# CHAPTER 5

# CONCLUSIONS

## 5.1 Introduction

This research examined the healthcare in Malaysia, the rising costs of healthcare and how *waqf* can play an important role in *waqf*-based hospitals. This chapter provides an overview of the study, a review of the findings, conclusions based on the findings, implications regarding the issues raised in the research, and suggestions for future research.

## 5.2 Summary of the Study

The pandemic Covid-19 has proven that hospitals in Malaysia is not enough to service the population of Malaysia. With the increasing costs of healthcare services and the recent impact of the Covid-19 lockdown which has caused the economy of Malaysia to decline, *waqf* can play a bigger role in the public services, especially in the healthcare services in the post Covid-19 era (Ab Rahman et al., 2020; Billah, 2020).

The purpose of this research is to develop a platform for a corporate *waqf* working framework between a public government hospital and *waqf* institutions or *waqf* funding. In an effort to fulfil the purpose, a qualitative study using a grounded theory methodology sought to answer the following research questions:

1. What is the criteria in the criteria of past *waqf*-based hospitals and contemporary *waqf*-based hospitals, worldwide and local?
2. Which are the main elements of *waqf*-based hospitals that can be identified through comparative analysis from the past and current models from literature (preliminary working framework)?

3. How to solve the issues and challenges identified by private/public hospitals, *waqf*-based model hospitals included?
4. How to develop a corporate *waqf* framework in collaboration with a public hospital in Malaysia?

To answer to these questions the research deployed research methods of a qualitative in nature adopting the constructivism and interpretivism, inductive approach. the research was a 2-stage data collection of literatures from article journals, books and other media and a semi-structured in-depth elite interview of 8 respondents conducted from some chosen government health policy-makers directors, founders, doctors from selected social-based hospitals and *waqf*-based hospitals. Data analysis conducted include the grounded theory, content analysis and thematic analysis methods. Coding was done manually and by using the application NVivo 12. Visualizations and tabulations from NVivo 12 and triangulations were used for the inductive analysis with attention focused on the proposed themes outlined within the Conceptual Framework (Fig 3.8) utilized for this study. These were performed to determine the similarities and differences, the issues and challenges and most important, the elements needed for the proposed framework.

## 5.3 Summary of Findings

The findings from this research shows that the elements that were important in the past *waqf*-based hospitals in the 8$^{th}$ to 14$^{th}$ CE were the elements from the guiding principles of Nour (2012, 2015), the sustainability, the governance of Mutawalli, decentralization management, the balance of *al-Mizan* and other vital architectural designs which were the basis of their framework (Fig. 4.5).

The waqf practices compared the past of 8th to 14th centuries to the present of which the social and economic complexities are significantly different. However, with *waqf*, just as in the religiosity of Islam, the practices and traditions cross generations and eras while maintaining its core values with upgrading its management and administrations.

When compared with present *waqf*-based hospitals, the Table (4.2) showed some similarities in their management and these elements in the past are also present in this era and it thus, supports the application of the medieval/classical epistemology as a basis for the current and future developments especially in the application of *waqf* with a public healthcare service organization. The Table (4.2) also revealed some important exclusive elements for the ultimate working framework for this thesis such as the management structure and stressing the importance of sustainability and governance.

The issues and challenges of the different types of hospitals ranging from public, private and social-based (*waqf*-based included), are almost basically the same which are funding and bureaucracy. For the *waqf*-based, other challenges include low public awareness about *waqf*, bureaucracy in both the *waqf*-institutions and public healthcare and the need for funding for hospitals and healthcare in general.

From this research, the elements pertinent for the criteria of a proposed framework of a corporate *waqf* in collaboration with a public hospital in Malaysia are achieving the sustainable development goals, having alternative funding sources, creating separate charity fund to provide for the poor and underprivileged, implementing an Islamic and mission-based mission, advocating support and awareness for *waqf* for the public, acquiring more technologically-based, transforming an Islamic culture for the corporate *waqf*-based hospital, should be commercialised and adopting a decentralised management.

### 5.3.1 Other Findings

The research also found some unique findings which are supportive for the establishment of the corporate *waqf*-based hospital which are the unique culture of Mayo Clinic concept in USA, alternative sources of funding in gold trading, a more productive use of the Malaysian identity card in determining the right information for eligibility of free healthcare, lessons from the failure of the River of Life Hospital Project and a review of Fee (Medical) Act of 1976.

While the Mayo Clinic culture is a good example to emulate, the alternative *waqf* funding in gold trading is a new venture and perhaps needs more future research to carry out an empirical investigation on the viability or otherwise. The underuse of the Malaysian Identity (ID) Card opens possible revamp studies to study the other possibilities of this ID card.

The failure of the River of Life Hospital serves as a cautionary message for this study as it was a precursor to the proposed framework and needs more research into it. The Fee (Medical) Act of 1976 also calls for review where the RM1 should only be for the poor and underprivileged.

## 5.4 Implications for Practice

The findings of this research presented in chapter 4, provides the criteria to form a platform for a corporate *waqf*-based hospital by enabling *waqf* funding (from *waqf* institutions or other alternative sources) to collaborate in a conducive partnership with a public government hospital for the provision of better healthcare services for the general public especially the poor and underprivileged.

Several implications arise from this. Firstly, with the 'injection' of *waqf* funds, public hospitals can upgrade their facilities and provide for a larger community whilst

also providing good and free healthcare for the poor and underprivileged. Second, the funds may be used to upgrade the medical machinery in hospitals or procure more mobile clinics to reach out to the poor people who live in inner suburbs and are unable to go to the hospitals for lack of money and transport. Third, with the pandemic Covid-19, a health crisis has affected Malaysia and countries all over the world, making it apparent and obvious that collaboration of funding is greatly needed in the Research and Development (R&D) of new diseases and the development of vaccines and anti-viral which are essential to protect us from current and future health security threats. The treatment of patients affected with the virus, the R&D and vaccine research will span a long period of time and may require a huge amount of public spending. With *waqf*, there can be an alternative source of funding in a collaborative funding. Fourth, the findings of alternative *waqf* funding in sukuk and crowdfunding are exceptional findings and has implications for government and policymakers as it can be a possible solution for the government in the providence of public services, healthcare in particular, wherein it can result in a reduction in budget deficit. Fifth, a public-private partnership (PPP) can be a possible solution in planning the future beyond the pandemic Covid-19 which can benefit the entire nation particularly in healthcare services.

Finally, with this platform it can also be adopted for other public services, and this can attract Government-link companies/Government-link investment companies, private corporations and individuals to involve and collaborate with *waqf* institutions.

## 5.5 Limitations and Recommendations for Research

The greatest limitation was in choosing the research parameters within Selangor only and a bigger research parameters could see some different issues and challenges. Due to the pandemic Covid-19, the research was unable to provide with more diverse

respondents as actions was restricted with Standard Operating Procedures (SOPs) with the inability to travel inter-district and inter-state and thus, unable to provide with a bigger sample size to obtain more organisational characteristics that may influence current disclosure practices. Therein also, lies many other limitations of the research and they are as follows:

- Lack of historical articles on the management of past *waqf* -based hospitals in journals and books;
- Respondents were working under extremely tight schedules.

However, despite the limitations, it provides a number of avenues for future research. The present research provides a starting point in the study of public-private partnerships of a corporate *waqf*-based hospital where this research only focused in establishing the platform for the *waqf* with a public government hospital and several areas were not addressed such as the follows:

First, the legal issues relating to the collaboration of the working partnerships of the PPP, and future study can provide clarity how this partnership can be established to create a corporate PPP. There are only few guidelines on PPP implementations in Malaysia (Abd Rashid et al., 2016; Jomo and Chowdhury 2018; Rafie and Shuib 2018) so the need for clear guidelines and procedures on PPP is considered important by the key players in this industry. Second, the governance and operationalizing of the working framework were not discussed in depth and therefore future studies and surveys can be conducted on *waqf* funders and other stakeholders on the practicality of the framework. Third, in establishing a new concept for the proposed *waqf*-based hospital, future studies can be undertaken using the Islamic Working Ethics wherein it can present new dimensions and core values to be utilized to enrich the culture of the proposed hospital.

## 5.6 Conclusions

The pandemic Covid-19 has shown that a health crisis can shut down the entire global economy and that the providence of good healthcare is fundamentally important. The financial budget constraints to improve the healthcare system will be heavily challenged to handle future large-scale health crisis while remaining sustainable. Hence *waqf*-based healthcare can be an alternative source of funding in the development of healthcare institutions or perhaps a partnership of public-private (*waqf* institutions) healthcare. *Waqf* had played a successful role in the past with hospitals and other public services, and it can continue to be an essential ingredient in the formation of the civil society and an important partner in a PPP in the development of healthcare services in Malaysia. The research closes with thoughts about the future directions on how a working model of a *waqf-based* hospital in Malaysia can conceptualize in partnership and realistically approach this diverse and important transformation.