

## **WAQF-BASED AND OTHER SOCIAL-BASED HEALTHCARE IN MALAYSIA: A CONCEPTUAL COMPARISON**

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### **ABSTRACT**

*There are many different types of social-based healthcare in Malaysia providing free healthcare to the poor while offering discounted fee to regular patients. The social-based healthcare includes non-profit organizations, the social enterprises, waqf-based hospital, and private hospital's Corporate Social Responsibility. This study aims to clarify their indistinctive status of the different types of social-based healthcare in Malaysia, disclosing their similarities, differences and to determine the extent of which these healthcare institutions provide the many forms of 'free healthcare services' to the public. The research methodology used is critical content analysis and coding, manual and with NVivo 12. Initial findings revealed a new diagram for health providers in Malaysia, their challenges of social-based healthcare services in their mission and financial sustainability. This study will add value in the area of social innovation by investigating the importance of different concepts and values in social-based healthcare missions and their methods in maintaining financial sustainability.*

**Keywords:** *Waqf-based Healthcare, Social-based Healthcare, Corporate Social Responsibility, Islamic Social Finance, Sustainability.*

## PENJAGAAN KESIHATAN BERASASKAN WAQF DAN LAIN-LAIN YANG BERASASKAN SOSIAL DI MALAYSIA: SATU PERBANDINGAN KONSEP

### ABSTRAK

*Terdapat pelbagai jenis penjagaan kesihatan berasaskan sosial di Malaysia yang menyediakan penjagaan kesihatan percuma kepada golongan miskin sambil menawarkan potongan yuran kepada pesakit biasa. Penjagaan kesihatan berasaskan sosial termasuk organisasi bukan untung, perusahaan sosial, hospital berasaskan wakaf, dan Tanggungjawab Sosial Korporat hospital swasta. Kajian ini bertujuan untuk menjelaskan status tidak jelas tentang pelbagai jenis penjagaan kesihatan berasaskan sosial di Malaysia, mendedahkan persamaan, perbezaan mereka dan untuk menentukan sejauh mana institusi penjagaan kesihatan ini menyediakan pelbagai bentuk 'perkhidmatan penjagaan kesihatan percuma' kepada orang awam. Metodologi penyelidikan yang digunakan ialah critical content analysis and coding, manual dengan NVivo 12. Penemuan awal mendedahkan rajah baharu untuk penyedia kesihatan di Malaysia, cabaran mereka terhadap perkhidmatan penjagaan kesihatan berasaskan sosial dalam misi mereka dan kemampuan kewangan mereka. Kajian ini akan menambah nilai dalam bidang inovasi sosial dengan menyiasat kepentingan konsep dan nilai yang berbeza dalam misi penjagaan kesihatan berasaskan sosial dan kaedahnya dalam mengekalkan kemampuan kewangan.*

**Kata kunci:** *Penjagaan Kesihatan berasaskan Wakaf, Penjagaan Kesihatan berasaskan Sosial, Tanggungjawab Sosial Korporat, Kewangan Sosial Islam, Kelestarian.*

### INTRODUCTION

Countries like Thailand, Norway and Finland have free or low-cost healthcare (Keskimaki et al., 2019). However in Malaysia, the Ministry of Health (MOH) with its two-tiered system has a universal healthcare systems that functions to provide affordable and good healthcare which is easily accessible to all races regardless of religious belief and income group but it has its challenges. The private hospitals complement the healthcare system in the country, comprising for-profit and non-profit healthcare services. Although for-profit healthcare services provide good services at a price, they have had positive reactions by the public in public hospitals by raising the standards and services. On the other hand, non-profit or social-based healthcare provide free healthcare and medical services to the poor and underprivileged and are funded mainly through donations. With *waqf-based* healthcare services, which began in early Islam 1400 years ago in a tent during the Battle of the Ditch in the times of Prophet Muhammad SAW. Over the years, these foundations/trust or *wakif* (*waqf*, in Arabic) peaked in the 18<sup>th</sup> century with the first non-profit hospital in Turkey, the American Hospital which was acquired by Vehbi Koc Foundation. In Malaysia, non-profit or social-based healthcare service was established in the 1900s, when Penang Adventist Hospital and Lam Wah Ee Hospital were founded and funded by the Chinese community, offering traditional Chinese and Western medicine. Currently, there exists among others, non-profit healthcare such as Assunta Hospital and *waqf-based* healthcare such as Klinik Waqaf an-Nur and Kasih Cyberjaya Specialist.

### PROBLEM STATEMENT

The different types of social-based healthcare are poorly defined and their boundaries unclear (Grassl, 2012; Holmen, 2012; MaGIC, 2015; Paswan, 2018). Definitional terminologies like social enterprise, non-profits, third sector and other charity organizations are interchangeably used but the true meanings of the fundamental elements, the differences are extensive (Grassl, 2012; Kickul & Lyons, 2020). In Malaysia, the social-based healthcare institutions were developed since before the independence of Malaya and funding were those collected from public donations, endowments, *waqf*, philanthropist and foundations. With present blended organizations providing also for free healthcare such as in social enterprises, this new development has found a lack of definition and awareness (MaGIC, 2015). The free healthcare provided by these social-based ranged from free consultations

only, free consultations and medicines, free basic healthcare, discounted healthcare services for the general public and free for the poor and underprivileged only. Hence, clarification of these healthcare chargers from the different types of social-based healthcare is deemed necessary.

## SIGNIFICANCE OF STUDY

This study addresses the gap in the definitions and boundaries of *waqf* and other social-based healthcare in Malaysia. It further examines the present third sector with the development of corporate social responsibility of private organizations in the provision of free healthcare whilst making comparisons to disclose their differences and similarities. With the elements identified for each type of social-based healthcare, they can benefit from each other by their explicit element/s leading to their individual success. This study will provide insights in the areas of social innovation, its interactions and their benefits in achieving sustainability.

## LITERATURE REVIEW

### 1. Malaysian Healthcare System

The dual-tiered system in Malaysia comprising the public government healthcare services and the private sector which is rapidly expanding. The privately-run healthcare services are for-profit organisations and social-based organisations with about 35 percent of the private sector (Abd Manaf et al., 2010) consisting of for-profit (FP) and social-based oriented healthcare services. The social-based oriented healthcare services comprises three types: non-profit organisation, *waqf*-based institution and social enterprise. Notably, there has been many confusing and conflicting definitions of non-profit and social enterprise and hence, social-based hospitals were found to be unsuitably classified (Grassl, 2012; MaGIC, 2015). From the Figure (2), the descriptions and representations can be classified into three; (1) private sector/business, (2) public sectors/government, and (3) voluntary sector/non-profits (Robb, 2012; MaGIC, 2015; Adnan et al., 2018).

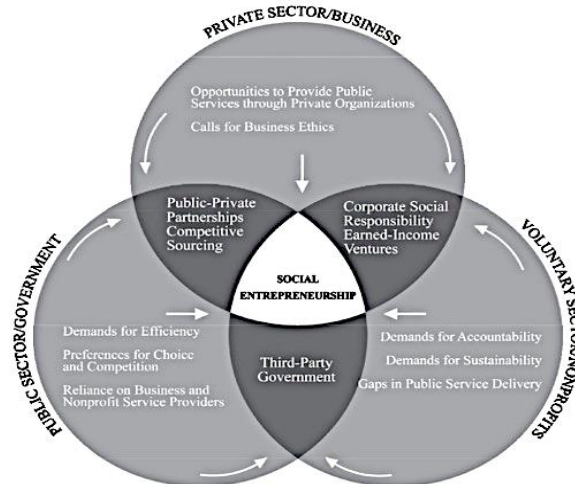


Figure 1: Social Entrepreneurship Venn diagram  
 (Robb, 2012; MaGIC, 2015; Adnan et al., 2018; Palakshappa & Grant, 2018)

With the Venn diagram (Figure 1) above (Adnan et al., 2018), overlapping is depicted with public, private and third party sectors, which shows the distinctions between the types of hybrid organisations. Social-based organisations falls into the third sector which overlaps with the government sector where its finances are dependent on government grants. When it overlaps with the private sector, the Corporate Social Responsibility within the earned-income ventures. The new social entrepreneurship is identified among the overlapping of all the segments of public, private and voluntary sectors (Robb, 2012; MaGIC, 2015; Adnan et al., 2018; Palakshappa and Grant, 2018).

## 2. The Third Party/Public Organisations

The many connotations of the third party is defined as an organized, private, non-profit, and voluntary entities and the European defines it as a hybrid phenomenon resulting in social enterprises and where public-private partnerships of welfare are founded (Corry, 2010). In Malaysia however, the term 'third sector' is represented and preferred to be known as the societies, charities, unions, cooperatives, NGOs, mosque committees and so on (Kasim et al., 2018). From the literature reviewed, all social-based organisations are non-profit. Therefore, based on the Venn diagram, the following definitions are recorded.

The three main sectors play different roles and approaches. Whilst the public sector provides public services and goods, the private sector focuses on the purpose of profit-making to meet the demands of shareholders and the non-profit sector provides the needs of society (Adnan et al., 2018). Based from fig. (1), *waqf* institutions would be placed in the voluntary sector as it is of charity in nature with its own set of per-requisites.

Henceforth, the third party/sector includes:

### a. Voluntary/Non-Profit Organisation (NPO)

NPO or voluntary sector is a non-profit-making organisations comprising of voluntary groups of faith-based organisations, charities, voluntary and community groups, etc., relying on grants and donations. NPO began as a traditional aid for limited income groups and slowly evolved to empower them and currently in final stage of providing continuous charity and voluntary work (Albaz, 2019) whilst also growing an equitable economy and promoting sustainable social development (MaGIC, 2015). They serve the public and observe the Hansmann's (1980) non-distribution constraint as it is the key structural feature in the trust characteristic of non-profit organisation endorsed (Almeida, 2017; Mori, 2018).

The not-for-profit or non-profit hospitals in Malaysia were built in the late nineteenth century such as the Tung Shin Hospital and the Lam Wah Ee Hospital by the Chinese community and still function to provide good healthcare to the public to this day (Chee & Barraclough, 2007). Sources of financing for Lam Wah Ee Hospital came from public donations and property rentals donated by local philanthropists or investments purchased by the Board of Directors for the charitable organisation (Lam Wah Ee Hospital, 2018). Tung Shin Hospital was founded by Yap Kwan Seng in 1881 and was dependent on the generosity of the public and the Malaysian government (Tung Shin Hospital, 2018). Presently, Tung Shin Hospital (The Sun, 2018), is a private hospital but frequently gives treatment to the poor from their charity mobile clinic (Chee & Barraclough, 2007). Mercy Malaysia is yet another voluntary organisation in this segment and its mission is in the humanitarian relief mission where it focuses on providing medical relief for defenceless communities in the country and others, as set out in its Constitution (Aziz, 2016). Reports show an increase of FP hospitals over the years and NP hospitals remaining the same (Chee & Barraclough, 2007; Malaysian Productivity Corporation, 2014). NP hospitals need a balance in their mission as they cannot be mission-rich but money-poor as this may result in them going out of business. NPO must be wary about the ROI (return of investment) in financial return or profits as this becomes essential as it can empower the organisation towards financial sustainability, which is essential for continuous services and the achievement of missions (Brinckerhoff, 2009).

### b. *Waqf*

In the spirit of altruism, Islam has *zakat*, *sadaqah* and *waqf* vehicles which form an important segment of the Islamic way of life that promotes humanity and brotherhood. Historically, *waqf* which began from the times of Prophet Muhammad SAW in a mobile military tent where Rufaidah al-Islamiyyah became the first female nurse to take care of wounded patients during the *Ghazwah Khandaq* (Battle of the Ditch) (Āsā, 1981; Jan, 1996; Kasule, 1998). Then later it then played a huge role for socio-economic development of the Muslim *ummah* in many Islamic countries in the past, where endowments were essential in the establishment of various public services to the people including educational institutions, healthcare services, construction of places of worship and other related welfare services (Çizakça, 1998; Rana et al., 2020). *Waqf* is considered to be one of the most important institutions of third sector (voluntary sector) that exists in the Islamic heritage (Arshad, 2015). The *waqf* or Islamic endowment or trust in Malaysia is a state matter and governed within the State List of the Ninth Schedule to the Federal Constitution. The exclusive powers of the state government legislate laws on the administration of *waqf* and section 25 of the Civil Law Act 1956

which specifically recognises the disposal of property according to Islamic law. The administration of *waqf* properties are put under the powers of the State Islamic Religious Councils under the respective states' administration of Islamic law enactments (Abdul Kader, 2015).

Presently in Malaysia, the hospital and clinics chain of Waqaf An-Nur is among the well-known *waqf*-based healthcare institution (Mohamed@ Daud & Ab Rahman, 2015) which is a successful collaboration between Waqaf An-Nur Corporation Berhad and KPJ Healthcare Berhad. Another *waqf*-based healthcare is USIM Medical Specialist Clinic which is a collaboration between USIM and Majlis Agama Negeri Sembilan (MAINS). It was established in February 2013. Both these *waqf*-based healthcare organisations are corporatized entities approved by their respective Religious Council of the State, MAIN (Atan et al., 2017).

The healthcare services under Johor Corporation has 21 units of Klinik Waqaf An-Nur (KWAN) nationwide and a Hospital Waqaf An-Nur (HWAN) in Pasir Gudang, Johor. Waqaf An-Nur Corporation Berhad was established by Johor Corporation Berhad and was officially launched in 1998. Through this mechanism, part of the benefits received by Johor Corporation Berhad in the form of annual dividends from its investee companies are allocated for *waqf* and distributed for social and religious activities (Johor Corporation, 2018). The chain of clinics owns a total of 68 dialysis machines as of 2018 (as compared to 64 units in 2014) and has treated 350 kidney patients at a minimum charge of RM90. Outpatients from the clinic comes from all social levels of the multiracial public and they are charged only a minimum fee of RM5. As of December 2020, KWAN clinics had treated 1,900,881 patients, including 163,508 non-Muslim patients (WANCORP, 2020). It was reported in their annual report that WANCORP contributes 14.6% of their total social responsibilities and charity fund to healthcare services (HWAN and KWAN) which amounts approximately to RM225,050 from the total endowments of RM1,545,431. Waqaf An-Nur Clinics have indeed contributed tremendously to patients who are needy in Malaysia (Mohamed@ Daud & Ab Rahman, 2015).

c. The Third Party Government: Public-Private Partnerships (PPP)

The third party sector of government/public and voluntary/non-profit organisations in a private-public partnerships (PPP) is an innovative partnership. It has been described that when this partnership is successfully applied in healthcare, the result is a 'triple win' whereby firstly, government's project or service is attained at lower cost and/ or higher quality than when done alone or with a more basic service contract; secondly, the public gets to enjoy healthcare services which the government could not afford and thirdly, with running an organization of a business model, it can result in good deliverance of services to the public (KPMG, 2018). This type partnership is not only for the monetary gains but in the sharing or transfer of knowledge and skills; in the provisions of underserved population and in the procurement and distribution of essential drugs (Akintoye et al., 2015). In Malaysia, the PPP involving the government/public and voluntary NGOs in healthcare are deemed successful by WHO (World Health Organization) and they include the provision of dialysis services, harm reduction programs (MMT and the NSP), the promotion of medical tourism, and the production of more health care personnel through private medical education (Phua et al., 2014). During the pandemic of Covid-19, the Malaysian government through the MoH (Ministry of Health) partnered with NGOs and individuals to hand out cash to those who were affected by the quarantine and treatment processes (Shah et al., 2020).

d. Social Enterprise

In the evolvement of non-profit organisations, the entrepreneurial form was created in a social enterprise to maintain financial sustainability for the longevity and success of the organization. In developing the NPOs into social enterprise, it progresses into a business venture with a social mission which focuses on financial sustainability, corporate governance and thus, combining entrepreneurial goals with charity (Khaustova et al., 2019). It combines social mission with discipline, innovation, and technology (Dees, 1998; Bansal et al., 2019). An exemplary social enterprise in healthcare established by Mayo Foundation (Palmer, 2012) is the Mayo Clinic in the United States of America. It is a non-profit organisation and developed as a social enterprise in the delivery of healthcare services (Mayo Clinic, 2017). Mayo Clinic was ranked first in the 2019-2020 'Best Hospitals Honour Roll' compiled by the U.S. News & World Report (Harder, 2021). It stresses not just in its financial sustainability (Kiger, 2019) but also the workforce sustainability (Orszag, 2011; Hansel & Rochester, 2014) to ensure Mayo's long-term future preservation. Social entrepreneurship has become a new

phenomenon in many countries to reduce social problems and alleviate poverty (Zahra et al., 2009; Abd Muin, 2014; MaGIC, 2015). As a prominent social enterprise in the healthcare industry in Malaysia, Assunta Hospital in Petaling Jaya, Selangor, was developed in a culture and legacy of community service since 1961 initiated by Assunta Integrated Social Services (ASSISS) (ASSISS, 2018).

e. Private Hospitals with Corporate Social Responsibility (CSR)

Another form of social-based healthcare is the corporate social responsibility (CSR) programs by for-profits healthcare services. From the Venn diagram in Figure (1), this is where the private sector overlaps with the third sector (Robb, 2012; MaGIC, 2015; Adnan et al., 2018). CSR programs has developed its role in the for-profit organisations by giving back to society positively and productively. The introduction of CSR has brought about empowerment and investment in the community which in turn plays a huge role in overcoming socio-economic problems (Siti Zubaidah & Mudrifah, 2019). Private for-profit hospitals have benefitted from CSR with an increase in financial performance, improved stock market performance (Cho et al., 2019), increased positivity in organisational citizenship behaviour (Ali et al., 2010), higher level of employer attractiveness (Joo et al., 2016), and other employee development concerns (Kim et al., 2017; Tong et al., 2019). Furthermore, corporate social responsibility can strengthen a company's branding image and cultivate brand recognition. In the classical view of CSR, it has been defined as undertaking charitable activities or solving social problems. However, this paradigm has now shifted to business responsibility to solve environmental and social problems (Handayani et al., 2017). Typically, CSR activities by hospitals include providing education for paramedical teams, health seminars, and charity activities for the public to improve public health in general. Socially responsible companies promote positive brand recognition, generate customer loyalty, and attract top-tier employees. Research have shown that as CSR increases, the reputation of the hospital strengthens which shows that there exists a strong relationship between CSR and the company's reputation (Esen, 2013). In recent years, private hospitals have taken several initiatives at individual and organisational levels to develop CSR healthcare services in Malaysia by providing free healthcare from mobile clinics (Shah, 2017). A private specialist hospital Avisena Hospital in Shah Alam, Selangor through their CSR initiatives Yayasan Avisena, introduced the mobile clinic, Klinik Bergerak Sutera (KBS) in 2018 which offers basic medical treatment to the rural community for free (Zaini, 2018).

## **RESEARCH METHODOLOGY**

The research approach used in this study is critical content analysis. Critical content analysis (Utt & Short, 2018) examines the selected literature for their relevance to the topic from article journals, books, websites and newspaper reports of social-based organisations in healthcare industry, general documents of social-based hospitals worldwide, and background, governance, and functions of social based hospitals in Malaysia, etc. Data was then collected and coded manually and by using the software NVivo for analysis. Data analysis in this article sought to identify the overlapping governance and functions of public, private, and third sector of organisations in reference to the Social Entrepreneurship Venn diagram. By applying qualitative analysis through NVivo 12, coding was applied and produced patterns of the challenges and differences between various social-based healthcare organisations.

## **RESULTS AND DISCUSSIONS**

The following are the findings of this study. The findings are NVivo 12 coded and manually with tabulations in Table (1).

### **1. A New Diagram for Healthcare Providers in Malaysia**

From this study, a new diagram is developed to illustrate the position of social-based healthcare services in the Healthcare Providers organisation in Malaysia (Figure 2). It is more appropriate and complies with the real definitions of non-profit/social-based organisations with the involvement of CSR and *waqf*-based organisations within the diagram of Healthcare Providers in Malaysia. From the Social Entrepreneurship Venn diagram (Robb, 2012; MaGIC, 2015; Adnan et al., 2018; Palakshappa & Grant, 2018) in Figure (2), the overlapping of the voluntary sector with private and public provides

a clearer depiction of the third sector comprising the voluntary sector, third party/public organisations, social enterprise and CSR. Since *Waqf*-based institutions is also another example of voluntary sector which is faith-based (Islam, in this case), this can be included into the social-based sector. This new revelation depicts the actual scenario of the social-based/non-profit sector in Malaysia and can be used to show a clearer representation.

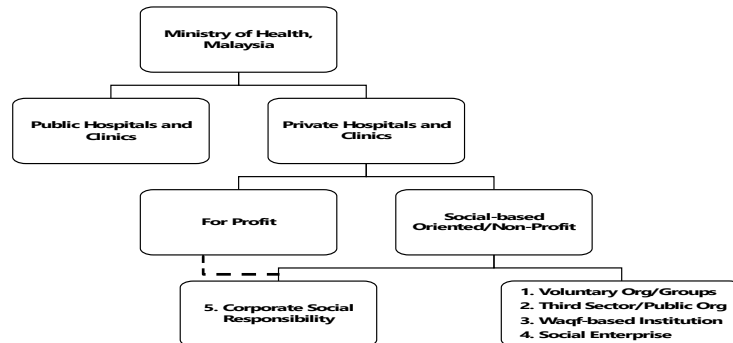


Figure 2: Healthcare Provider in Malaysia (Developed from Study)

## 2. The Challenges for Social-based Healthcare

Amongst the important elements of social-based healthcare discovered in the comparison table below (Table 1) is their mission (Murphy, 2010; Russo, 2016), the governance (Glaeser, 2002; Jamali et al., 2010; Khaustova et al., 2019) and sustainability (Murphy, 2010; Weerawardena et al, 2010; Valentine, 2014) which comprise of financial and workforce sustainability. Possibly, the greatest challenge for social-based hospitals is to carry out their social mission to provide high-quality health services at a reasonable cost while maintaining long-term sustainability (Murphy, 2010; Kandaiya, 2018). The inability to generate revenue to sustain operations but yet still having to maintain social value through the mission can be difficult. A business model, not only does it generate sufficient revenue from paying customers to provide social value by serving those who cannot pay the whole cost of healthcare, it provides an analytical mindset from managerial thinking and a commitment in economic activities (Gasparin et al., 2021). Hospitals operating on the "business model" can not only make profit for the financial sustainability but continue to serve the public in the field of healthcare. Amongst these challenges, trustworthiness has raised the public's concern and this is important to overcome as these social-based organizations are dependent on the public's opinion on their ethical and moral reputation and if destroyed can pay a high price.

- **Trustworthiness**

Trustworthiness in social-based healthcare from literature reviews is compared with those of social work from an Islamic perspectives and coded using the application Nvivo 12 to show patterns.

Trustworthiness is the concern of social-based organisations in healthcare in achieving the objective of non-distribution constraint or zero-profits and it is evident from literature read the importance of trustworthy (Hansmann, 1980; Anheier, 2005; Holmen, 2012; Bielefeld and Cleveland, 2013; Grant and Palakshappa, 2013; Khan *et al.*, 2013; Almeida, 2017; Paswan, 2018; Kandaiya, 2018; Ahmed *et al.*, 2019). Through trust, this important feature of non-distribution constraint is achieved. They also mentioned ways of overcoming this concern such as in Hansmann's (1980) theory of trustworthiness (Eiland, 2015). Their concerns are justified as the society's trust can result in sustainable growth (Cho et al., 2019) as a result from good relationship with stakeholders and improvement in economic performance. Results also indicate how Islamic-based social organisations can overcome the apprehensions or concerns for this feature, as those coded under Islamic ethics not only mentioned how it is engendered in the worship of god, Allah SWT, but it also personifies Islamic ethics and values which covers all aspects of life (Al-Krenawi & Graham, 2000; Khan *et al.*, 2013; Koku & Savas, 2014; Rauf & Ishrat, 2016; Ahmed *et al.*, 2019; Siti Zubaidah & Mudrifah, 2019). These values cannot be separated or isolated from the basic tenets of Islam which are manifested in each individual and practised in social integration for life in this world, where actions and dealings will be accountable in the Hereafter before God Almighty.

### 3. The Conceptual Comparison Chart

The comparison chart in Table (1) below also showed the similarities and differences between for-profit and non-profit hospitals which paves the way for a philosophical discussion about the benefits and standards of each approach. Generally, here are some of the key distinctions between the social-based hospitals.

- a. **Social-based Status:** The social-based healthcare services comprises different organisational systems of voluntary, non-profit, social enterprise, faith-based and CSR. Presently, they are all non-profit organisations with different sources of funding and most have since progressed into social enterprise to achieve financial sustainability.
- b. **Mission:** The mission for social-based healthcare is almost the same but fundamentally different for *waqf*-based institutions. Generally, the mission or objectives of social-based healthcare is usually in reference to the body they are affiliated to, or their source of financial support. The difference in the *waqf*-based ones lies in the core values of social work and the *waqf*-based organisations. The basic aims in social-based healthcare include upholding the dignity of human, promoting justice in society, and helping the poor and needy without affecting his/her integrity. For *waqf*-based services, it is part of worship and an Islamic charity is constructed upon its own set of prerequisites and conditions, where it not only has to be Shari'ah compliant, but must not violate the teachings of Islam. Financial transactions and investments must be 'halal' and in conformity with Islamic teachings as this is considered as worship (spiritual and material), and the revenues or usufructs which are generated from that property will be allocated to the poor, the needy and other beneficiaries. Hence, the Islamic perspectives of social work in healthcare have shown a different level of altruism besides showing care and concern.
- c. **Free Healthcare Services:** Free healthcare based on charity is the main fundamental element nuanced in their different interpretations of these social-based organisations. However, for Avisena SH, it provides free specific types of healthcare on selected times and selected locations.
- d. **Sustainability:** Social-based hospitals should be seriously concerned about their financial sustainability, as this is crucial in achieving their mission. Hence, in social-based ventures, it is important for them to generate profits, to find paying customers or patients, in order to help pay for the free services given to the right focused consumers of social-based healthcare (Robb, 2012). Through these revenues they generate profits (Dacin et al., 2010; Sanusi et al., 2019) or cross-subsidize (Chee & Barraclough, 2007), financial sustainability is realised. A voluntary organisation such as Mercy Malaysia however, has taken up strategic partnerships to obtain its financial sustainability for development and to empower the organisation. These strategic partners are bounded by rights and contracts in a social engagement through negotiations (Aziz, 2016).

Table 1: A Comparison Table of the Criteria of Present Social-based Hospitals (Developed from Study)

| Name of Hospitals  | Social-based Status              | Founders  | Mission  | Sustainability  | Governance  | Revenue Generation   |
|--|----------------------------------|---|--|---|---|--|
| 1. Mayo Clinic (McCarthy, Mueller, & Wrenn, 2009; Palmer, 2012; Schafer, 2020)                     | Non-profit and Social Enterprise | Dr. William J. Mayo in 1910   | Providing the best healthcare through integrated clinical practice, education and research.                  | Financial sustainability with subsidization, investments, reinvestments plus some commercial business while focusing on workforce sustainability, engaging employee brand equity.   | Physician-led governance. A board of governors provides high-level enterprise governance. The Mayo Board of Trustees. | 1. Hospital charges apply<br>2. Eligibility for charity care                       |
| 2. Mercy Malaysia (Aziz, 2016)   | Voluntary Group                  | Dr. Jemilah Mahmood   | Humanitarian mission to provide medical relief, sustainable health in both crisis and non-crisis situations. | Dependent on public donations and strategic partnership.  | Self-regulation   | Services are free.   |
| 2. Assunta Hospital (Assunta Hospital, 2018; Chee & Barraclough, 1997; Rasiah, Noh, & Tumin, 2009) | Social Enterprise                | A group of missionaries from the Franciscan Missionaries of Mary (FMM) in 1954. | A not-for-profit establishment, social entrepreneurship.   | 70% reinvested for further expansion of the hospital, investment in new equipment and technology, renovation and modernization of the facilities and operational costs of the hospital. 30% to the Social Welfare Fund, patients from the lower social economic group and those who qualify for medical aid, based on criteria set by the Social Welfare committee. | The management is comprised of a board of 28 directors.   | 1. Private hospital charges to regular patients.<br>2. Free to the poor and needy. |



|   |   |  |  |  |   |  |
|---|---|--|--|--|---|--|
| 3. Wakaf An-Nur Clinics (Abdul Rahman & Ahmad, 2013; Norizah Mohamed@ Daud & Asmak Ab Rahman, 2015) | Waqf-based  | In 2006, JCorp launched the idea of "Corporate Waqf" which involved the transfer of 12.35 million-unit shares to Kumpulan Waqaf An-Nur Bhd as trustee (Jcorp, 2007). | Waqf-based mission, Not-for-Profit, Charity, to provide healthcare and dialysis services to the less fortune segment of the society. | Nominal charge of RM5 for consultation and medicines, dialysis treatment at a subsidized price of RM90.  | Board of Directors of Jcorp WanCorp as 'Maukuf Alaih' or the manager of the endowments. | Minimum payment of RM5 for consultation and medicines, RM90 for dialysis.  |
| 4. Tung Shin Hospital (Malaysian Productivity Corporation, 2014)                                    | 1. Non-profit Institution during the early years.<br>2. Became a Social enterprise later. | Was founded in 1881 by Kapitan Gina Yap Kwan Seng.   | Committed to provide high quality and affordable healthcare services to enrich lives and improve health of the community.            | 1. Provide free medical services and/or affordable medical care to the needy.<br>2. Hospital charges for regular patients. Still free to the poor. | Board of Directors  | 1. Depended on donations in the early years.<br>2. Private hospital charges for regular patient. Free to the poor and needy. |
| 5. Kasih Specialist Centre, Cyberjaya (Kasih Holdings Sdn Bhd, 2018)                                | Waqf-based  | Dr. Mohd Zaqrul Razmal Mohd Podzi  | Waqf-based mission   | Waqf-based hospital  | Board of Directors  | Discounted costs for regular patients and free for poor.   |
| 6. Avisena Specialist Hospital (Avisena, 2019)  | Corporate Social Responsibility (CSR)   | President & Chief Executive Officer is Dato' Dr. Omar and the hospital began this program in 1996.   | CSR Mission  | Private hospital with a CSR, Yayasan Avisena to provide free medical service twice monthly.  | Board of Trustees   | For CSR programs, free for all.  |

- e. Another important type of sustainability is the sustainability of workforce or employees of the hospitals which is important to ensure a positive brand image for these hospitals. Creating a strong and dedicated workforce will enhance the quality of service and ensure the accomplishment of goals and mission. A shortage of specialized employees such as doctors and nurses can disrupt the long-term sustainability of hospitals.
- f. Board of Directors (BOD): All the social-based healthcare in Table (1) have a board of directors each, where governance and accountability are managed. The BOD is not only responsible for the governance and accountability, but is also liable for the organisation's mission, objectives, financials and others. This BOD is necessary as it plays a critical role in the strategic planning and helps pave the way in achieving the mission and goals.
- g. Generally, it can be said that for different types of social-based healthcare there is similar outcomes of providing free healthcare. However, in scrutinizing those structures, *waqf*-based healthcare services can serve as an efficient social-based healthcare services since the underlying factors can enhance efficiency and trustworthiness for long-term survival of healthcare services. The findings from this study can serve as a base for improving social-based organisations and employee performance.

## CONCLUSION

The different systems of the social-based hospitals have their strengths and weaknesses but they have all contributed positively and significantly towards their chosen focused groups. However, the present structures of social-based healthcare can be improved and future ones can build a stronger and successful healthcare services by complementing and including some positive elements from each system to enhance the sustainability, mission and consequently the longevity of good healthcare and subsequently the success of free healthcare for the poor and indigent. The pandemic Covid-19 has indeed proven that healthcare services is the most important public service that needs more support and funding as it does not only affect the health of the people and the economy of the country, but the survival of mankind.

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