness of the facilities service provider remains unclear whether the service they provide in accordance with the MSQH's standard.

3. RESEARCH METHODOLOGY

3.1 Sample and Data Collection

The research employed a combination of interviews and survey methods. One hundred and twelve respondents (112) from two strata namely management personnel and ground personnel in the facilities management organization of Penang General Hospital were identified to take part in this quantitative survey. By using the SPSS software version 24.0, a very high response rate was achieved of 95.7%. For the semi-structured interview, the researcher chooses four (4) professional expert who was directly involved with the management of facilities to answer the questions. The main objective of the semi-structured interview is to provide a more rational description of the problem in the study as well as to ensure the validity of the question developed according to the planned concept.

4. DATA ANALYSIS AND DISCUSSION

4.1 Mean Score in SPSS

Facility Service Company Readiness According to Hospital Standards in Malaysia (Management).

Table 1: Mean Score for Driver (Process)

Descriptive Statistics	N	Mean
High	112	2.73
Medium	112	2.54
Low	112	2.50
The Scale: 1 (Strongly Agree) 2 (Agree) 3 (Disagree) 4 (Strongly Disagree)		

Table 2: Mean Score for Driver (Technology)

Descriptive Statistics	N	Mean
High	112	2.62
Medium	112	2.54
Low	112	2.50
The Scale: 1 (Strongly Agree) 2 (Agree) 3 (Disagree) 4 (Strongly Disagree)		

Table 3: Mean Score for Driver (Management)

Descriptive Statistics	N	Mean
High	112	2.66
Medium	112	2.59
Low	112	2.54
The Scale: 1 (Strongly Agree) 2 (Agree) 3 (Disagree) 4 (Strongly Disagree)		

Table 4: Mean Score for Driver (People)

Descriptive Statistics	N	Mean
High	112	2.68
Medium	112	2.59
Low	112	2.55
The Scale: 1 (Strongly Agree) 2 (Agree) 3 (Disagree) 4 (Strongly Disagree)		

Facility Service Company Readiness According to Hospital Standards in Malaysia (Operational).

Table 5: Mean Score for Driver (Process)

Descriptive Statistics	N	Mean
High	112	2.84
Medium	112	2.76
Low	112	2.64
The Scale: 1 (Strongly Agree) 2 (Agree) 3 (Disagree) 4 (Strongly Disagree)		

Table 6: Mean Score for Driver (Technology)

Descriptive Statistics	N	Mean
High	112	2.72
Medium	112	2.64
Low	112	2.59
The Scale: 1 (Strongly Agree) 2 (Agree) 3 (Disagree) 4 (Strongly Disagree)		

Table 7: Mean Score for Driver (Management)

Descriptive Statistics	N	Mean
High	112	2.63
Medium	112	2.60
Low	112	2.56
The Scale: 1 (Strongly Agree) 2 (Agree) 3 (Disagree) 4 (Strongly Disagree)		

From tables above, it is shown that the readiness level of facilities management company in providing facilities on accordance with the national standards of healthcare were divided into two (2) categories: management side and operational side. Additionally, both categories have further sub – categories which are: process (how the transition of the standard occurs for both side), technology (how the company existing technologies to cope with the standard), management (how the company's management handle the transition of the standard for both side) and people (how the upper and lower staff's abilities to cope with the transition of the standard). From the questionnaire results, three (3) mean score varied from the highest, medium and lowest were taken.

In process side, both parties have the same mean score question for the highest points which is the company has set up a campaign about providing standard facilities. This shows the company has provided an intensive effort of providing standard facilities campaign. This will bring a positive impact for both parties to succeed. However, the lowest mean score also shared a same points for both parties which is the way the company adaptation process runs smoothly or not. The transition process were going good but certain teething problems still occurs due to newer and complex process. This will impact both in the short term, however, they will benefited in the future. The researcher recommend the management and operational side unite in order to strengthen the whole process.

Next, in technology side, both management and operational scored a high mean score of 2.62 and 2.72, respectively. They are agree that MSQH standard did provide technology standard on par with the global standard. This is a great news as it is necessary we are parallel to the global if we want moving forward as well as benefit us in the future. The researcher would suggest they continue and keep improve if we want a success result in implementing the standard. Meanwhile, both parties also scored lowest points on the same question regarding of adaptation of technology without any problems. As the researcher mention above, both parties still struggling to adapt without having a couple of small problems here and there. The researcher hope they will going through with improvement (training, workshop and consultancy from expert) from both side in order to overcome this matters.

In the third category, the highest median score for both is the company encourage to get the job done according to healthcare standard. This result shows a great supportive form the board of company to the lower sides in ways to do the jobs by follow the specific requirements of standard healthcare. By continued this trend, the job process will run smoothly and thus, speed up the whole implementation process. However, they also shared another lowest score of record of hospital consumer's complaint. This complaint are necessary to detect any parts that lack to be cover. Both said that they sometimes missed to record complaints. If the complaints are not record and solve, it will affect the whole implementation process as well as show the management and operational lack of credibility. The researcher would recommend to increase the awareness as all the complaints are good to build and have a success future.

For the last sub - category, both parties post a very high mean score which they agreed that the staffs are doing the maintenance job such Plan Preventive Maintenance (PPM) according to schedule. This shows that the company were handled both management and staffs very well in term of job scheduling as it is essential to work together and achieved perfect synchronize to aim great efficiency. The researcher tend to agree as it is one of the main component to achieve the high level of readiness for the FM company to implement the national healthcare standard and suggesting to continue the existing training/workshop as well as eliminate any small fraction of problems. Meanwhile, the lowest score featured a same problem as the management sub – category which the maintenance record and access to it. The problem occurs for both parties due to manual use of recording as well as lack of self-awareness. Record by hands on paper prove to be outdated as it is easy to lose the records in a disordered heap of paper stack and cost of our valuable time to find it. The researcher suggest the company to introduce a better and modern digital technology inarguably creates better compiling of record and easy to access it. The company should provide or send the staffs for training as it can help to improve their attitude.

4.2 Result in Interviews

Table 9: Interview Candidates

Interviewees	Position
Candidate A	Facilities Engineering Maintenance Services Head of Department
Candidate B	Electrical Engineer
Candidate C	Civil Engineer
Candidate D	Mechanical Engineer

The first construct of the objective is a driver to the national healthcare standard which is the exposure to the standard and standard activities. Based on interviewees, there is no need for them to be exposed as the hospital themselves are not serious about the accreditation. The reason is, based on previous failed attempt to obtain the accreditation, the requirements of the certain condition makes the case was closed in the higher management site. "Exposure can be done to the ground-level employees, but not directly. Because of their different levels of job scope and acceptance, we can only make an indirect exposure" they added. For instance, there are proper guidelines and Standard Operating Procedure (SOP) for every single job. From this, we can conclude that they already met the standard requirement, even without direct exposure to the ground level staff.

5. CONCLUSION

In conclusion, the objective regarding the readiness level has been discussed in detail for this study. From literature review and readings, we found that there is only one standard and the standard is also accreditation for Malaysian healthcare standard namely the Malaysian Society for Quality in Health (MSQH). This conclusion can be concluded from the mean score analysis that has been analyzed through questionnaires from the respondents of the facilities management company. The result shows a mean score for the objective was at a high level but there were some items that were at a moderate level. The researcher thinks the whole company including the management and operational will be fully ready to implement the national healthcare standard (MSQH) once structural and non-structural renovations are done and proper documentation and safety training programs are developed further. However, the overall readiness level of the facilities service staff in providing services in accordance with the standard was medium; but, there are few areas for improvement detected.

REFERENCES

- [1] Myers, S. 2012. Patient safety and hospital accreditation. New York: Springer Pub.Co.
- [2] Scrivens, E. 1998. Widening the Scope of Accreditation – Issues and Challenges in Community and Primary Care. *International Journal for Quality in Health Care*, 10(3), pp. 191-197.
- [3] Shea, C., Jacobs, S., Esserman, D., Bruce, K. & Weiner, B. 2018. Organizational Readiness for Implementing Change: A Psychometric Assessment of a New Measure.
- [4] Markauskaite, L., Freebody, P. & Irwin, J. 2011. *Methodological Choice and Design*. Dordrecht: Springer Science+Business Media B.V.
- [5] HTF, I. 2018. Akreditasi – Info Semasa / Umum – News – HOSPITAL TUANKU FAUZIAH.
- [6] Abdul Hadi, H., Azizi, A.T. & Halim, A.L. 2011. Kajian Penilaian Prestasi Pekerja Di Dalam Organisasi Kontraktor. Kolokium Perbentangan Penyelidikan Polimas. Jun 2011.
- [7] Bartlett, J. K. 2001. Organizational Research: Determining Appropriate Sample Size in Survey Research. *Information Technology, Learning, and Performance*, 19 No 1, 43-50. Available from: Proceeding of the Regional Conference on Statistical Sciences 2010.
- [8] Wimmer, R. D., & Dominick, J. R. 1997. *Mass Media Research: An Introduction*. 5th ed. Belmont: Wadsworth Publishing Company.
- [9] Syed Arabi Iddid. 1998. *Kaedah Penyelidikan Komunikasi dan Sains Sosial*. Kuala Lumpur: Dewan Bahasa dan Pustaka.
- [10] Reinard, J. 2001. *Introduction to Communication Research*. 3rd ed. New York: McGraw Hill.
- [11] Krejcie, R. & Morgan, D. 1970. Determining Sample Size for Research Activities. *Educational and Methodological Measurement*.
- [12] Irfan, A. 2011. Comparison of Service Quality between Private and Public Hospitals: Empirical Evidences from Pakistan. *Journal of Quality and Technology Management* [online]. 7(1), pp. 1-22.
- [13] Castle, N. 2004. Family Satisfaction with Nursing Facility Care. *International Journal for Quality in Healthcare* [online]. 16(6), pp. 483-489. Available from DOI: 10.1093/intqhc/mzh078.
- [14] Selim, A. Noor Hazilah, A. M., & Rafikul, I. 2017. "Measuring Quality Performance between Public and Private Hospitals in Malaysia". *International Journal of Quality and Service Sciences* [online]. 9(2), Available from DOI: 10.1108/IJQSS-02-2017-0015.
- [15] Camilleri, D. 1998. Comparing Public and Private Hospital Care Service Quality. *International Journal of Healthcare Quality Assurance* [online]. 11(4), pp. 127-133.
- [16] Frank Moy Jr. 1995. Facility "Wellness": Health Facilities Management". *Facilities* [online]. 13(9), pp. 45-48, Available from <https://doi.org/10.1108/02632779510095626>.
- [17] Paul, C. & Marnoch, G. 1999. Knowledge and Attitudes of Malaysian Private Medical Practitioners toward Guidelines-Based Medicine. *Journal of Management in Medicine* [online]. 13(3), pp. 178-189.
- [18] Pilinger, J. 2012. Review of Literature and Guidelines on Accessibility in Healthcare that Underpins the National Guidelines on Accessible Primary, Community and Hospital Services.
- [19] Maxwell, J.A. 2012. *Qualitative Research Design: An Interactive Approach*. Pp. 214-249.
- [20] Jarrar, M & Rahman, H.A. 2015. Optimizing Quality of Care and Patient Safety in Malaysia: The Current Global Initiatives, Gaps, and Suggested Solutions. *Global Journal of Health Science* [online]. 8(6), pp. 75-81. Available from DOI: 10.5539/gjhs.v8n6p75.

