CHAPTER 6

ANALYSIS ON THE SUSTAINABILITY CONCEPT AND PRACTICES OF SOCIAL-BASED HEALTHCARE INSTITUTIONS IN MALAYSIA

6.1 Introduction

The aim of this chapter is to answer the research question on the sustainability concept and practices of these six healthcare institutions. The representatives of each institution were asked the same interview question, and the responses were analyzed together using NVivo software and thematic analysis. The healthcare institution representatives are represented with the labels shown in Table 6.1.

Table 6.1: Label for Representatives of the Healthcare Institutions

Healthcare Institution Name	Label
Wakaf Annur Clinic	RHI1
USIM Health Specialist Centre	RHI2
Al-Islam Specialist Hospital	RHI3
PUSRAWI Hospital	RHI4
MUIP Healthcare	RHI5
Penang Adventist Hospital	RHI6

Note: RHI = Representative of Healthcare Institution

6.2 Sustainability Concept for Social-based Healthcare Institutions

The discussion on the sustainability concept for social-based healthcare institutions intends to evaluate the understanding of each representative on the sustainability concept within the healthcare sector. The discussion is based on the findings gained from the interview sessions. The responses were not compared but analyzed using open coding to answer the second research objective (Table 6.2):

Research Objective 2: To investigate the understanding of each social-based health care institution on the sustainability concept.

Table 6.2: Open Coding for Research Objective 2

Interview Question: Based on your understanding, how do you explain the sustainability concept within the healthcare sector?		
RHI	**Answer**	**Open Coding**
1	"I took it from the understanding from Ustaz Naza earlier. If we want financial sustainability, we need to have planning and strategy. Similarly, how to maintain. Wanted to make sure this waqf clinic is sustained, that's it. We have plans for 5 years. We do have a budget. Based on that we look on the original plan. It is to ensure we sustain"	-Good planning. Short-term and long-term planning. -Budgeting
2	"There needs to be a continuos income. There must be new services that can increase income. In addition there needs to be a community program."	-Continuous funding. -Adding/creating new services. -Community programs around cashment area
3	"I'm ok ... If do it properly, even if it is a wakaf clinic, it 's ok too. But the issue is that do we have this support in terms of how I mentioned like in Jordan, even though they have funds from donations but they still charge the patient. And they charge only the selected patients. And the cost of the private hospital having treatment in Jordan, is still the cheapest before. Yes. Before and until now. But because of the hospital in Jordan already taken over by the government. The hospital, their government accuse the management has mislead and so on. They have spoil the whole program. Because they have Islamic society there which has a billions of their property. So actually we can. Because let's say it just a concept that wakaf	-Continuous funding

Table 6.2 continue

RHI	Answer	Open Coding
	is whether we make the whole hospital as wakaf hospital, and they need some funder. This funder is from waqf, right? And the other one you need have private."	-Supported with commercial healthcare services (private wing)
4	"There are many aspects for a hospital to grow and to sustain. Of course a hospital need to upgrade its service. Because in a hospital we have many discipline. And if you want to always progress and sustain, you have to add more and expand the services. Specialist doctor needs to be added. Even within specialist, it has to grow. So need to expand the services and other facilities. If there are many more discipline, many more facilities will increase the hospital services. More services, more sales. It has to do with profit. Then in terms of attitude and services with the patient. The patient came, then they were satisfied. We want to give them satisfaction and it involves all levels. So that one it related to services. There must be attitude training. We want people who came to this hospital, they feel happy. So Pusrawi is an Islamic hospital, right? So the challenge is to show a good Islamic image. So that's a challenge for the staff right. This whole organization is to bring a good image. The image of Islam is good. But our challenge is that if we do not fulfill it, it becomes a liability to us."	-Upgrading services -Adding a full discipline and specialist. -Upgrade the facilities. -Increase profit -Patient satisfaction -Staff training and attitude
5	"To sustain it must have strong finances, and if there is a change in medical policy, we are still safe. So the funder must be there. Therefore, going back to the wakaf hospital framework, first we need to have a funder. The source can come from individuals, institutions, or it can also come from the Islamic organization like us. Or it can also come from a business entity. So it is like a charity hospital. Such as a commercial hospital with welfare that reduces the costs."	-Strong source of financing or funder -A commercial hospital with welfare concept
6	"According to me the sustainability institutions, overall, from all aspect meaning, financial, manpower and leadership. So all this thing, basically all the resources. Ok. So, when we said sustainability it must be, you know its not just the in and out must be equal. But the in must be a bit or there must be at least a bit of surplus. Understanding it must be at least 5%. At least 5% surplus. Because the 5% is the minimum for staff paying increment, bonus and maintaining structure. Because the maintenance, otherwise of course if they effected in all the depression i guess that kind of factor in. But 5% thats what my understanding for my learning as an administrator. That is the minimum. Dont know whether this is still accurate in this kind of economy because our inflation is faster. Dont know whether 5% is realistic. Maybe it have to be 8% lah."	-Should be supported with strong manpower and leadership -Financial reserve should be at least 5-8%

Based on the answers from the six representative healthcare institutions, focused codes were generated through an analysis using the NVivo software. These codes indicate the understanding of the representatives of the sustainability concept for social-based healthcare institutions. Table 6.3 is the output of the focused coding process.

Table 6.3: Focused Codes for Research Objective 2

Interview Question: Based on your understanding, how do you explain the sustainability concept within the healthcare sector?		
		Focused coding
1	RHI1	Good planning: short-term and long-term planning.
2	RHI1	Budgeting
3	RHI 2, 3 & 5	Continuous funding.
4	RH2	Community programs around cashment area
5	RHI 3 & 4	Supported by profit-generating services/commercial services
6	RHI 4	Adding a full discipline and specialist.
7	RHI 4	Upgrading the facilities.
8	RHI 4	Patient satisfaction
9	RHI 4	Staff attitude for a good image of healthcare instution
10	RHI 4	Increase sale for profit
11	RHI 5	Support of a strong funder, such as an individual, institution, religious organization, or business entity
12	RHI 6	Financial reserve
13	RHI 4 & 6	Manpower/staff training
14	RHI 6	Leadership
15	RHI 6	Financial surplus at least 5-8%

Note: RHI = Representative of Healthcare Institution

The codes were grouped into three sustainability elements, namely financial, environmental, and social, as shown in Table 6.4 below. The thematic analysis showed that financial sustainability is the most important factor for the sustainability of social-based healthcare institutions. All healthcare institutions agree on the concept of financial sustainability. Eight themes were found under this element: good planning, budgeting, ongoing funding, creation of new services, profit-generating services, financial reserves and strong support of funder(s), whether individuals, institutions, religious organizations or business entities. These eight themes suggest that all social-based healthcare institutions

understand that they need continuous funding to sustain themselves. Although only representatives of UHSC, MUIP Healthcare, and Al-Islam Specialist Hospital directly mentioned continuous funding, representatives of other healthcare institutions also agreed through their emphasis on the strategies of continuous funding.

Table 6.4: Thematic Analysis for Research Objective 2

No	Financial Sustainability	Environmental Sustainability	Social Sustainability
1	Good planning, short-term and long-term	Upgrade facilities	Community programs around cashment area
2	Budgeting	Leadership	Customer satisfaction
3	Strong funder/ financial support	Upgrade healthcare services by adding full discipline/ specialist	Staff attitude for a good image of healthcare instution
4	Financial surplus at least 5%	Manpower/ staff training	
5	Increase sale for profit		
6	Continuos funding		
7	Financial reserve		
8	Supported by profit-generating services/commercial services		

Four themes were found under the environmental sustainability element: upgrading facilities, leadership, adding full discipline or specialist healthcare services, and manpower or staff training. Finally, community programs in the immediate community, customer satisfaction, and staff attitude for a good image of healthcare institution can help social-based health institutions to be socially sustainable. These thematic analysis process from open coding, to focus coding and the analysis using NVivo software were repeatedly and continuously used for other research findings. However for the table of open and focus coding, they were presented in the Appendix of this research. Only the table of thematic and the figure of NVivo analysis findings are presented in this chapter. Figure 6.1 shows the understanding of the healthcare institutions on the three elements of sustainability.

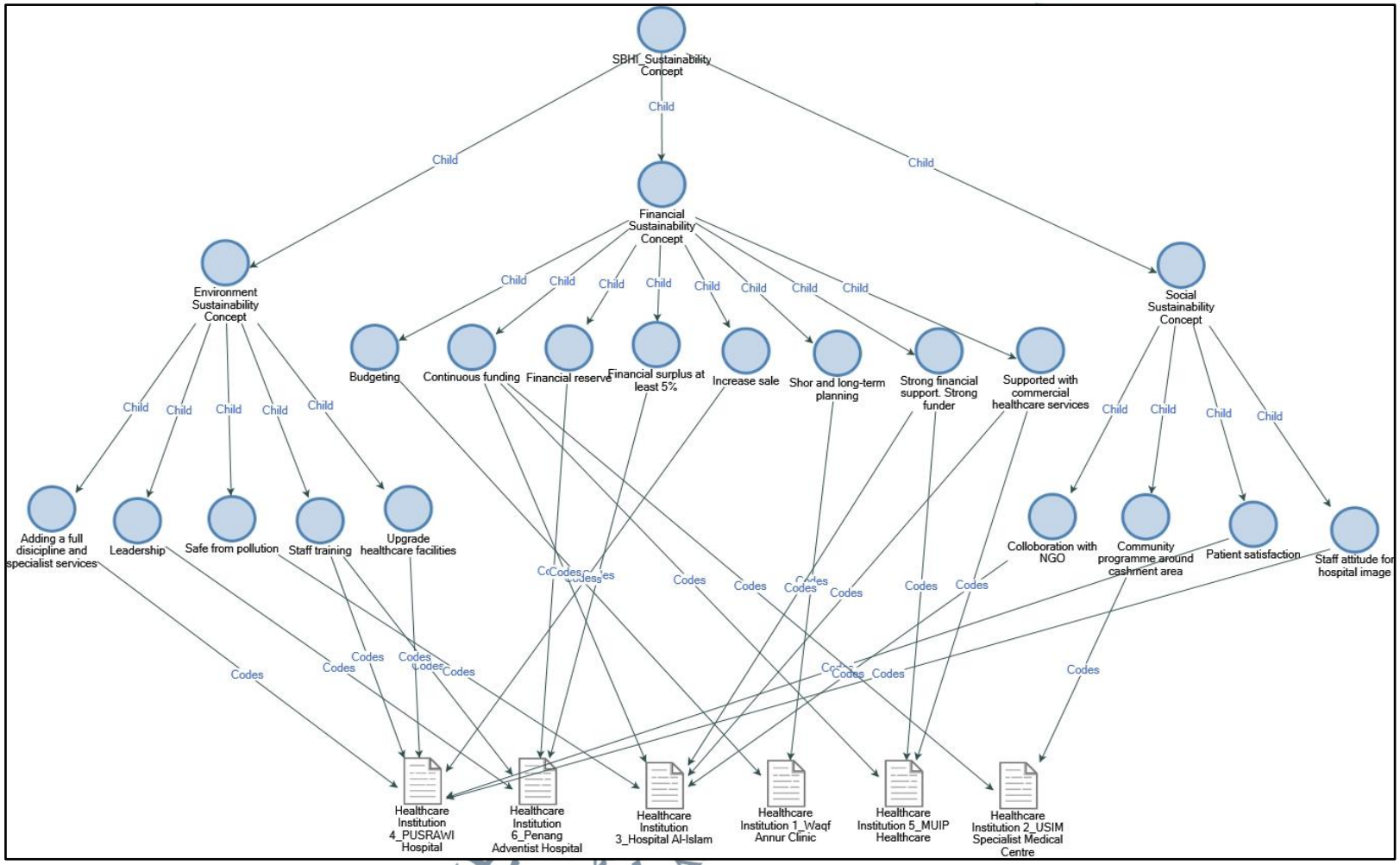

Figure 6.1: NVivo Analysis on SBHI Understanding on the Sustainability Concept within Health Sector

6.3 CKAPS and Social-based Healthcare Institutions' Understanding of the Sustainability Concept for Healthcare Institutions

This discussion intends to gain in-depth understanding of the perspectives of the regulator and healthcare institutions of the sustainability concept within the healthcare sector. Additionally, it intends to examine the extent to which both parties understand the concept of sustainability for the healthcare institutions. This sub-topic analyzes and discussing from the perspectives of the regulator (Chapter 4) and the institutions (Section 6.2). Table 6.5 presents the results of the analysis. Six themes were generated from CKAPS' perspective on the sustainability concept, while 12 themes were generate from the institutions' perspectives.

Table 6.5: CKAPS' and Social-based Healthcare Institutions' Understanding of Sustainability Concept

Themes	**CKAPS, MOH**	**Social-based Healthcare Institution**
Financial Sustainability Concept	1) Comprehensive planning 2) Strong proposal 3) Fulfill the requirement upon registration and pre-establishment based on Act 586	1) Good planning: Short-term & long-term 2) Budgeting 3) Continuous funding 4) Profit generated services 5) Financial reserve 6) Strong funder
Environmental Sustainability Concept	1) Healthcare operator knowledge 2) Important features for healthcare facility establishment (healthcare services, facilities and professional) 3) Human resources capabilities	1) Adding/creation for new services 2) Upgrade facilities 3) Leadership 4) Manpower/ staff training and attitude
Social Sustainability Concept	-	1) Community engagement 2) Customer satisfaction

Both the regulator and institutions agree on several aspects, such as the necessity for a comprehensive short- and long-term planning, budgeting, and continuous funding. These are important factors that satisfy the requirements of registration and pre-establishment specified in Act 586. Every matter relating to changes in the operations of a healthcare institution must comply with Act 586 and reported to and approved by CKAPS. This is confirmed by CKAPS' representative, Dr. Aliza Ali:

> "So if you follow the Act it is very detailed and comprehensive. Because I said earlier before, the Act itself touch on from the stage you want to build until the operation and until you want to close it later."

As per Section 42 of Act 586, the healthcare institution should submit its financial statements during registration and license renewal, while its budgeting should be included in the proposal. These have been stressed by Dr. Aliza Ali:

> "Whether you want to build a hospital or other health service, you have to make a proposal first. So the person who wants to apply must know what they want to do. So for example based of this Act, there are 3 important words. 1) Service. What healthcare services do you want to provide. 2) Facilities. These facilities including the equipment 3) Healthcare professional. So if there are people who are interested in build a hospital, they have to think from the first day."

Moreover, the MOH charges a fixed fee during registration and license renewal. The operator must comply with every regulation and procedure stated by the Act and CKAPS. RHI2 recounted the institution's experience with CKAPS:

> "So if it's regarding the operation, our registration has been reprimanded before. Because when I enter, I want to minimize the costs. But there are things that we cant minimize. Because I have a little experience with CKAPS before this. CKAPS has come in 2016. 2017 they did not come and only 2018 they came again. I was be given a warning. But it's okay. I just follow their requirements. They have their standard requirements. Whether or not we have to comply. We need to do a minimum renovation to comply with CKAPS requirement."

Every healthcare institution operator should follow the minimum mandatory requirements outlined by CKAPS. To sustain, a social-based healthcare institution must add more healthcare services. In the process, it should abide by the rules and regulations of CKAPS. Other than that, the representatives of both CKAPS and social-based healthcare institutions agree that the sustainability of healthcare institutions depends on the vision, knowledge, and leadership of the manager. CKAPS did not touch upon several sustainability concept themes, such as continuous funding, profit-generating services, financial reserves, strong funder, customer satisfaction, and community engagement programs. These are indirect factors that also contribute to the sustainability of a healthcare institution**.**

6.4 Sustainability Practices of Selected Social-based Healthcare Institutions

This section intends to answer the third research objective:

Research Objective 3: To investigate the sustainability practices of each social-based healthcare institution.

The financial, environmental, and social sustainability elements have been identified and discussed in the interviews with the representatives of the selected healthcare institutions.

6.4.1 Financial Sustainability Practices

To understand the current financial sustainability strategies of the sample healthcare institutions, the representatives were asked a range of questions related to their financial practices. They were asked about the diversity of funding, including in-kind contributions and financial distribution practices. The responses were then grouped into several focused codes that are based on the literature, as suggested by Shediac-Rizkallah and Bone (1998). Among the diversity of funding received by these healthcare institutions beside the fees services or contribution charges, the fund were also came from the donation from their surrounding communities and patient through the event and programme held by the hospital or clinic, corporate companies, continous fund from their auspice institutions such as Waqf Annur Clinic, PUSRAWI Hospital and MUIP Healthcare and also from the employee contribution. As for the financial distribution practices, among the aspects that has been mentioned covered on the aspect of operating costs (maintenance of building and equipment, staff salary, auditing, medicine and marketing strategy, cost reduction

practices); investment strategy and practices; administration procedure, including taxation and auditing; and financial planning and CSR programs. Table 6.6 shows the thematic analysis results while Figures 6.2, 6.3, and 6.4 presents the findings on financial distribution practices analyzed by the NVivo software.

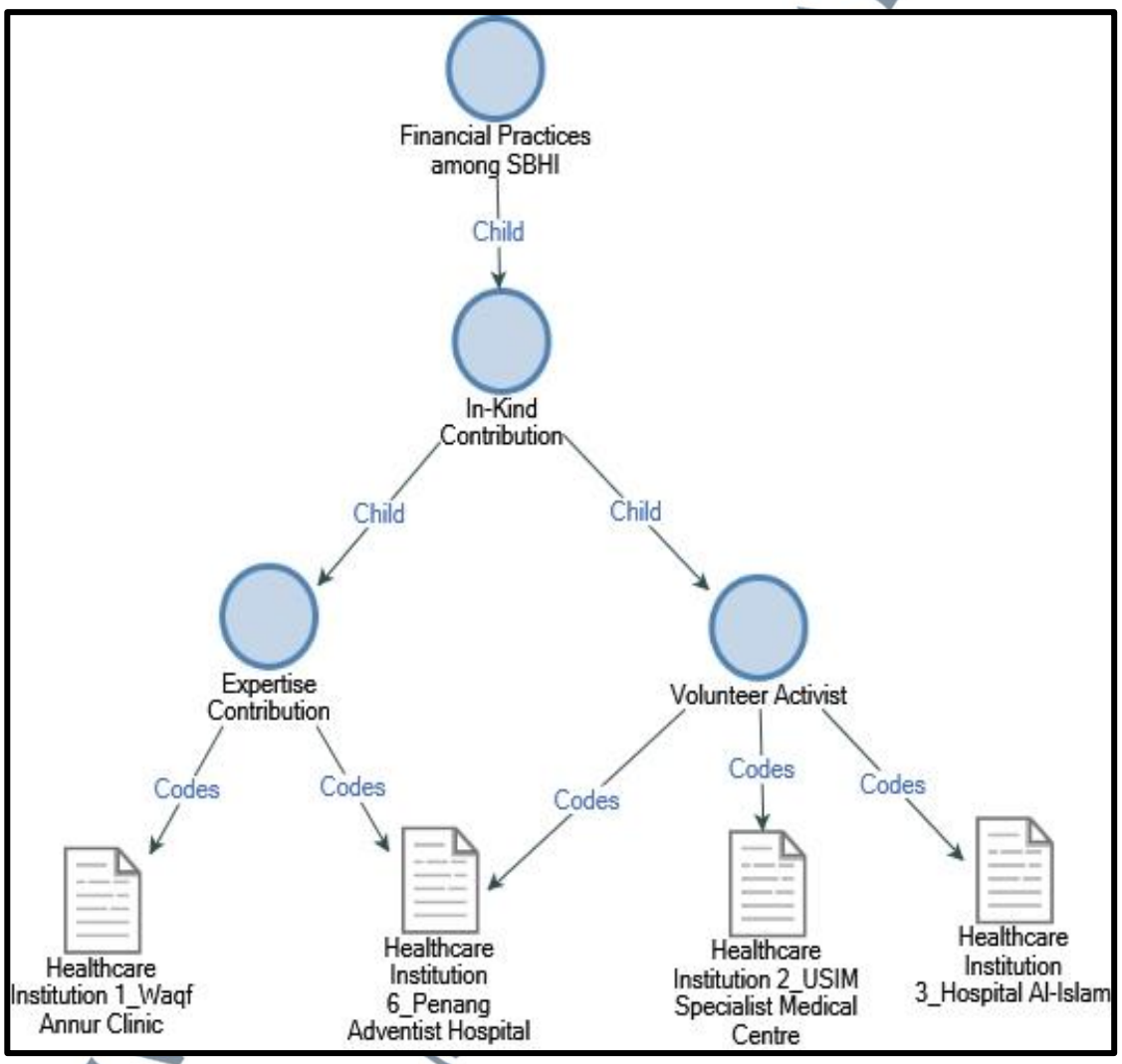

Figure 6.2: NVivo Analysis on In-Kind Contribution for Financial Sustainability Practices among Social-based Healthcare Institution

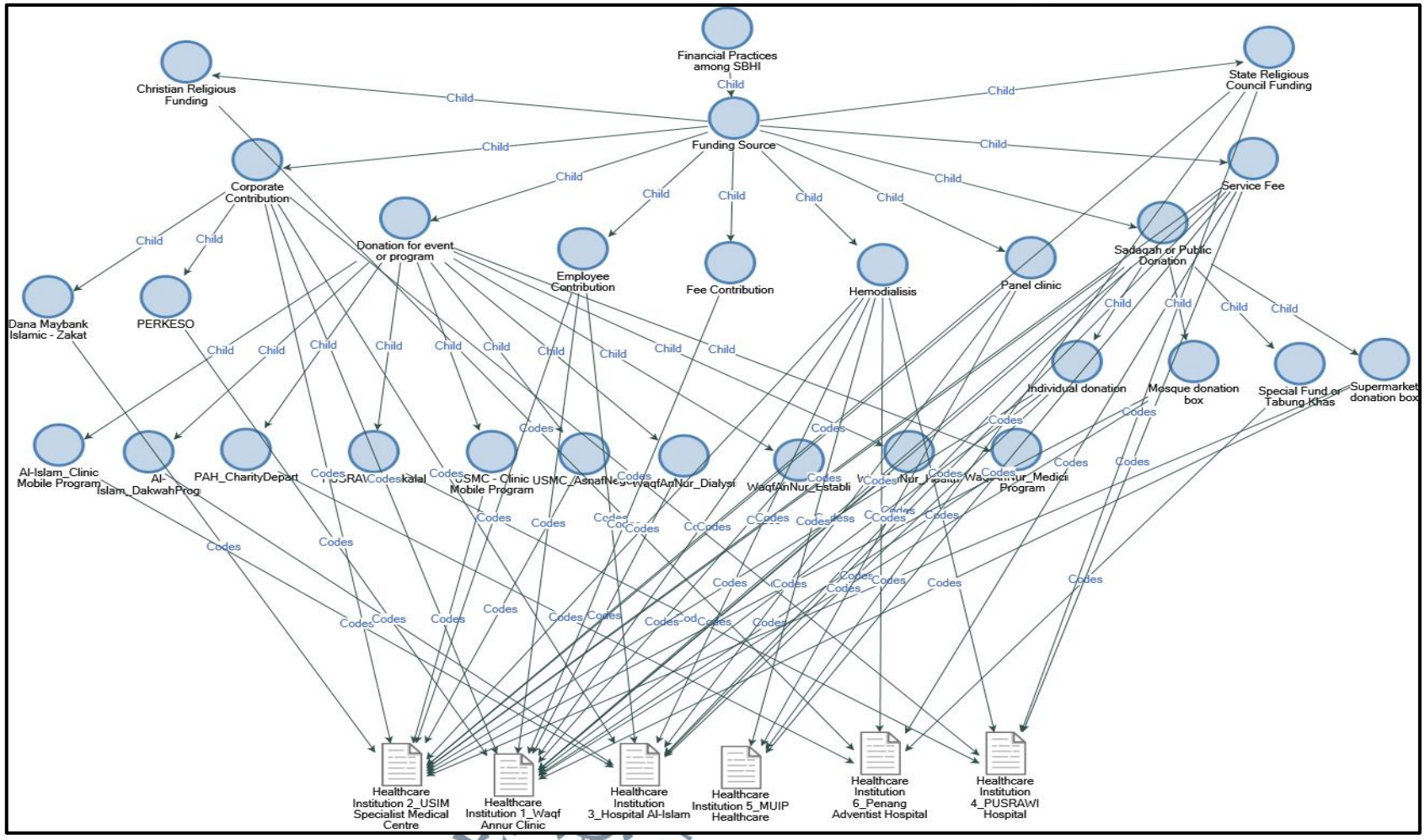

Figure 6.3: NVivo Analysis on Diversity of Funding for Financial Sustainability Practices among Social-based Healthcare Institution

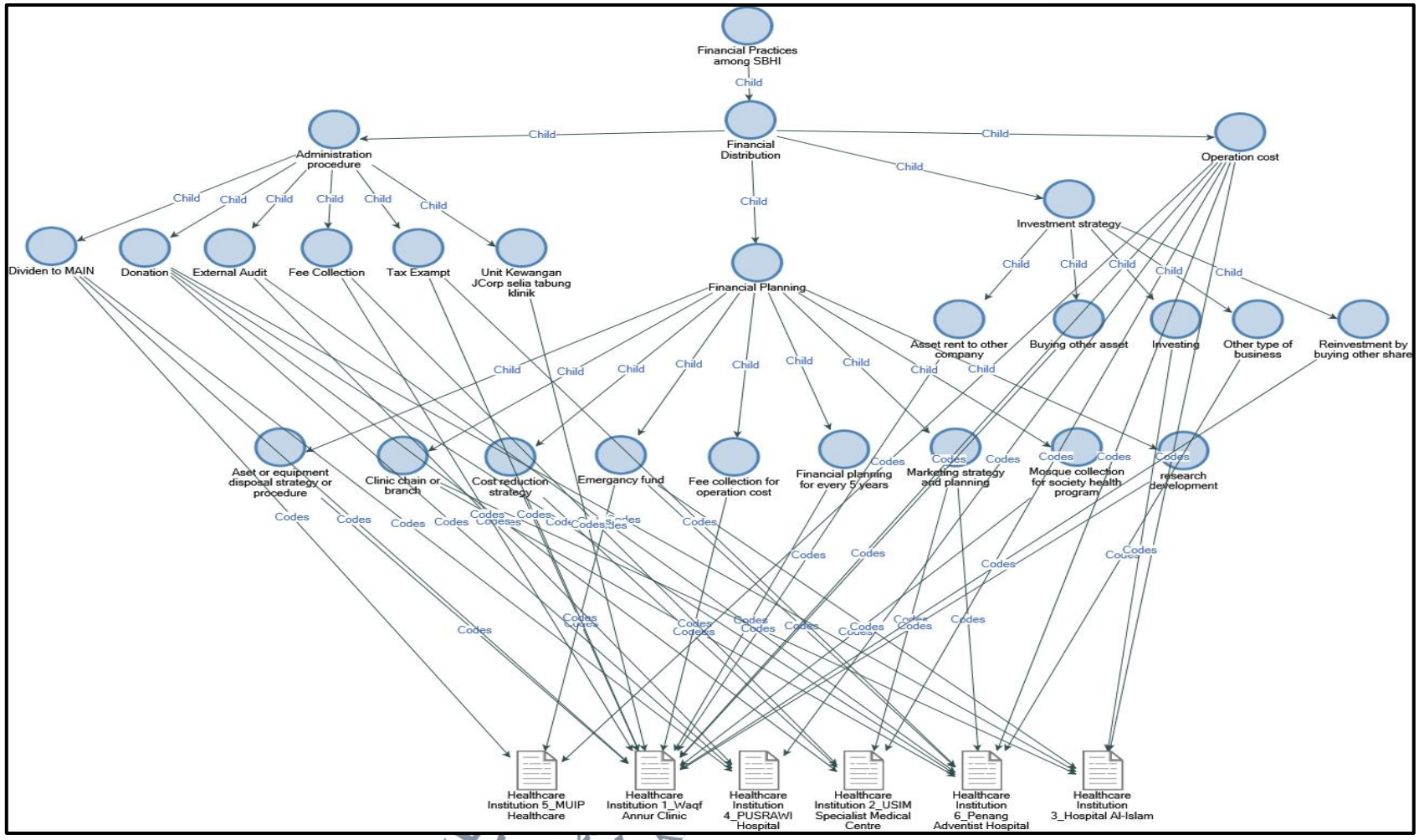

Figure 6.4: NVivo Analysis for Financial Distribution for Financial Sustainability among Social-based Healthcare Institution

6.4.1.1 Thematic Analysis

The thematic analysis for financial sustainability practices (Table 6.6) identified several themes related to the source of funding and funding distribution. The source of funding category is divided into financial and non-financial practices. There are 11 themes under the financial practice subcategory: fees for services, fee contribution, sadaqah or public donation, waqf contribution, corporate contribution, donation for event, program or item, employee contribution, State Religious Council funding, Christian funding, hemodialysis services, and panel clinic contribution. Meanwhile, there are two themes for non-financial practices, which are expertise and volunteer contribution. As for the financial distribution practices, four themes were found: operating costs, investment strategy, administrative procedure, and financial planning. Some of the themes found in this analysis are similar to the themes for the sustainability concept discussed previously.

Table 6.6 : Thematic Analysis on Financial Sustainability Practices

No	Funding Source		Financial Distribution
	Financial Practice	**In-kind Contribution**	
1	Fee Services	Expertise Contribution	Operating Cost
2	Fee Contribution	Volunteer Activist	Investment
3	Sadaqah / Public Donation		Administration Procedure
4	Waqf		Financial Planning
5	Corporate Contribution		
6	Donation for event/ program/ item		
7	Employee Contribution		
8	State Religious Council Funding		
9	Christian Religious Funding		
10	Hemodialysis Services		
11	Panel Clinic		

6.4.2 Environmental Sustainability Practices

Our interviews with the representatives of the sample institutions continued with a discussion on their environmental sustainability practices. Based on previous research, environmental sustainability factors include two internal and external aspects of organizational activities, that is, facilitation of decision-making and enforcement of sustainability policies, which encompass a broader scope than just the sustainability of the institution. The environmental sustainability practices may be included in the organizational structure, governing body or board of trustees, current policy, organization champion, customers, competitors, labor market, regulatory agencies, and political and technological factors (Pearce & Robinson, 2003). The dynamic environment requires that healthcare institution sustainability be perceived from the institution's novel strategies and decision-making creativity (Jennings, 2004) that align with its source, situation, and purpose (Johnson, 2008). The representatives were asked several questions related to environmental sustainability.

All the responses from the interview question on the environmental sustainability practices were open coded, recoded into several themes via focused coding where past research became the guidance to identified the related practices. The raw interview analysis also analyzed using NVivo software. This process of coding and analysis were followed the same process for other interview question and other institution interview findings. The focused coding analysis above then generated several themes for environmental sustainability practices, as shown in Table 6.7 and Figure 6.5 below. Two themes has been construct from the analysis, which are internal and external environmental sustainability practices. They are further discussed in the next section of this research.

6.4.2.1 Thematic Analysis

Table 6.7: Environmental Sustainability Practices of Social-based Healthcare Institutions

No	Environmental sustainability Practices	
	Internal	**External**
1	Organizational Structure	Colloboration/ engagement
2	Governing body/ Trustee board	Environmental management
3	Ethics Committee	Supplier
4	Manpower/ staff training	Competitor
5	Facilities/ services	Regulator
6		Location

The themes for environmental sustainability practices are categorized into internal and external practices (Pearce & Robbinson, 2003). Five themes were identified for the internal environmental sustainability practices: 1) organizational structure; 2) governing body or trustee board; 3) ethics committee; 4) manpower or staff training; and 4) facilities or services. As for the external environmental sustainability practices contain six themes: 1) collaboration or partnership; 2) environmental management; 3) supplier; 4) competitor; 5) regulator; and 6) location.

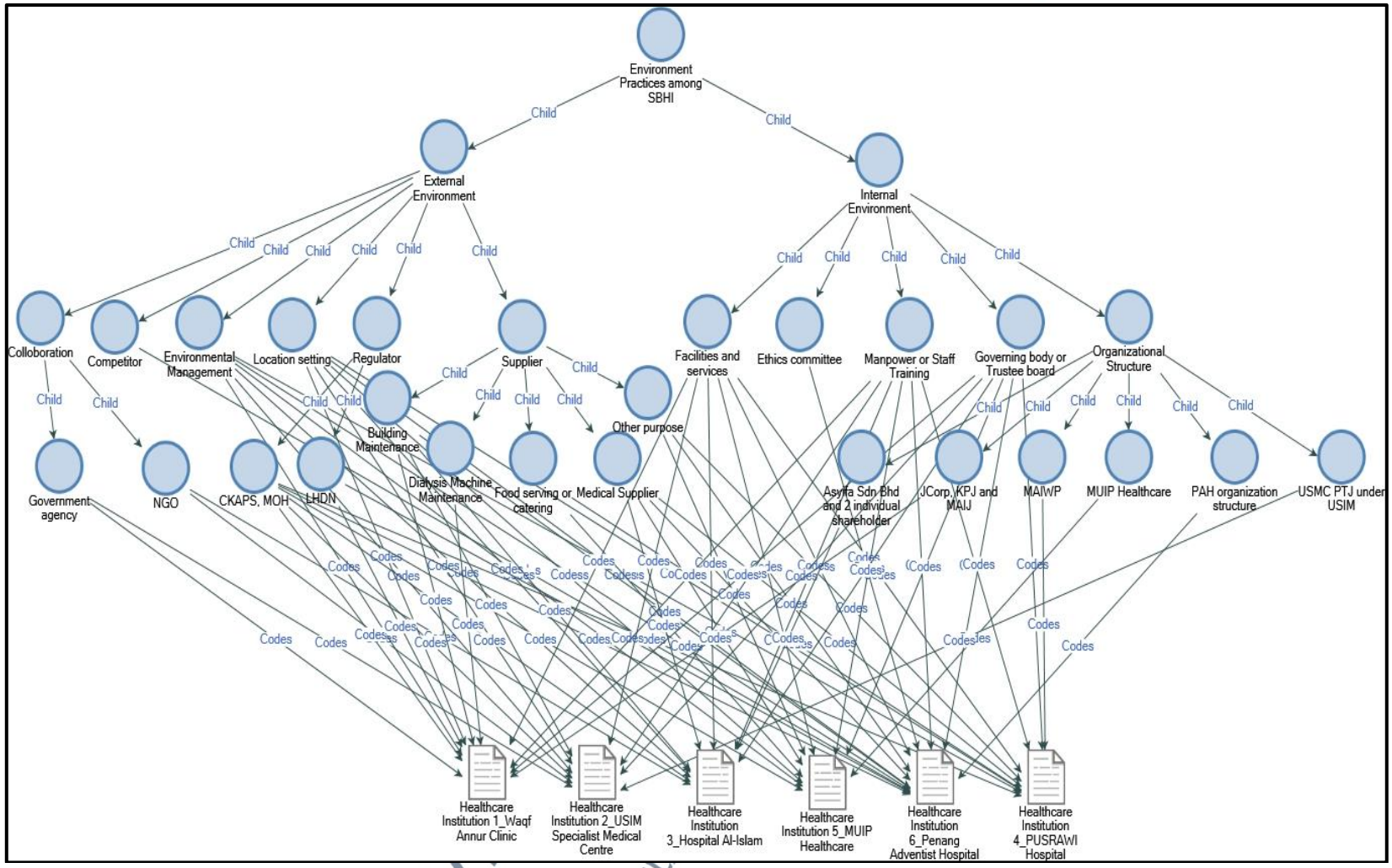

Figure 6.5: NVivo Analysis on Envrionment Sustainability Practices among Social-based Healthcare Institutions

6.4.3 Social Sustainability Practices

To understand the social sustainability practices of the sample institutions, the interviewees were asked three main questions obtained from past research: 1) the practices of the healthcare institutions to establish relationships with their staff, patients, and local communities; 2) employee, patient, and community feedback on the institutions' healthcare services; and 3) the practices of the healthcare institutions to share their organizational values and goals with their staff and local communities. The responses of every representative were analyzed manually and using NVivo software. (Figure 6.6). From the focused codes generated several categories related to the practices of the healthcare institutions to establish relationships with its staff, patients, and local communities. These include activities or programs that involve patients and their families, community, religious followers, parent institutions, staff, and NGOs. As for the coding on the healthcare institutions' practices to share their values with the staff and local communities, several themes has been formed such as guidance; *wehdatul fiqh*, which is the unity of faith formed through *usrah* and religious activities; Shariah compliance, which is the service quality goal that should be achieved by the institutions; motivation; training or orientation programs; and establishment of the chaplaincy department to share the organizations' values with their staff and local communities. Table 6.8 below presents the interview responses.

Table 6.8: Healthcare Institutions' Practices to Share their Values with the Staff and Local Communities

Interview Question : How your healthcare institution develops the values and shared it within the staff and local community?	
Answer	**Open Coding**
RHI: USIM Health Specialist Centre	
I try to liven up the family-like atmosphere. Here, my staff mostly new and never worked. Like my clerk, she works long hours but no one guides her. When I came, I guided her and she was willing to do it. Before this, the previous manager is the assistant registrar, he did not ask much. If you have a lot of questions, he will ask her to do it herself. But when she was with me, I guide and teach her a lot. Same to other staff here. If they ask for guidance, I will guide them one by one.	Guidance
RHI: Al-Islam Specialist Hospital	
Because we know the value. The value is too important for us to sacrify. So it actually can be realize. But the dakwah need to be clear. But the most important is, which mean, the doctors need to have *wehdatul fiqh* (togetherness in fikrah) even a little. The same thingking and vision.	Wehdatul fiqh
RHI: MUIP Healthcare	
In fact, we always get a response. When I brought my staff to the event or exhibition, many of them came. Full with my staff. Because I always encourage them to highlight what they have. What service do they give and ask them to show it to the public. We are behind them. I am, as a motivator. Motivating them.	Motivation
RHI: PUSRAWI Hospital	
Sometimes to ask someone to support the image of Islam is quite difficult because Islam is a beautiful religion and its quit hard to instill it. But our staff should do that. Because it's became a culture here. We have to make it a kind of culture so that the staff doesnt feel its difficult to support it. So that they can sincerely do a good things. If it successful, then it is very beautiful. Cultivate Islamic values. That is why in Shariah Compliance we see it as a way. In all our operations incorporate Islam in every process. So if we do instill it, at the same time we will implement it.	Shariah Compliance setting.
RHI: Penang Adventist Hospital	
Ok, now we had only 20% Adventist. Ok in the whole. About 1200 plus employee... about 20% only Adventist. Only 20%. So the rest is not Adventist. So actually the most important during the orientation staff when they come. I have this orientation for doctors. The doctors do not join the general orientation. The team is care and concern for the total wellbeing. The philosophy is to take care of the whole health. I also highlight SDG. I highlight a few of this things. So for me I actually put the body in my spirit, easy to remember. In our body, mind spirit is important, worship god is important. Some people they say they dont worship God but they worship something else. Money or idols. So they have all this problem. So mine is mental health. Mental health is very important. Social also important then physical. Then I add financial. Because I think a lot of young people have financial problem. They dont know how to control their money. So when we teach our staff we want them to be aware of all this thing. We do believe that God can heal because God is real for us. So we are involve in Loma Linda Universiti, we involve in big experimental research, large research epistemological study. So it is well known. I do promote all this evidence based medicine clinical. How patient value, how it is important.	Training/ Orientation programme
This is a part of our philosophy and then we have spiritual care. Catholic hospital and now Adventist hospital you know we also have chaplaincy lah... There is a system to train people. In US, the spiritual care has open the clinical pastoral study. Its call CPE. Clinical Pastoral Education	Chaplaincy Spiritual Care

Meanwhile to have a better understanding on the social sustainability practices, it is important to address the feedbacks from the staff, patients, and local communities towards the services and community activities of the institutions. This is because of the cyclical relationship between institutions and society, which includes the staff, patients, and local community. In fact, the public is the stakeholder for social-based institutions because their activities are funded by the public, e.g., donations and endowments. The concept of togetherness has become a priority in dealing with societal moral values and communal involvement, especially in supporting social welfare within the prioritized community (Norazita Marina Abdul Aziz, 2016; Moore & Gino, 2013; Narvaez & Lapsley, 2009; Halpern, 2001). Overall, the representatives stated that the social sustainability practices of the institutions receive positive feedbacks from staff, patients, and local communities.

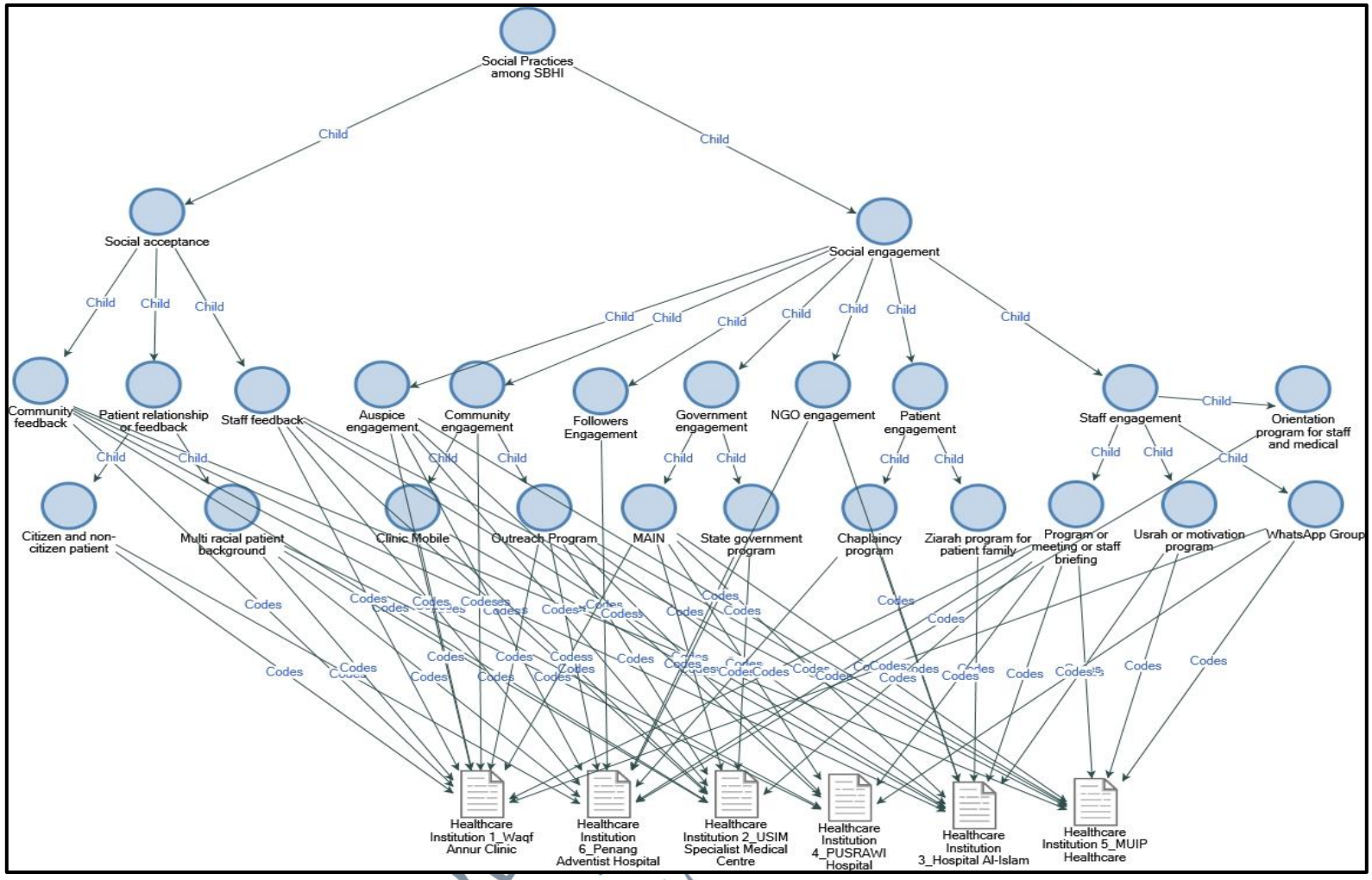

Figure 6.6: NVivo Analysis on Social Sustainability Practices among Social-based Healthcare Institution

6.4.3.1 Thematic Analysis

The analysis on the above social sustainability practices generated several themes, as listed in Table 6.9.

Table 6.9: Themes for Social Sustainability Practices of Selected Social-based Healthcare Institutions

No	Social Sustainablity Practices		
	Institution Practices	**Value Instill Practices**	**Staff, Patient, and Local Community Feedback**
1	Staff Engagement	Staff Guidence	Staff Engagement
2	Patient Engagement	Wehdaqtul fiqh	Patient Engagement
3	Patient/Family Engagement	Shariah Compliance setting	Community Engagement
4	Followers Engagement	Motivation	
5	Auspice Engagement	Training/ Orientation programme	
6	NGO Engagement	Chaplaincy/ Spiritual care	
7	Goverment Engagement		

The analysis generated seven themes for institution practices: 1) staff engagement, 2) patient engagement, 3) patient/family engagement, 4) follower engagement, 5) auspice engagement, 6) NGO engagement, and 7) government engagement. To share the institutions' values with employees and local communities, six social sustainability practices have been identified. They are 1) staff guidance, 2) *wehdatul fiqh*, 3) Shariah compliance, 4) motivation, 5) training or orientation programs, and 6) chaplaincy or spiritual care. Three themes emerged for the feedback towards social sustainability practices, which are staff, patient, and community engagements.

6.5 Comparative Analysis on Sustainability Practices

This research used comparative analysis to accomplish the fourth research objective:

Research Objective 4: To analyze the similarities and differences in the sustainability practices in each social-based healthcare institution's management framework

To answer this research objective, the three sustainability elements are discussed separately. At this stage, emerging constructs were also highlighted through the iteration of existing theories and data. The comparative method can identify the similarities and differences in the financial sustainability practices of the healthcare institutions according to the general characteristics suggested by previous studies. Comparisons that cannot be easily contrasted were analyzed according to ideal-type generalization. However, before the three sustainability practices are discussed and compared, CKAPS' and the sample institutions' understanding of sustainability practices will first be discussed.

6.5.1 CKAPS and Social-based Healthcare Institutions' Understanding on Sustainability Practices for Healthcare Institutions

CKAPS has listed the sustainability practices for healthcare institutions through their procedures and requirements, which are based on the regulatory framework developed in accordance to Act 586 (see Appendix F). As discussed in Chapter 4, there is no difference in procedure and implementation between social-based healthcare institutions and other private healthcare institutions. A total of 22 emergent themes were found from the analysis

of interviews, forms, and documents, including Act 586 itself. CKAPS requires the following elements to ensure the sustainability of healthcare institutions:

1. Financial sustainability element implied in Act 586
2. Financial statement document
3. Budgeting during the application process
4. Details on financial sources
5. Availability and suitability of area/location
6. Nature of the healthcare facility
7. Compliance with the regulatory framework set by Act 586
8. Floorplan
9. Healthcare quality of care
10. Observation and enforcement from CKAPS
11. Healthcare equipment and instrument
12. Relationship with multiple parties and practitioners
13 Board of management and advisory committee
14. Strong leadership and teamwork
15 Relationship between healthcare professionals and the management
16. Patient grievance mechanism
17. License and policy statement
18. Monitoring procedure
19. Engagement with the surrounding society
20. Good attitude of initiators and management team

21. Healthcare expertise, experience, and competence
22. Relationship between healthcare professionals and the management

These themes are the minimum sustainability practices required by CKAPS. Social-based healthcare institutions must comply with these requirements. Some institutions have other practices to ensure their sustainability, such as receiving non-financial contributions from medical experts and volunteers and obtaining accreditations such as Shariah compliance, ISO standards, and international accreditations. Some institutions also engage with their stakeholders through various activities to share their values and philosophy. These activities are carried out by a special unit or department in the organization, such as the chaplaincy or spiritual care department. The comparative analysis on the understanding of the sustainability concept and practices according to MOH and social-based healthcare institutions were summarize in Table 6.10 below.

Table 6.10: Analysis on the Understanding of the Sustainability Concept and Practices according to MOH and Social-based Healthcare Institutions

Sustainability Practices Comparison		
Themes	**CKAPS, MOH**	**Social-based Healthcare Institution**
Financial Practices	1)Financial sustainability element implied in Act 586 2)Fees to establish and maintain 3)Financial statement document 4)Budgeting during the application process 5)Detail on financial sources	1) Fee services 2) Public Donations 3) Waqf/ waqf shares 4)Corporate contribution 5) Loan 6) Donation by project/ item/ program 7)Employedd contribution 8)State Religious Council Funding 9) Church Funding 10) CSR fund 11) Government fund 12) Expertise contribution 13) Operating cost 14) Investment 15) Funancial Planning
Environment Practices	1)Availability and suitability of area/ location 2)Nature of the healthcare facility 3)Compliance with regulatory framework set by Act 586 4)Observation and enforcement from CKAPS 5)Floorplan 6)Healthcare quality of care 7)Healthcare equipment and instrument 8)Relationship with multiple parties and practitioners 9)Board of management and advisory committee	1) Administration Procedure 2) Organizational Structure 3) Governing body/ Trustee board 4) Ethics Committee 5) Manpower/staff training 6) Services/facilities 7) Policy 8) Champion 9) Advisor/ Social acquaintance 10) Environmental management 10) Collaboration with NGOs 11) Supplier 12) Competitor 13) Regulator (CKAPS, MOH) 14) Urban location setting 15) Auditor
Social Practices	1)Patient grievance mechanism 2)License and policy statement 3)Monitoring procedure 4)Engagement with the surrounding society 5)Good attitude of the initiator and management team 6)Healthcare expertise, experience, and competence 7)Strong leadership and teamwork 8)Relationship of healthcare professionals with the management	1) Staff engagement 2) Patient engagement 3) Patient family engagement 4) Followers engagement 5) Auspice engagement 6) NGO engagement 7) Government engagement 8) Community engagement 9) Shariah compliance setting 10) Training/orientation program 11) Chaplaincy/spiritual care 12) Volunteer activist engagement

6.5.2 Comparative Analysis on Financial Sustainability Practices of Social-Based Healthcare Institutions

The comparative analysis (Table 6.11) discussion will begin with the financial sustainability practices of the sample institutions.

6.5.2.1 Similarities in Financial Sustainability Practices

The thematic analysis revealed that some of the social-based healthcare institutions share similar financial sustainability practices. The analysis showed that both waqf and other social-based healthcare institutions charge their patients for the healthcare services; none of these institutions offer free healthcare services. However, these institutions differ in their charging mechanism. For waqf-based healthcare institutions, the rate is much lower than other social-based healthcare institutions. At Waqf An-Nur clinic, the charges are considered as patients' contributions. The clinic only charges RM5 for citizens and RM10 for non-citizens. However, charges for hemodialysis services are set at the standard rate, but they are still lower than other private hemodialysis services.

Table 6.11: Comparative Analysis of Financial Sustainability Practices

No	Themes	HI1	HI2	HI3	HI4	HI5	HI6
Funding Sources: Financial							
1	Fee services	Contribution Fees RM5/RM10	40% cheaper than commercial rate	Commercial rate	Commercial rate-	20% cheaper than commercial rate for Al-Amin Clinic	Commercial rate
2	Public Donation	Charity Fund	Tabbaru' Fund	ABIM			Charity Fund
3	Waqf	Waqf share	Waqf	-	-	-	-
4	Corporate Contribution	JCorp/WANCorp	Corporate Charity	Corporate Charity	MAIWP Subsidiaries	MUIP Subsidiaries	Corporate Charity
5	Loan	-	MAINS Qard Hassan	Bank Loan	-	-	-
6	Baitulmal	-	-	-	Baitulmal	Baitulmal	-
7	Donation by project/ program/ item	Yes	Yes	Yes			Yes
8	Employee Contribution	JCorp/ KPJ/ WANCorp Staff	USIM Staff	Al-Islam Staff			PAH staff
9	State Religious Council Funding	MAIJ	MAINS	-	MAIWP	MUIP	-
10	Christian Religious Funding						Seventh-Day Adventist Church
11	CSR	Special Fund Project	Maybank Zakat Fund	ABIM/MRA			Patient Heart Fund, Dr. J. Earl Gardner Fund, Cancer Fund
12	Tax	Tax exempted					Tax exempted

Note: Waqf Annur Clinic Chain (HI1), USIM Health Specialist Centre (HI2), Al-Islam Specialist Hospital (HI3), PUSRAWI Hospital (HI4), MUIP Healthcare (HI5), Penang Adventist Hospital (HI6)

Table 6.11 continue

No	Themes	HI1	HI2	HI3	HI4	HI5	HI6
Funding Sources : In-kind Contribution							
11	Expertise Contribution	Medical Expert					Medical Expert
12	Volunteer Activist		Medical students and USIM staff	ABIM & MRA members			Adventist BOD
Financial Distribution							
13	Investment	by WANCorp	-	by Al-Islam	by MAIWP	by MUIP	by PAH
14	Financial Planning	by WANCorp	by UHSC	by Al-Islam	by MAIWP	by MUIP	by PAH
15	Administration Procedure	by WANCorp	by UHSC	by Al-Islam	by MAIWP	by MUIP	by PAH
16	Operating Cost	by Waqf Annur Clinic	by UHSC	by Al-Islam	by PUSRAWI	by PMC/ Clinic Al-Amin	by PAH

Note: Waqf An-Nur Clinic Chain (HI1), USIM Health Specialist Centre (HI2), Al-Islam Specialist Hospital (HI3), PUSRAWI Hospital (HI4), MUIP Healthcare (HI5), Penang Adventist Hospital (HI6)

Both waqf and social-based healthcare institutions also receive corporate contributions. These may come from any corporations or the subsidiaries of their auspice organizations, as in the cases of Waqf Annur clinic, which receives waqf shares from JCorp's subsidiaries. For MUIP Healthcare and PUSRAWI Hospital, corporate donations should be made through MUIP or MAIWP itself. Al-Islam Specialist Hospital and PAH have setting their own NGO and charity department while UHSC receive contributions from various corporations through USIM as this clinic was declared as USIM PTJ. Table 6.12 shows the similarities between waqf and other social-based healthcare institutions.

Table 6.12: Similarities in Financial Sustainability Practices

No	Themes	Waqf-based	Other Social-based
1)	Service charges	1) Fee contributions, RM5-RM10 2) Fee are 40% cheaper than commercial rates **Hemodialysis charges follow the commercial rate but still lower than other private hemodialysis services.**	1) Fee services follow commercial rates
2)	Financial distribution	1) Investment planning and strategy are decided by the BOD 2) Financial planning is decided by the BOD 3) Administration procedure is decided by the BOD 4) Operating cost is handled by the hospital/clinic administrator	
3)	In-kind contributions	1) Expertise contribution – (Waqf Annur, UHSC and PAH) 2) Volunteerism activity – (PAH, Al-Islam Specialist Hospital, UHSC)	
4)	Corporate contributions	Waqf and social-based healthcare institutions receive contributions from various corporations, including subsidiaries of their auspice organizations.	

Additionally, both waqf and other social-based healthcare institutions share some similarities in financial distribution, specifically in terms of financial planning, investment strategy, administration procedure, and operating cost. Save for operating cost, these

aspects are decided by the BOD of the healthcare institutions. The operating cost is handled by the administrator. As for in-kind contributions, UHSC, PAH, Waqf Annur, and Al-Islam Specialist Hospital have their own charitable and volunteer activities, which can enhance revenue (Weisbrod, 1998; Cnaan & Goldberg-Glen, 1991; Handy & Srinivasan, 2004). Meanwhile, PAH and Waqf Annur receive in-kind donations (Snavely & Tracy, 2000) from their doctors, who willingly contribute their medical expertise for the needy. PAH, Waqf Annur clinic, UHSC, and Al-Islam Specialist Hospital also actively create various schemes to motivate the public to contribute to charitable activities for the poor and *asnaf*, such as mobile clinics and programs held in collaboration with NGOs and welfare institutions like Baitulmal and JAWI.

6.5.2.2 Differences in Financial Sustainability Practices

Among the differences found from the analysis is the initial funding for the establishment of the healthcare institution. The details of the findings were shown in Table 6.13. Waqf Annur clinic chain and UHSC were initially funded by waqf, while PUSRAWI Specialist Hospital and MUIP Healthcare by Baitulmal funds. The Penang Adventist Hospital received its initial funding from the charities of American Adventists and contributions from members of the Seventh Day Adventist Church. However, for Al-Islam Specialist Hospital, the initial funding came from a loan from its founder and a fund from Koperasi Belia Islam Malaysia, as it was initiated by ABIM, besides contributions from other members of ABIM.

Table 6.13: Differences in Financial Sustainability Practices

No	Themes	Waqf-based	Other Social-based
1.	Initial source of funding	1) Waqf shares 2) Waqf and *qardhul hasan*	1) Charity 2) Baitulmal 3) Charity and commercial loan
2	Other source of continuous funding	1) Donation by project/ program/ item 2) Employee contribution 3) State Islamic Religious Council 4) Mosque/ Tabarru' fund 5) CSR Fund/ Special Fund	1) Donation by project/ program/ item 2) Employee contribution 3) State Islamic Religious Council 4) Christian Church Fund 5) CSR Fund/ Special Fund
3	Types of charity fund	1) Mosque/ Tabarru' fund 2) Various charity funds 3) Staff charity contributions	1) Various charity funds except for MUIP Healthcare and PUSRAWI Hospital
4	Tax exemption	Only Waqf Annur clinic through WANCorp	Only PAH

The analysis also showed that four of these social-based healthcare institutions received their initial funding from religious institutions: PUSRAWI Hospital, MUIP Healthcare, USIM Health Specialist Centre, and Penang Adventist Hospital. Three of them are subsidiaries of their respective religious organizations, namely MAIWP, MUIP and PAH. As for UHSC, it is formed in partnership with MAINS. The involvement of MUIP and MAIWP in the establishment of private healthcare facilities is based on the Islamic Law Act of each state, which permits the state religious council to set up a company to carry out activities that can develop the economy of Malaysian Muslims. Thus, these healthcare institutions were established as subsidiaries of the State Islamic Religious Council for profit-making purposes. The State Islamic Religious Council then acts as the beneficiary and distributor of the profits to the *asnaf* and the poor. In fact, past research has suggested that in order for waqf and other social-based institutions to sustain, they need to

apply marketing strategies to promote their operations and incorporate them with non-welfare approaches, such as commercializing core healthcare programs, to help them achieve their objectives and rely less on donations and grants (Shapiro, 1973; Kotler, 1979; Dees, 1998; Razali, 2015; Zunaidah & Abd Halim, 2016).

These healthcare institutions should not solely depend on their earned income, government support, and private donations (Bryson et al., 2001; Valentinov, 2008), but they must also generate commercial revenues, apply business principles in fundraising, and employ relationship marketing and identity-based donations (focusing on the salience of the donors' identity within the relationship and within- and cross-sector strategic alliances) (Wijkström, 1997; Chetkovich & Frumkin, 2003; Dart, 2004; Goerke, 2003; Block, 1998; Money, Money, Downing & Hillenbrand, 2008; Remley, 1996; Selladurai, 1998; Arnett, German & Hunt, 2003; Callero, 1985; Callero, Howard & Piliavin, 1987; Lee, Piliavin & Call, 1999; Berger, Cunningham & Drumwright, 2004). These six healthcare institutions redistribute their profits for charitable work both directly and indirectly. Directly means that the redistribution is handled by the healthcare institution itself (e.g., PAH), while indirectly means that it is carried out by its auspice organization (e.g., MUIP Healthcare or PUSRAWI). Only the Waqf Annur clinic chain and PAH have gained tax exemption from LHDN. It can thus be assumed that both healthcare institutions actively engage in CSR activities and charity programs and have strong relationships with local and international NGOs.

6.5.3 Comparative Analysis on Environmental Sustainability Practices of Social-based Healthcare Institutions

The next comparative analysis (Table 6.14) is on environmental sustainability practices. Table 6.15 and Table 6.16 shows the similarities and differences in environmental sustainability practices between the sample institutions. Eleven themes were identified during the thematic analysis. The similarities and differences are discussed separately to gain in-depth understanding.

6.5.3.1 Similarities in Environmental Sustainability Practices

The institutions share six similarities: 1) hemodialysis center or services and facilities, 2) location, 3) relationship with regulator, 4) governing body or trustee board, 5) supplier, and 6) environmental management practices. The findings showed that all healthcare institutions include or provide a hemodialysis center or services. Another similarity is location. In general, the waqf and other social-based healthcare institutions are located in an urban area with high population density. As a result, some of these healthcare institutions face rather stiff competition from other private healthcare providers. For example, Al-Islam Specialist Hospital and PUSRAWI Hospital are situated at the center of Kuala Lumpur, thus they have to compete with numerous private healthcare providers.

Table 6.14: Comparative Analysis on Environmental Sustainability Practices

No	Themes	HI1	HI2	HI3	HI4	HI5	HI6
Internal Environmental Practices							
1	Organizational structure	JCorp CSR under WANCorp	Under USIM PTJ	Partnership between ABIM and its members	Subsidiary of MAIWP	Subsidiary of MUIP	Subsidiary of Seventh Day Adventist
2	Governing body/ Trustee board	YES	YES	YES	YES	YES	YES
3	Ethics committee						YES
4	Manpower/ staff training	KPJ Healthcare	FPSK	-	PICOM	-	Adventist College of Nursing
5	Facilities/ services	Outpatient	Outpatient Specialist	In/Outpatient Specialist	In/Outpatient Specialist	In/Outpatient Specialist	In/Outpatient Specialist
External Environmental Practices							
6	Collaboration/ partnership	MAINJ	MAINS/ Baitulmal	ABIM/MRA	MAIWP	MUIP	Adventist Healthcare Network
7	Environmental management	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
8	Supplier	Outsource	Outsource	Outsource	Outsource	Outsource	Outsource
9	Competitor	NO	YES	YES	YES	YES	YES
10	Regulator	Good	Good	Good	Good	Good	Good
11	Location	Pasir Gudang	Bandar Baru Nilai	Kuala Lumpur	Kuala Lumpur	Kuantan	Penang

Note: Waqf Annur Clinic Chain (HI1), USIM Health Specialist Centre (HI2), Al-Islam Specialist Hospital (HI3), PUSRAWI Hospital (HI4), MUIP Healthcare (HI5), Penang Adventist Hospital (HI6)

Table 6.15: Similarities in Environmental Sustainability Practices

No	Themes	Waqf-based Other Social-based
1.	Hemodialysis Center	Among the core healthcare services for waqf and other social-based healthcare institutions are dialysis centers.
2.	Location	All the hospitals/clinics are located in urban areas with a high population density.
3	Regulator	Strong engagement with the regulator (CKAPS, MOH)
4	Governing body/ Trustee board	All healthcare institutions have their own governing body/ trustee board
5	Supplier	Medical suppliers are outsourced
6	Environmental practices	Compliant with environmental practices and procedures of CKAPS.

The environmental management practices of these healthcare institutions are also similar. The environmental management which can be define as an engagement in renewable resources, resources minimization, source reduction, recycling, reuse, repair, regeneration, recovery, purification, and any activities that involve preventive and control principles. However, the institutions have not committed to environmentally friendly practices to their full extent. According to some representatives:

> **RH3**: "Aaa ... ahhh at least I can say. Not much either. But its ideal actually. We just say it does not reach the level that we really go all out. Like we say even in terms of soap, even that is the source ... everything ... to get to the recycling is not like that yet. No. I think it actually costs money. A lot of money. Even detergent. There is now an environmentally friendly organic ... So we are not like that. Because it will be quite costly for us."

> **RH6:** "We are environment friendly, we as a manager are caution for all this. managing water lahhh... electricity lah... we are towards green.. we didnt claim that we make our office but we towards on it."

But since all healthcare institutions in Malaysia are required to comply with the requirements set by CKAPS and Act 586, they have fulfilled the minimum environmental sustainability requirements. Olsen (1998) stated that good relationship with the district or central health authority system is one of the contextual sustainability factors for healthcare

service providers. Since every healthcare institution has its own unique structure, the sustainability practices should be adjusted according to the institutional or organizational context (Olsen, 1998). Every social-based healthcare institution in this research has a governing body or trustee board that is appropriate for their institutional context and structure. This has been discussed in detail in Chapter 5. Finally, all of the sample institutions outsource their pharmaceutical and medical equipment supply.

6.5.3.2 Differences in Environmental Sustainability Practices

Waqf-based healthcare institutions operate as outpatient and specialist clinics, while other social-based healthcare institutions operate as full-service hospitals with specialists in various disciplines. Based on these findings, it is assumed that waqf-based healthcare institutions are facilitated with basic equipment and facilities, thus they can only offer general or specialist clinical procedure. In contrast, other social-based healthcare institutions are equipped with hospital facilities and offer various medical services and specialties. In term of manpower or staff training, four healthcare institutions (Waqf Annur Clinic, UHSC, PUSRAWI Hospital, and PAH) have their own medical or nursing colleges, providing them with well-trained medical workers. Waqf Annur Clinic, UHSC, PUSRAWI Hospital, and MUIP Healthcare report to State Islamic Religious Councils and collaborate with the Councils to carry out charity programs and activities. As for Al-Islam Specialist Hospital and Penang Adventist Hospital, they partner with the NGOs under them to conduct charitable activities.

Table 6.16: Differences in Environmental Sustainability Practices

No	Themes	Waqf-based	Other Social-based
1.	Type of healthcare services:	1) Outpatient services only 2) GP clinic 3) Specialist clinic	1) In/outpatient services 2) Full-service hospital 3) Specialist clinic/discipline
2	Nurse staffing/ training	1) Waqf Annur – under KPJ 2) UHSC – staff are outsourced, but training is handled by UHSC doctors/ FPSK	1) PAH and PUSRAWI have their own nursing colleges 2) Al-Islam Specialist Hospital and MUIP Healthcare – trained by their own doctors. Staff are outsourced
3	Collaboration/ partnership	1) MAINJ and MAINS 2) State government	1) MAIWP and MUIP 2) Adventist Healthcare Network 3) ABIM/ MRA 4) State government
5	Other facilities/ services	1) Mobile clinic	1) Mobile clinic (only Al-Islam Specialist hospital)

In addition, the two waqf-based health institutions have mobile clinics, which facilitate their CSR or charitable activities. These activities are one of the sustainability enablers of waqf-based healthcare institutions, as they are a part of the institutions' marketing strategy. However, they must be intensified. RHI 2 explained:

> " Through asnaf program after we get Maybank fund which is RM240k, it is indirectly bring the name of USIM and the name of the specialist clinic. People know us. Otherwise people do not know us."

Waqf-based healthcare institutions must aggressively carry out CSR or charitable activities as part of their strategy. But their implementation requires strong financial support. Therefore, these institutions must apply business principles in fundraising and other strategies of commercial business marketing. Overall, the differences in environmental sustainability practices between waqf and social-based healthcare institutions lie in the type of healthcare services, source of staffing and training, collaboration, and other healthcare services.

6.5.4 Comparative Analysis on Social Sustainability Practices

The next comparative analysis is on social sustainability practices, which relate to the relationships of the selected institutions with social factors like staff, patients, and the surrounding community. This research examined the bidirectional relationships between the institutions and the social factors, as well as the feedbacks or responses from the social factors towards the activities of the healthcare institutions. Table 6.17 shows the comparative analysis for the social sustainability practices of the social-based healthcare institutions. The discussion focuses on the similarities and differences between the practices.

6.5.4.1 Similarities in Social Sustainability Practices

The similar social sustainability practices as shown in Table 6.18 are: 1) staff engagement activities and feedback; 2) government engagement; 3) surrounding community feedback; and 4) patient relationship. Every healthcare institution has conducted a program, meeting, and staff briefing to ensure strong engagement between the institution and its management and medical staff. However, the meeting or briefing for the medical staff is typically separate from those of the management. Additionally, they are more frequent to ensure the smooth delivery of healthcare services. But some healthcare institutions conduct additional staff engagement activities. For example, Al-Islam Specialist Hospital conducts the *usrah* program, while PAH has an orientation program.

Table 6.17: Comparative Analysis of Social Sustainability Practices

No	Themes	HI1	HI2	HI3	HI4	HI5	HI6
Healthcare Institution Practices/ Activities							
1	Staff Engagement	Program/ meeting/ staff briefing. WhatsApp group	Program/ meeting/ staff briefing. WhatsApp group	Program/ meeting/ staff briefing. *Usrah*	Program/ meeting/ staff briefing. WhatsApp group	Program/ meeting/ staff briefing. WhatsApp group	Program/ meeting/ staff briefing. Orientation program
2	Patient Engagement			Chaplaincy program and *Ziarah* program	-	-	Chaplaincy program
3	Followers Engagement						-
4	Auspice Engagement	WANCorp/ MAIJ program	MAINS/ USIM program		MAIWP program	MUIP program	Adventist followers program
5	NGO Engagement			ABIM/ MRA program			Adventist Church program
6	Community Engagement	Mobile clinic	Mobile clinic	ABIM/MRA program Mosque program	Free Medical check-up for poor household		Health education program Charity work under Adventist Fund program
7	Government Engagement	MAINJ program	MAINS/ Baitulmal program	JAWI (collaboration program)	MAIWP program	MUIP program	State government program

Table 6.17 continue

No	Themes	HI1	HI2	HI3	HI4	HI5	HI6
Healthcare Institution Social Feedback							
8	Staff feedback/ involvement	Medical expert from KPJ Donations from JCorp/KPJ/ WANCorp	Donations from USIM Staff	Donations from doctors MRA & ABIM charity activity	Charity program under MAIWP	Charity program under MUIP	Medical Expert PAH/ BOD Volunteers
9	Patient relationship/ feedback	Citizen and non-citizen Diversity of patients' religious background	Citizen and non-citizen Diversity of patients' religious background	Muslim community acceptance	Muslim community acceptance	Muslim community acceptance	Citizen and non-citizen Diversity of patients' religious background
10	Community Feedback	Good	Good	Good	Good	Good	Good

Note: Waqf Annur Clinic Chain (HI1), USIM Health Specialist Centre (HI2), Al-Islam Specialist Hospital (HI3), PUSRAWI Hospital (HI4), MUIP Healthcare (HI5), Penang Adventist Hospital (HI6)

Table 6.18: Similarities in Social Sustainability Practices

No	Themes	Waqf-based Healthcare	Other Social-based Healthcare
1.	Staff engagement activities	1) Program/ meeting/ staff briefing. 2) Creating a WhatsApp group.	1) Program/ meeting/ staff briefing. 2) Creating a WhatsApp group. 3)Other programs, such as *usrah* and orientation program
2.	Government engagement	MAINJ and MAINS	MAIWP, MUIP, JAWI, and state government programs
3	Staff feedback/ involvement	1) Medical expert from KPJ 2) Donations from staff of JCorp/KPJ/WANCorp and USIM	1) Donations from hospital staff. 2) Involvement of medical staff for MRA & ABIM charity activities 3) Charity programs under MAIWP/ MUIP 4) Medical experts from PAH/ BOD volunteers
4	Patient relationship/ feedback	1) Citizen and non-citizen patients 2) Diversity of patients' religious background	1) Muslim community acceptance (PUSRAWI, Al-Islam Specialist & MUIP Healthcare) 2) Citizen and non-citizen patient (PAH) 3) Diversity of patients' religious background
5	Surrounding community feedback/ engagement	Positive feedback	

The staff engagement activities or meetings are not limited to scheduled meetings. The bidirectional relationship between the staff and management is also formed in the WhatsApp groups. The findings also showed that Al-Islam Specialist Hospital and Penang Adventist Hospital actively organize staff programs, which become a platform or means by which to share the vision, mission, and philosophy of the institution with the staff. As for government engagement, every healthcare institution strongly engages with the State Islamic Religious Councils and other state government agencies. For example, PAH strongly engages with the Penang state government, while Al-Islam Specialist Hospital

collaborates with JAWI (Jabatan Agama Islam Wilayah) to organize several da'wah programs around Kuala Lumpur. Dr. Ishak Mas'ud explained:

> "And we have a collaboration program with JAWI under their program named '*Rahmah*'. But we called it as '*khusnul khatimah*'. We want to help dying patient. So we helping the patient with the process of '*talkin'* and so on."

These programs receive positive responses from the surrounding residents and hospital staff. The latter shows their positive response through their participation in such programs. In fact, for some hospitals, especially waqf healthcare institutions, the staff also contribute to the waqf funds. Moreover, both waqf and other social-based healthcare institutions receive positive feedback and responses from patients of various religious background and non-citizen patients. This is especially true for PAH and Waqf Annur clinic, whose patients come from various countries, especially Southeast Asia.

6.5.4.2 Differences in Social Sustainability Practices

The differences in social sustainability practices lie in 1) patient engagement program/activity, 2) follower engagement, 3) auspice engagement, 4) NGO engagement, and 5) community engagement. Table 6.19 summarizes the differences in social sustainability practices. For patient engagement programs or activities, PAH and Al-Islam Specialist Hospital have set up a chaplaincy or spiritual program, differentiating both hospitals from waqf and other social-based healthcare institutions. This program intends to share their values and philosophy of care with their patients and customers. It provides total patient care, covering the patients' spiritual, physical, and mental needs.

Table 6.19: Differences in Social Sustainability Practices

No	Themes	Waqf-based	Other Social-based
1.	Patient engagement activity:	-	1) Chaplaincy program (Al-Islam Specialist hospital and PAH)
2	Followers engagement	-	1) Adventist followers program
3	Auspices engagement	1) WANCorp/ JCorp/ MAINJ programs and MAINS 2) USIM/ MAINS program	1) MAIWP and MUIP programs 2) Adventist Church programs
4	NGO engagement	-	1) ABIM/ MRA 2) Health education programs with NGOs (PAH)
5	Community engagement	1) Mobile clinic	1) Mobile clinic and programs with mosque (only Al-Islam Specialist hospital) 2) Charity works under Adventist Fund programs 3) Free Medical check-up for poor households (PUSRAWI Hospital)

Several healthcare institutions actively engage with the community. For example, Waqf An-Nur Clinic and USIM Health Specialist Centre regularly carry out the mobile clinic program. Through this program, both waqf-based healthcare institutions have gone to certain areas around within their respective state to provide healthcare services to the less fortunate. The mobile clinic is an important monthly program for Waqf Annur clinic; it was set up by the WANCorp administration. Al-Islam Specialist Hospital also has its own mobile clinic that it uses for charity programs, usually in collaboration with the NGOs like ABIM and MRA. Penang Adventist Hospital has been actively involved in welfare activities for the poor and community programs in Penang. Until 2018, based on its annual report, PAH has been actively involved in various community outreach activities, such as corporate health screening program at Inari Technology Sdn. Bhd., visiting elderly residents of Charis Home, health screening at Penang Chinese Girls' School, and other

activities that were handled by their community health department. These activities were collaborations with corporations, schools, and welfare homes. PAH also co-organized a cataract screening with Mount Miriam Hospital in June 2018 (Penang Adventist Hospital Charity Report, 2018).

PAH's engagement in various community outreach programs and activities have received encouraging responses from its staff and volunteers, especially followers of the Adventist Church. Its participation and collaboration in charitable works have also received acceptance from several NGOs in Pulau Pinang. As reported in PAH's Charity Report 2018, it entered a Memorandum of Understanding with other NGOs to offer free cataract surgeries for the needy. These charity works and programs are part of PAH's tradition that has begun since its establishment. For PUSRAWI Hospital and MUIP Healthcare, charitable activities are indirectly carried out by their auspice organization, that is, the State Islamic Religious Council. However, PUSRAWI Hospital, as confirmed by its representative, Madam Noriah Zainal, conducted free medical examination for poor households in Kuala Lumpur a few years ago. These activities must first be approved by MAIWP. Similarly, UHSC must obtain the approval of MAINS to arrange a mobile clinic program. This is because MAINS itself is a welfare institution for Muslims in Negeri Sembilan, hence its involvement is important to reach the target group. In general, the differences in social sustainability practices of waqf and other social-based healthcare institutions lie in patient engagement program/activity, follower engagement, auspice engagement, NGO engagement, and community engagement. As the shown by the findings, PAH's charitable activities have become a strong pillar for its sustainability.

6.6 Conclusion

This chapter has compared the sustainability practices of the sample institutions to accomplish research objectives two, three, and four. The first analysis and discussion in this chapter have focused on the sustainability concept for healthcare institutions. Based on the understanding of the healthcare institution representatives, twelve themes related to the sustainability concept were constructed. The regulator's perspective of the sustainability concept resulted in six themes, which have been discussed in Chapter 4. The six themes are those considered important by the regulator for the sustainability of healthcare institutions, in addition to the stipulations of Act 586. The regulator has stressed that the social-based healthcare institutions comply with Act 586 to ensure their sustainability.

Next, the responses of the healthcare institution representatives were analyzed to investigate the sustainability practices of the social-based healthcare institutions. The analysis was performed and discussed according to the themes, which were constructed based on the theory, literature, and conceptual framework of this research. Analysis of the raw data generated several themes related to financial, environmental, and social sustainability practices. These were then analyzed using the comparative analysis method to determine the similarities and differences between waqf and other social-based healthcare institutions.

In conclusion, the institutions share some similarities in financial, environmental, and social sustainability practices. In terms of financial sustainability practices, all healthcare institutions are similar in charging the patient even though applied different strategies of charges mechanism and financial distribution practices. As for the environmental sustainability, some similar features are hemodialysis centers or services, location,

relationship with regulator, governing body or trustee board, supplier, and environmental management practices. Similar social sustainability practices include staff engagement activities and feedback, government engagement, surrounding community feedback, and patient relationship. The next chapter will answer the last research objective. It will contextualize the findings based on the conceptual framework of this research.