CHAPTER 7

CONTEXTUALIZATION OF FINDINGS

7.1 Introduction

This chapter explains how the research findings were conceptualized. Based on the research findings in Chapter 6, a sustainability framework for healthcare institutions has been developed based on the backgrounds and analysis of sustainable practices of six social-based healthcare institutions. As indicated in the fifth research objective below, these five sustainability frameworks were then evaluated to analyze the best sustainability practices for the development of future waqf-based healthcare institutions:

Research Objective 5: To evaluate the best sustainability practices that is feasible for future waqf-based healthcare institutions framework.

7.2 Developing Sustainability Frameworks for Social-based Healthcare Institutions

This section presents the sustainability frameworks that have been developed based on the findings and the conceptual framework of this research. Each framework is evaluated separately as it contains its own unique features. To accomplish the last research objective, all five sustainability frameworks, including the transcription and findings in chapters 5 and 6, were sent to the sample institutions for validation and confirmation by their representatives. The interviewed representatives were emailed and given two weeks (20 January 2021 to 2 February 2021) to validate and confirm the findings and

sustainability frameworks. Two attachments were sent with the emails: i) a form for validation and confirmation of research findings and ii) the transcriptions, findings and sustainability framework of each healthcare institution. The feedbacks from the six healthcare institutions are presented in Table 7.1.

Table 7.1: Validation and Confirmation Feedback

No	Healthcare Institution	Representative Name	Feedback
1	Waqf An-Nur clinic chain	Tuan Haji Nazarudin Ali	Agreed without any amendment
2	USIM Specialist Medical Centre	Puan Zuhairiah bt Mohamad	Agreed with minor amendment
3	Al-Islam Specialist Hospital	Dr Ishak Mas'ud	Agreed with major amendment
4	PUSRAWI Hospital	Tuan Haji Mohd Husni bin Abd Shukor	No feedback
5	MUIP Healthcare	Encik Izhar Ahmad	Agreed with minor amendment
6	Penang Adventist Hospital	Dr Dicky Ng	Agreed with minor amendment

Based on the feedback from the healthcare institution representative above, the process of correction has been made. Overall, the representative agreed with the sustainability framework that represent their healthcare institution. Next all the sustainability framework will be discussed as below.:

7.2.1 Sustainability Framework 1

The first sustainability framework describes a social-based healthcare institution established under the administration of a corporate institution. Looking back on its history, the Waqf An-Nur Clinic network is part of JCorp's CSR activities carried out by WANCorp. WANCorp is a subsidiary of JCorp that is responsible for managing all its CSR and waqf activities in order to realise the business ideology and philosophy of Business Jihad. Figure 7.1 shows the sustainability framework for the Waqf An-Nur Clinic chain. To realize JCorp's vision and mission, this clinic is financed with waqf shares managed by WANCorp. Nonetheless, the clinic does not solely depend on the waqf shares and medication fees (RM5 for Malaysians and RM10 for non-citizens), but it also receives donations from other companies, JCorp or WANCorp staff, and mosque collection. These sources of funding keep the medication rates low. The clinic distributes waqf benefits to society through its healthcare services.

The clinic only covers its own operating cost, while its investment strategy and administration, involving financial planning and audit, are managed by WANCorp. The clinical operations and procedures are managed by KPJ Healthcare, a JCorp subsidiary. The Waqf An-Nur Clinic chain also receives in-kind contributions: KPJ doctors practice at this clinic, while medicine is supplied by a JCorp subsidiary. The nurses also come from KPJ, which has its own university college. Waqf An-Nur Clinic has a strong commitment towards MAIJ because it has appointed WANCorp as its *mutawalli* to manage JCorp's waqf shares. Indirectly, this clinic must have a good relationship with MAIJ in the implementation of JCorp's CSR activities. Additionally, this clinic has always followed MOH's requirements and has good relationships with other agencies. As for the social

sustainability aspect, this clinic accepts patients of various backgrounds, including non-Muslims and non-citizens, as it is located in the industrial area of Pasir Gudang, Johor. The role of this clinic is further expanded through the introduction of a mobile clinic program to continue JCorp's CSR agenda.

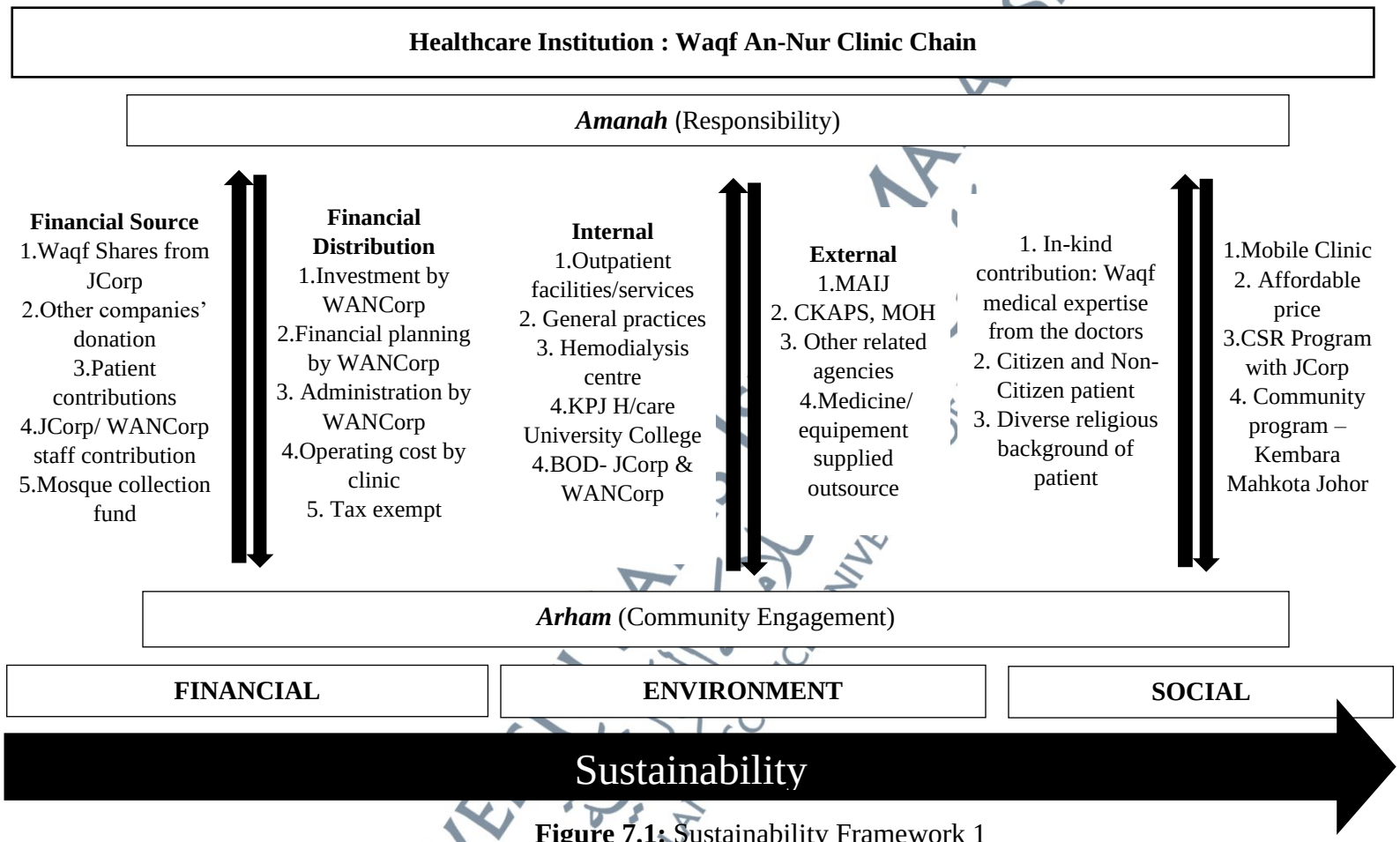

Figure 7.1: Sustainability Framework 1

7.2.2 Sustainability Framework 2

The second sustainability framework describes a healthcare institution founded on the partnership between USIM and MAINS. The USIM Health Specialist Centre (UHSC) is a specialist outpatient clinic and a subsidiary of USIM. The initial funding for its establishment came from MAINS and USIM in the form of waqf and *qardhul hassan*. For its working and investment capitals, UHSC generates its own income through its medical services while also receiving donations through its Tabarru' fund and zakat and waqf contributions from corporations and institutions. The clinic has received all these forms of financial support until now. However, because of its rather young age, which is less than 10 years, its investment distribution has not been clearly explained. Administration and financial planning are carried out by USIM, while the operating costs are handled by the clinic itself.

The services offered by this clinic are limited to outpatient and specialists services. The clinic also provides dialysis services, which are the backbone of its sustainability. This is because, through this dialysis center, the clinic continually receives funding from Baitulmal and government agencies like SOCSO. To remain sustainable, the clinic employs specialists and nurses from the Faculty of Medicine and Health Sciences of USIM. Doctors from this faculty continually train the medical staff to make sure that they are equipped with professional skills and competencies. This clinic is also fully committed to CKAPS and MOH's requirements, and it has good relationships with its medicine supplier and others parties that contribute to its sustainability.

Until now, the clinic has received encouraging response from the surrounding residents and USIM's staff and students. In addition, this clinic also receives patients of

diverse religious backgrounds, races, and citizenship around Nilai. In fact, to further increase the number of visitors, USIM also conducts its CSR activities in collaboration with Baitulmal using mobile clinic facilities donated by SUK where this effort was aim to introduce this clinic to the community outside of Nilai and around Negeri Sembilan. Figure 7.2 below show sustainability framework for UHSC

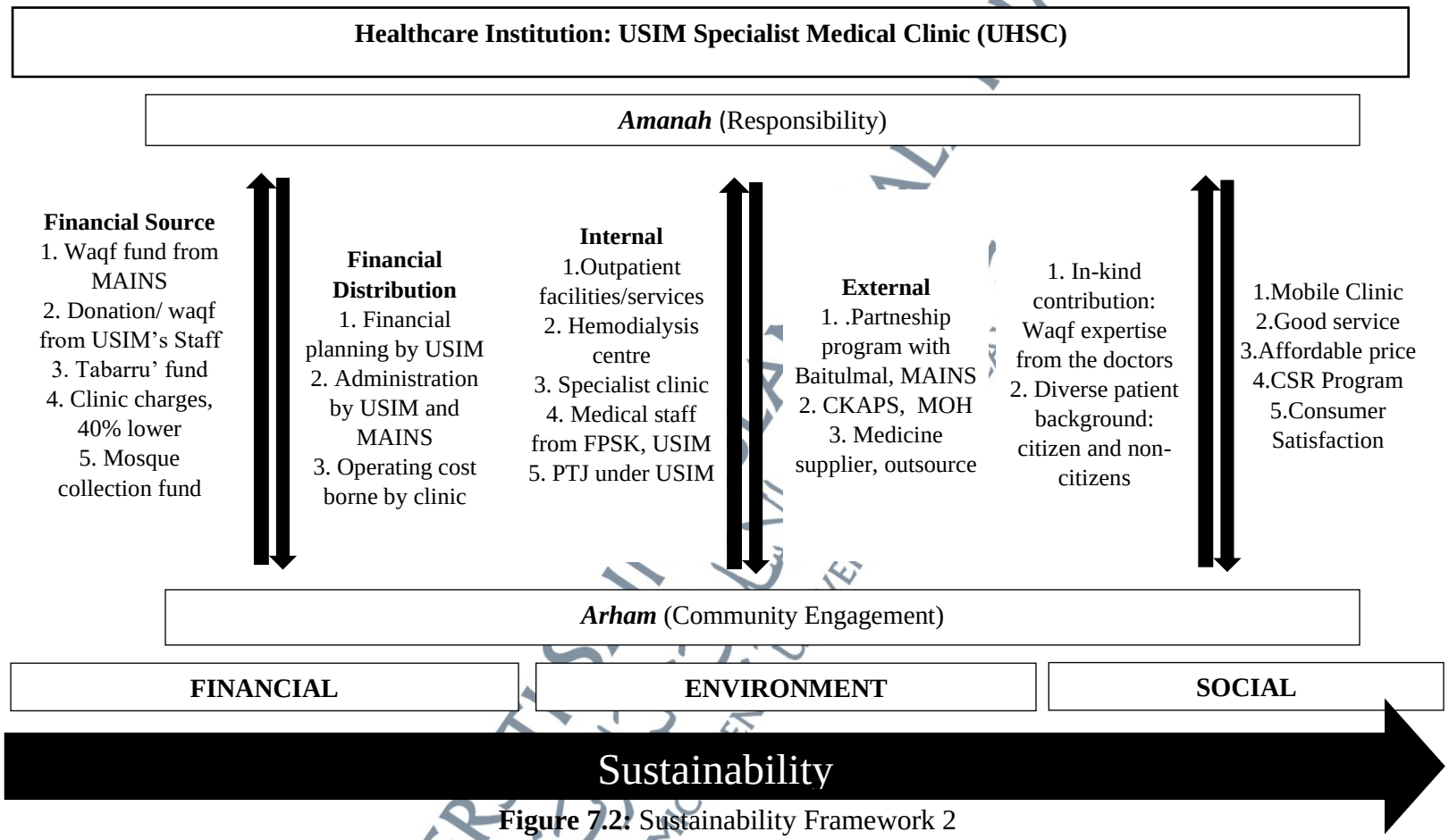

Figure 7.2: Sustainability Framework 2

7.2.3 Sustainability Framework 3

The third sustainability framework is based on a healthcare institution formed from the partnership between an NGO institution and NGO members. The Al-Islam Specialist Hospital is a private hospital owned and inspired by Dr. Ishak bin Mas'ud and Dr. Suhaimi bin Hj. Abdul Halim. In fact, they remain the important figures for the hospital up until now. At the beginning of its establishment, the hospital was financed by the financial assistance and personal funds from its founder while the first building was bought by Koperasi Belia Islam Malaysia Berhad (KBI) at a strategic location in Kampung Baru, Kuala Lumpur. In term of the share portion, KBI holds 40 percent of the shares where the establishment of the cooperatives was triggered by ABIM[7], while the remainder is held by its founders. The philosophy of this hospital is *da'wah bil hal*, distinguishing it from other hospitals around Kuala Lumpur. This philosophy has produced the Ibadah Friendly Hospital concept, whose principles are implemented in the operations and management of the hospital to bring the staff, patients, and visitors closer to Allah The Exalted. This uniqueness makes it among the few Islamic hospitals that implement chaplaincy programs as implemented by Christian hospitals like the Penang Adventist Hospital. In addition, the spirit of brotherhood within ABIM that supports it and the assistance of MRA have made Al-Islam Hospital very active in its welfare and ISR (Islamic Social Responsibility) activities. Figure 7.3 below shows the sustainability framework for this healthcare institution.

[7] Source: http://www.kbi.com.my/profile.asp?task=profilekbi=hufh877938299222?=993333=?profiles

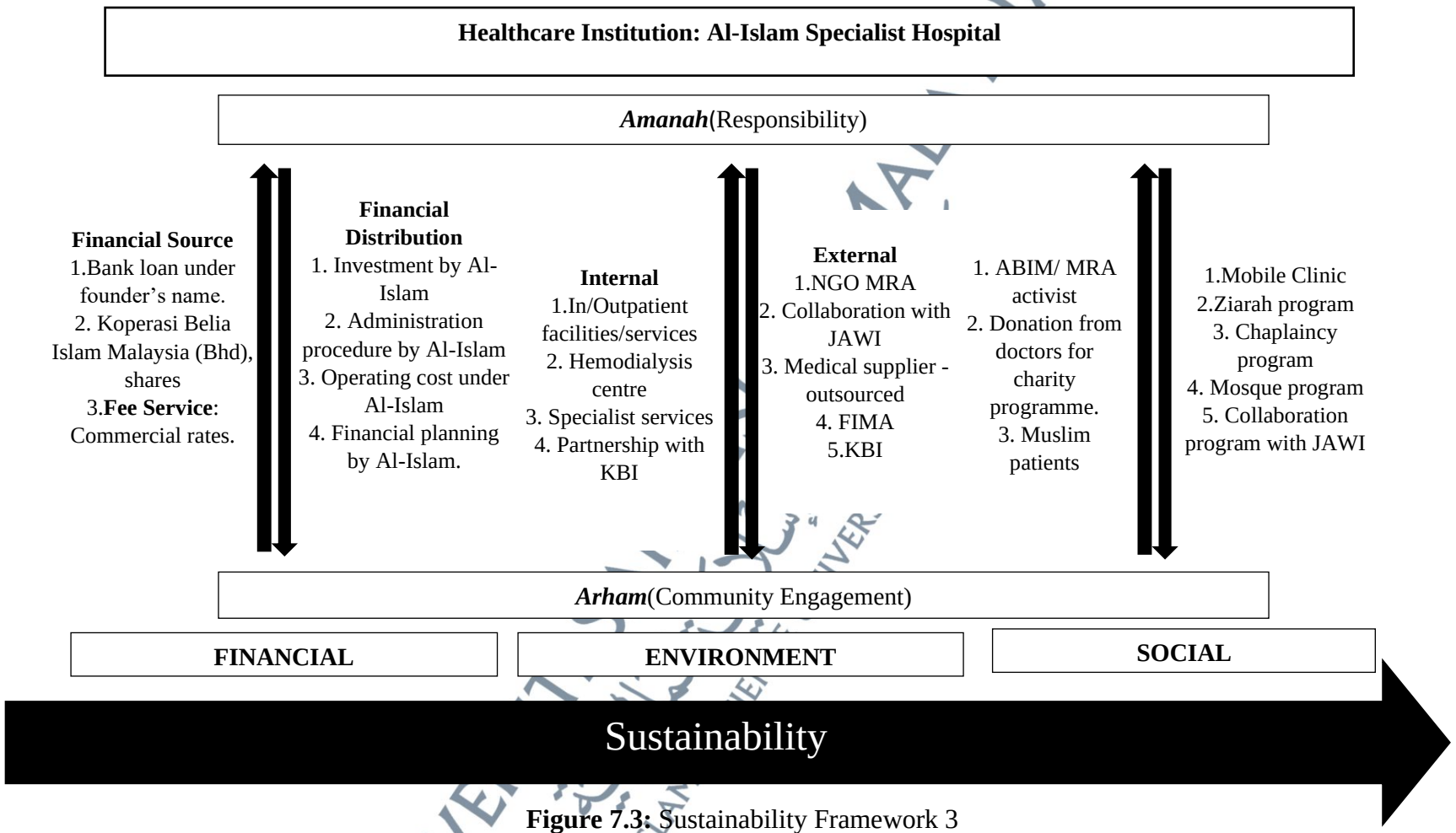

Figure 7.3: Sustainability Framework 3

7.2.4 Sustainability Framework 4

The fourth sustainability framework represents three health institutions with almost similar characteristics: PUSRAWI Hospital and MUIP's Pahang Medical Centre (PMC) and Al-Amin Clinic. These healthcare institutions share some similarities as their funding comes from Baitulmal, while the State Religious Council, as the major shareholder, is responsible for the distribution of profit. The MUIP representative, Encik Izhar Ahmad, affirmed this:

Source of funding:

"The building we bought for PMC was with Baitulmal money."

Distribution of profit:

"If there is a poor asnaf, who received dialysis treatment there, the dialysis center will give the treatment to the poor asnaf, but must get Religious Council approval. If Religious Council approved, only then they can get dialysis treatment. And Religious Council will pay for the dialysis treatment to the clinic. Charity on Religious Council. Religious Council which will give for free. Religious Council who will give the funding. Provided, every dialysis patient must get approval from the Council first, because they need to be investigated in terms of asnaf zakat whater he is eligible or not."

The PUSRAWI Hospital representative, Tuan Haji Husni bin Abd Shukor, also revealed that PUSRAWI Hospital is funded by MAIWP:

Source of funding:

"MAIWP give us the capital only. Running costs are indeed our responsibility."

Distribution of profit:

"Whatever the situation, the hospital ... there may be an element of zakat or waqf in a certain area. But it remains as a profit making and will continue to run like a private hospital. Maybe we have a fund for example to help asnaf.

> Haaa..that's is it. Hospital is still a private hospital ... to make a profit ... but it may be will be subsidized which there will be formed maybe from the funds provided by MAIWP or the waqf fund."

Both hospitals are under the supervision of MAIWP and MUIP. As subsidiaries of the State Religious Council, their objectives are to generate profits for the religious institutions and to become economic drivers for the local community by creating employment opportunities. The representatives of the MUIP stated:

> "So we already have a safe place for Muslims to find the healthcare services and a price that Muslims can afford. Then, we see, one hospital can provide job opportunities to 250 people. So we have been able to give the job opportunities to Muslims. Then we provide a training place for Muslims. Then we can also give a job to a Muslim locum doctor. So we can also move the economy. For example, when we make a hospital, we make our own restaurant. Our restaurant supplies food to the ward."

MUIP founded a restaurant to supply food to its hospital wards, while MAIWP set up another subsidiary called PICOM to train its health workers, such as nurses, to meet the needs of the workforce. Overall, the strength and sustainability of these health institutions depend on the State Religious Council, which is the main contributor. In fact, all of their activities and decisions, other than activities involving medical procedures, must be reported and decided by the Religious Council. Figure 7.4 below represent sustainability framework for PUSRAWI Hospital under MAIWP and MUIP Healthcare institution.

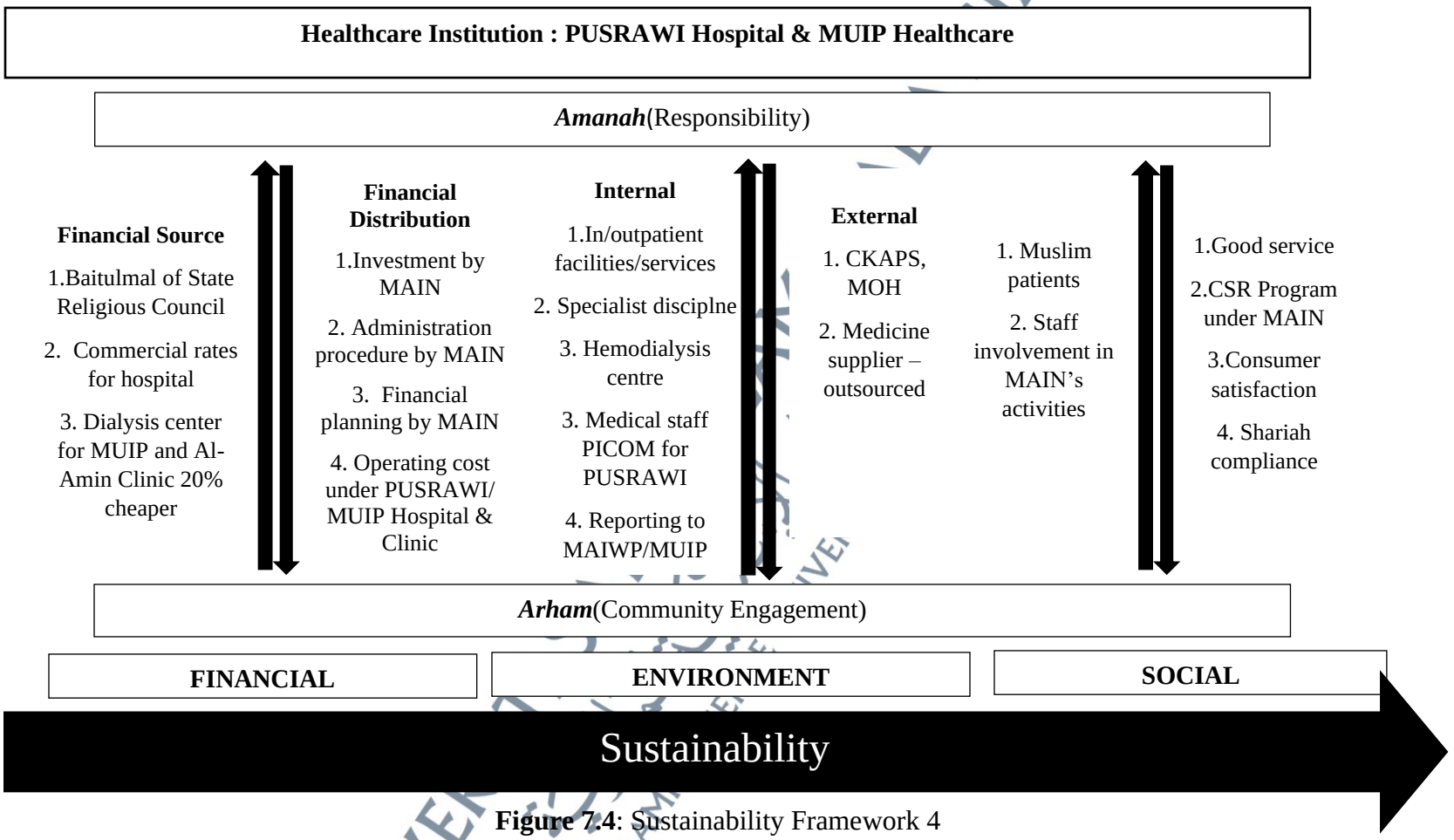

Figure 7.4: Sustainability Framework 4

7.2.5 Sustainability Framework 5

The fifth and final sustainability framework for this research is based on the Penang Adventist Hospital, which was built in 1924. It has thus been in operation for 96 years, indicating that it is truly sustainable compared to the other sample hospitals. The administrative council representative for this hospital, Dr. Dicky Ng, revealed that strong social engagement and maintaining its value and philosophy are among the important factors for the sustainability of this hospital:

> "We need the doctors with the same kind of philosophy to sustain the hospital. Without this, the hospital will not survive. However we also need variety of expertise."

Currently, 20 percent of its staff, including the medical staff, are members of the Adventist Church. The CEO should have the same values and faith as the Seventh-day Adventist Church to continue the vision and mission of the hospital. To ensure that the hospital retains its value and philosophy, it has a Board of Trustees, led by the pastor of the Seventh-day Adventist Church. Members of the Board of Trustees and the shareholders do not receive any renumeration for their services. All surpluses are used to enhance the facilities of the hospital and to fund community outreach activities. With regards to the initial source of funding, the Penang Adventist Hospital is similar to the PUSRAWI Hospital and MUIP's healthcare institutions.

Though these hospitals are established and governed by religious institutions, they differ in how they distribute their benefits. MAIWP and MUIP, not the hospitals themselves, handle the financing and profit distribution of their healthcare institutions. In contrast, PAH distributes its own profit through its charity department. The strength of

PAH lies in its charity works and programs, and it has hitherto set up five charity funds to support charitable activities. Through its activities, it is able to strongly engage and build trust with the surrounding community. This, indirectly, is one of the marketing strategies of the hospital.

PAH also has its own chaplaincy program, similar to Al-Islam Specialist Hospital. This program is also known as the Spiritual Care Unit, whose members are trained pastors. The objective of this unit is to provide emotional support to patients and their family members. According to Dr. Dicky Ng, the chaplains will visit every patient in the hospital, greeting and answering the questions and needs of patients and their families. To date, PAH has seven chaplains who provide moral support to patients. Figure 7.5 below shows the sustainability framework for PAH.

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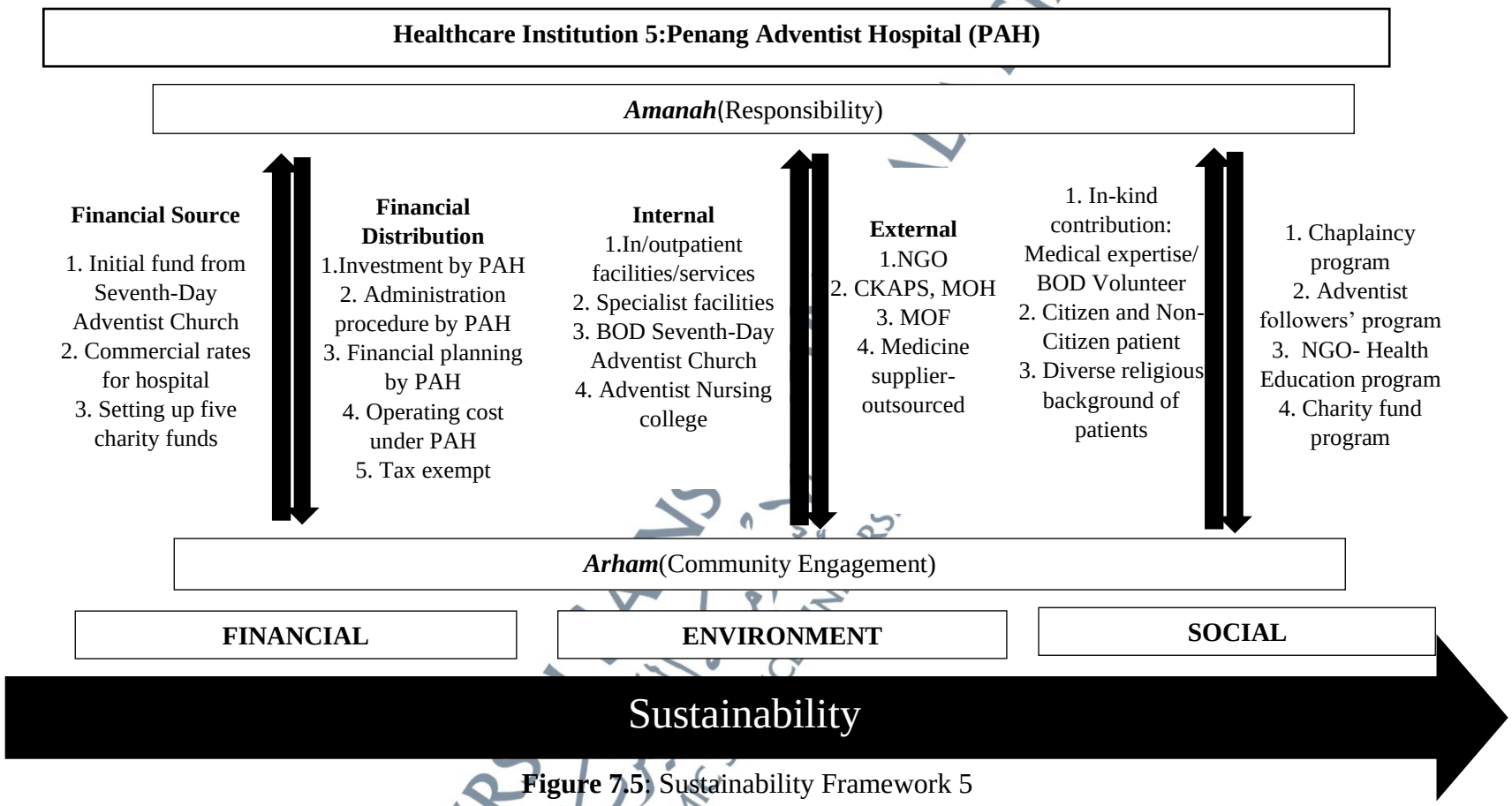

Figure 7.5: Sustainability Framework 5

7.3 The Emergent Findings

From the analysis and findings that has been done in Chapter 6 and 7 of this research, some new data or new themes has arisen during conducting the thematic analysis. This new data or new themes was recognized as emergent findings in qualitative research design. During the coding process, the researcher has used familiar codes based on the variable found through the reading process from the past study and any emergent findings; then, it can be claimed as new knowledge. Through the process of coding and analysis on the respondents' interview data in this research, some emerging findings are found, but in the context of social-based institution and institutional sustainability, these findings are not new. However in the context of waqf institution and waqf-based healthcare institution, these findings are new and highly relevant in helping this institution to be sustained. Furthermore, based on Green's (1989) discovery on health board grouping, he only suggested seven types of group categories and after the process of analysis, it shows that waqf institution has a different setting from the other religious organization group.

Thus, the finding from this research suggest for another category of waqf institution to be added in the health board grouping by Green's (1989) as a contribution to the body of knowledge. As what has been highlighted by Rohayu Abdul-Ghani and Razali Othman (2014), among the basic principle of waqf, it has some meaning of perpetuity, irrevocably and inalienably which distinguishes it from other charities institutions. Through the identifying process of sustainability practices for other social-based healthcare institutions, waqf-based healthcare institution can form its own sustainability framework by implementing strategies that are appropriate to its current framework. The results of this study will help waqf institutions, especially those involving in the health delivery services

to become more prominent, sustainable and continue to grow in the industry. As suggested by M.Salleh et al, (2014) waqf-based institutions today need to have a transformative services which offers revolutionary, innovative actions or method that offers sustainability value in the form of equitable solutions to society's pressing needs through value co-creation services. The emergent findings of this research will be presented in the form of proposed sustainability framework for future waqf-based healthcare institution that will be discussed in detail in this chapter. Some of the core aspects in sustainability practices that need to be given attention by waqf institution especially the healthcare institution are as below:

1) Economy: to sustain the institution and to ensure waqf asset to be maintan in order to protect the principle of waqf itself which are perpetuity, irrevocably and inalienably
2) Social: to meet the Maqasid Shariah objective which is the protection of life through providing contious healthcare services delivery.

The proposed sustainability framework for waqf-based healthcare institution need to ensure that the sustainability practices is suitable with the aspect above and at the same time the operation strategies appropriate to the current market environment and able to be competitive because the planning and operation of healthcare institution will be monitored and regulated by the MOH. Other than that, the combination of these two aspect are important in shaping the sustainability practices and waqf-based healthcare institution activity. Among the relevant emergent findings for waqf-based healthcare institution sustainability practices are:

1) Institution structure

2) Financial sustainability practices: type of continous funding strategy

3) Environment sustainability practices: type of healthcare services

4) Social sustainability practices: in-kind contribution, diverse patient background, patient engagement, religious institution engagement, community outreach program or activity, followers engagement, NGO engagement

All the emergent findings above will be discussed in the form of proposed sustainability framework as below:

7.3.1 Proposed Sustainability Framework for Waqf-based Healthcare Institution

In general, waqf institutions, especially for healthcare institutions, they can adopt any sustainability framework that has been practiced by other social-based healthcare institution as discussed before. However for the purposed of this research, two types of sustainability framework have been formed based on the best analysis of the best sustainability practices for the future waqf-based healthcare institution which both framework are similar in the form of organization setting under the company limited by guarantee which is similar with PAH and WANCorp as we discussed in Chapter 5. Table 7.2 below explain on the sustainability practices for the future waqf-based healthcare institution while Figure 7.6 is the illustration of both proposed framework.

The structure for the proposed sustainability framework will have its own structure of governing body which referring to the board of trustee where the member of this trustee

board should be consist of the representative from MAIN as the permanent member for the institution. This is because, MAIN is an organization that has the source of power to the appointment of mutawalli. Therefore, they need to be in the organizational structure to ensure that all the objectives, visions and missions that have been set are achieved. Next, this organisational structure may be comprised of any interested party, whether individuals or representatives of the organization, such as representatives of NGOs, corporate companies or any representative from other institution that it may think appropriate.

However, the distribution of the profits of this healthcare institution will not be retained within its shareholder profit gain, but will be distributed in the form of reinvestment through of the healthcare institution facilities and development and to be used for the community activities. The organization structure above is actually has been proposed before by Salleh et. al, (2011) where based on the proposal, waqf management scheme need to have its governing body that referring to any council, board of directors or board of trustee to oversee the institution collection, wealth creation and income distribution process besides will help the waqf institution management to be more effective. As for the management level, the trustee board have a right to apppoit or establish its administrative council which will act as the *mutawalli* who will manage the operation of the institution. Both proposed sustainability framework will only different in the form of its sustainability practices as below details:

7.3.1.1 Proposed Sustainability Framework 1

For the first propose sustainability framework, the suggestion on the context of financial sustainability practices are; this healthcare institution will be funded with the

source of philantrophy such as waqf, charity or the source from the baitulmal. However in the context of healthcare delivery services, it will operate as a business entity which target for profit generate but not for profit maximization. Thus the term for charging mechanism is ***'fees services'*** as what has been practiced by other private healthcare institution. In order to sustain, this type of healthcare institution can also adopt any marketing strategy that suit in promoting their operations and incorporate with a non-welfare approaches, such as commercializing core healthcare programs, to help them achieve their objectives and rely less on donations and grants. All these strategy proposed by the past literature have been discussed in Chapter 2 and Chapter 6 of this research.

As for financial distribution, healthcare operators only manage the operating costs for the healthcare institution. In term decision-making involving investment strategies refers to financial allocation for infrastructure improvements of health facilities and services, the allocation of revenue enhancement activities, administration procedure and financial planning was taken its responsibility by the governing body which is the trustee board of the institution. This reinvestment activity takes the example of reinvestment strategies by WANCorp which formed 70 per cent of its annual dividend endowed shares involved in the investment activities in 1) fixed deposit investments in shariah-compliant financial institutions and 2) purchase of Johor fund shares which ultimately generate annual investment dividends. In the aspect of environment sustainability practices which related to the type of healthcare services offered, for this framework, the suggestion is to provide a full and specialist healthcare discipline. The operation of this healthcare institution in this framework can be illustrate as a specialist hospital that has been accommodate with the facilities and equipment for in and out-patient services. As for other environment

sustainability practices such as staffing, traning, medical supply, the engagement with CKAPS, MOH, will be as what has been practice by other healthcare institution. As for social sustainability practices, both proposed framework were suggested to practices and adopt these several strategy and engagement with various parties as below:

1) In-kind contribution: Waqf expertise from the doctors
2) Diverse patient background whether it is citizen or non-citizens
3) Patient engagement: chaplaincy program, mobile clinic program
4) NGO engagement: an engagement with the local and international NGOs
5) Community outreach programe: Actively cooperate with various institution such as cooperate company, other healthcare institution, government institution, charity home etc
6) Followers engagement: establish a volunteer program among the belivers.
7) Religious institution engagement: collaborate program with mosque or other religious institution.

Table 7.2: Proposed Sustainability Framework for Waqf-based Healthcare Institution

Features	**Propose Sustainability Practices Framework 1**	**Propose Sustainability Practices Framework 2**
Institution structure - It can be in the form of subsidiary or partnership	**Trustee Board** 1) Representative from SIRC/ MAIN 2) Member of the institution can be in form of i) NGO entity/ member ii) Individual iii) Representative from corporate company iv) Any institution representative **Administrative Council (Mutawalli)**	**Trustee Board** 1) Representative from SIRC/ MAIN 2) Member of the institution can be in form of i) NGO entity/ member ii) Individual iii) Representative from corporate company iv) Any institution representative **Administrative Council (Mutawalli)**
Financial Practices		
i) Financial Source	1) Waqf 2) Charity – setting various fund 3) Baitulmal **4) Operate as business entity** **5) Medical charges: Fee Services** **6) Other business entity/ subsidiary**	1) Waqf 2) Charity – setting various fund 3) Baitulmal 4) **Fix contribution** from other business subsidiary company such as waqf shares **5) Medical charges: Fee Contribution**
ii) Financial Distribution	1) Investment, administration procedure and financial planning by the BOD 2) Operating cost handled by the hospital/clinic administrator 3) Tax exempt on the healthcare institution	1) Investment, administration procedure and financial planning by BOD 2) Operating cost handled by the hospital/clinic administrator 2) Tax exempt on waqf institution
Environment Practices i) Internal	**1) Type of healthcare services** i) Hemodialysis centre ii) **In/Out-patient services and facilities** iii) Offered Specialist Hospital full discipline	**1) Type of healthcare services** i) Hemodialysis centre ii) **Out-patient services and facilities (Clinic Chain)** iii) Offered as GP OR Specialist Clinic discipline

Table 7.2 continue

Features	**Propose Sustainability Practices Framework 1**	**Propose Sustainability Practices Framework 2**
	2)Nurse staffing/ training: Has its owned nursing college	**2)Nurse staffing/ training:** Has its owned nursing college
	3) Good engagement with internal parties.	3) Good engagement with internal parties.
ii) External	1) **Supplier**: medical and equipment	1) **Supplier**: medical and equipment
	2) **Regulator**: CKAPS, MOH and MOF	2) **Regulator**: CKAPS, MOH and MOF
	3) **other NGO** (local/ international)	3) **other NGO** (local/ international)
Social Practices	1) **In-kind contribution:** Waqf expertise from the doctors	1) **In-kind contribution**: Waqf expertise from the doctors
	2) **Diverse patient background:** citizen and non-citizens	2) **Diverse patient background:** citizen and non-citizens
	3) Patient engagement: Chaplaincy or Mobile clinic with a continuous programme setting.	**3)Patient engagement:** Mobile clinic -continuos programme setting.
	4) NGO engagement: MOU with NGO	**4) Religious institution engagement:** Mosque programme
	5)Community outreach: Actively cooperate with various institution such as cooperate company, other healthcare institution, government institution, charity home etc	**5) Community outreach:** Actively cooperate with various institution such as cooperate company, other healthcare institution, government institution, charity home etc
	6) Followers engagement: Volunteer	6) **Followers engagement**: Volunteer
	7) Religious institution engagement: Mosque programme	7) Other CSR activities besides healthcare services

7.3.1.2 Proposed Sustainability Framework 2

For the second sustainability framework proposed, in term of financial sustainability practices, the source of funding still following the first framework approach which gain from the philantrophy sources such as waqf, charity or the source from the baitulmal. In oder to make sure the financial source sustained, it was suggested that the healthcare institution would establish a charity fund or act as a CSR wing for several corporate institution that can consistenly funding the operation of this healthcare institution. Which means, the healthcare institution need to have a strong funder behind it. This suggested framework recommended that, for the healthcare delivery services charges, the operator can put the very minimum fees or it suitable to be named as a "***fees contribution***". It will be suggested that this type of healthcare institution would adopt a strategy as a clinic chain.

The strategy is to widen its healthcare services in the form of GP clinics or specialists clinic that have a network of branches throughout Malaysia. This strategy is proposed by taking into consideration that the management of a full discipline hospital is more complicated and requires higher costs than providing healthcare services at a level of clinics. Moreover, with our healthcare system delivery which leading by the public hospital, the poor have more advantages and this waqf clinic will be the front healthcare provider for a non serious health problem than creating a private hospital that needs to target a profit in order to sustain.As for social sustainability practices, for the proposed sustainability framework 2, the practices is following the same strategy and engage with various parties as suggested in the proposed sustainability framework 1.

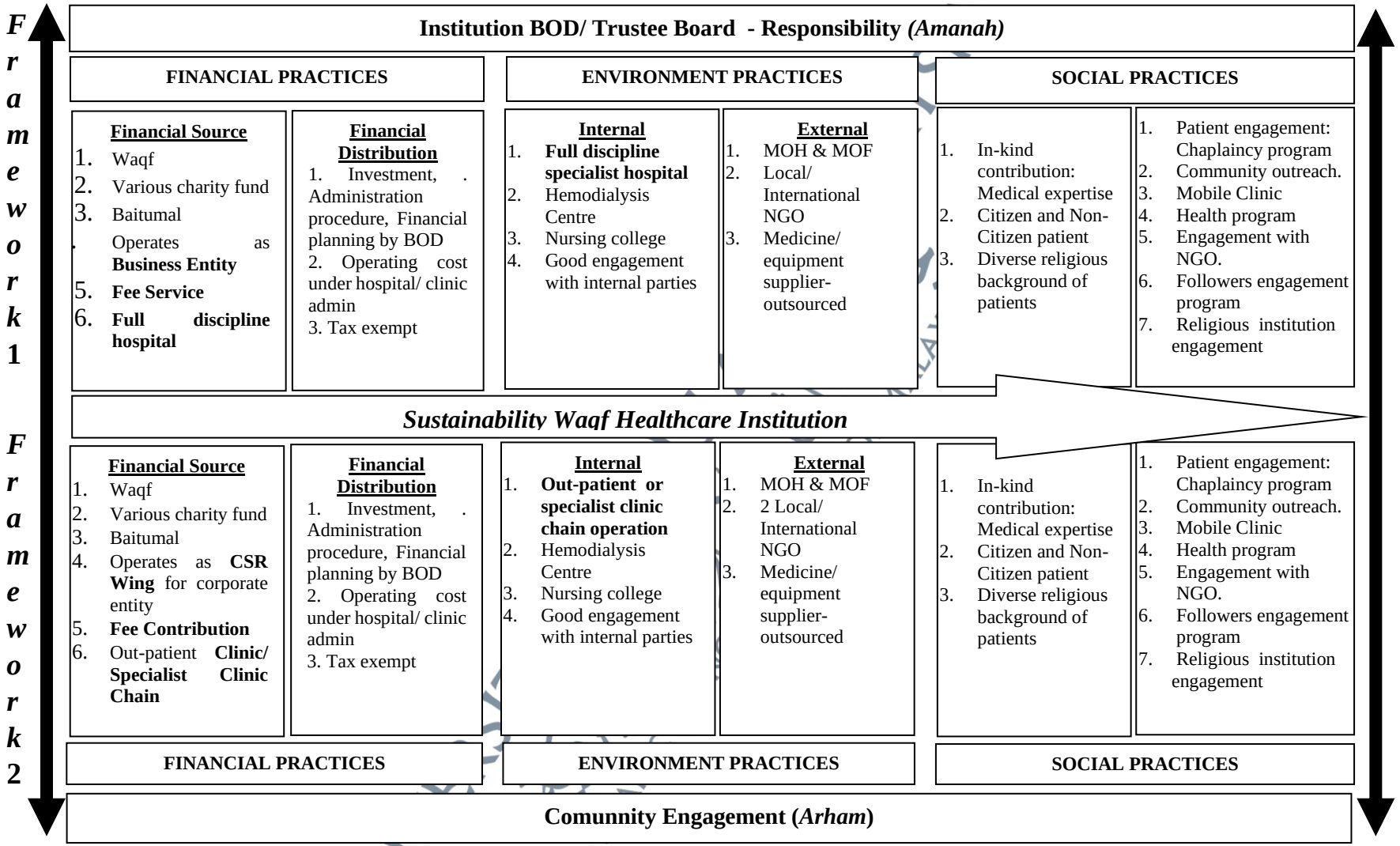

Figure 7.6: Illustrated Sustainability Framework for Future Waqf Healthcare Institution

7.4 Conclusion

The findings of this study have shown that each social health institution has its own characteristics and uniqueness based on its organizational structure. However, these healthcare institutions still share some common characteristics. It is clear that these six healthcare institutions exist because they are driven by the teachings of their respective religions. For the future waqf-based healthcare institution, two types of sustainability framework has been proposed. Each of the framework was form based on the findings on the sustainability practices that was adopted by the social-based healthcare institution in this research. The next chapter provides policy recommendations and directions for future research.