Participants' views on access to healthcare services at a selected housing estate

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***Abstract*: The healthcare services are accessible, and the payment is affordable for people of this country (Malaysia), but there were some limitations for the residents of some places. This study explored the views of participants with different social-economic classes on accessibility to healthcare services among a selected housing estate in 2017. A focus group discussion was done with five participants with household income >RM2000 and ≤RM2000 to elicit their views on the availability of the current healthcare services. Thematic analysis was used to code and analyse the data. High cost in the private medical centre and long waiting time in the government healthcare centre were important factors for preference of traditional medication over government healthcare centres. Long waiting time affected their income as they need to apply for leave in order to see the doctor in the clinic, which in turn affect their monthly per-capita income especially for low-income families. The study found that the different income groups in the population do affect the healthcare seeking behaviors. However, further in-depth research is required to explore the different determinants on the health care services.**

***Keywords*: healthcare seeking pattern, facilities**

I. INTRODUCTION

The health care system of Malaysia is a public-private system. The public sector includes the rural health services, tertiary health care services, purchasing private/corporate sector expertise and full paying patient scheme in the hospitals. The private health care sector comprises of general practitioner clinics, private medical centres and hospitals [1].

The health clinics are provided within 5 km radius and it is relatively easy access even for the rural areas [2]. The payment charged for Malaysian are: RM1 for all outpatient visits and diagnosis, RM5 for specialist clinic visits. The referral cost may vary from public to the private clinic doctor, from the government medical officer: the referral fee is free for the first visit and from the private doctor: RM30 for the first visit, then RM 5 for every follow up for all referred cases [3].

Even though the healthcare facilities are accessible, and the payment is affordable for the rural area people, but there were some restrictions for the residents of some places. This study explored the views of participants with different social-economic classes on accessibility to healthcare services among a selected housing estate in 2017.

II. MATERIALS AND METHODS

The one-hour focus group discussion was done by purposive quota samplings. The researchers purposively selected the representatives according to their income >RM2000 and ≤RM2000 groups during their household survey data collection time. The residents of this housing area are in a sub-urban location and mix of different occupational status.

The researchers requested the five eligible persons from each income group to come and join the discussion at a convenient place. Finally, there were three participants whose income >RM2000 and two participants from income ≤RM2000. After getting the verbal consent from the participants, the data collection procedure started with the form of a carefully planned group discussion among five people plus a moderator, observer and note taker, then made sure to get their views under a favorable environment and to avoid pressure during the discussion.

The open-ended interview questions (which were covered a range of healthcare availability and accessibility issues with five questions) were developed. The participants' occupation and income were different such as: a police officer/ a fisherman/ a teacher/ a staff nurse and a housewife. The confidentiality of the participants in this discussion was kept. The views of participants (along with recording) on each questions were transcribed into the written record. The answers were recorded in Malay language (in original) and translated into English by the team members.

III. ETHICAL CONSIDERATION

It was approved by the Faculty of Medicine Research Human and Animal Ethics Committee, Aimst University with project approval code of FOM/SSM/2016/55.

IV. RESULTS

All the participants were actively participated and shared their self-experiences and views on healthcare services. The compilation of their views based on five main questions were as follows:

Question 1: When you are sick, do you go to physician (clinic), pharmacy or take traditional medication? Please mention your reasons.

Respondent	Answer	Reason
R1	I prefer to go for traditional medication.	The traditional medication is cost friendly and the waiting time is not as long as the government healthcare centre for instances the health clinics (village) and even the hospital.
R2:R5	I totally agree with R1 to go for traditional medication.	The traditional medication is available every day, even on weekends. So, we do not apply for leave in order to seek for medical treatment.
R3	I have different opinion on this question. I prefer to go to physician as I believe.	They are more qualified and more well -trained to provide the accurate and effective treatment.
R4	I agree with R3 prefer to go health clinic.	The registered physicians are more well-trained, and they might provide a better treatment; however, due to the high medical cost in private clinics and the long waiting time in government clinics, me and my family went there with no other choices.

Summary: Some of the participants prefer *traditional medication* over going to the healthcare centre provided by the government when they fall sick. They do agree that the physician in the clinic and hospital are better trained; however, the *high cost* in the private medical centre and *long waiting time* in the government healthcare centre has hindered them from seeking healthcare in those centres.

Question 2: Do you have transport limitations when trying to get access to healthcare and how long does it take to reach the health care facilities or providers that are closest?

Respondent	Answer
R2	No problem in transportation while trying to get access to healthcare centres within my housing area.
R5	Most of the residents in this block have no difficulty to reach the clinic as there is one (Clinic One Malaysia) within our reach and it is within walking distance.
R3, R1, R4	Yes, I agree with Mr R2 and Madam R5 (no limit in transportation).

Summary: All the participants have no geographical limitation in accessing to their local healthcare centre as it is located very near the residential area. It is just a walking distance to reach to the health clinic.

Question 3: Does the hospital you visit regularly have modern facilities for diagnosis and treatment? Are you satisfied with the available services?

Respondent	Answer
R1	I am satisfied with the treatment that I received from the clinic as the physicians working in that clinic are friendly, and they do provide effective treatment and advises.
R2	Yes, they also offer a wide range of other services including X ray services and a series of medical check-up plans that is made available at just a fraction of the price charged in the private clinics or hospitals.
R3	The long waiting time could be one of the reasons why we refuse to seek medical help from the government clinic, and we could not afford to apply for a day leave just to seek for medical help in the clinic because we have a limited income.
R4	I am sorry that I have a different point of view on this aspect. I believe the facilities available in the clinic are still at the inadequate level, especially on the medical personnel. As far as I am concerned, the proposed ratio of physician to patients is supposed to be 1:400, as we can see from the clinic, the ratio has exceeded the proposed value.
R5	The clinic offers a wide range of medical services at an affordable cost to the participants; however, I am not very satisfied with the services provided in term of waiting time. I believe due to inadequate medical personnel and many patients; the normal waiting time can range from 4 to 6 hours in order to seek medical help from the Medical Officer in the clinic.

Summary: Most of the participants are satisfied with the services provided by the local healthcare centre. Some of them claimed the healthcare centre to be having *advance and modern technologies* for disease diagnosis. Another issue is inadequate manpower in the local healthcare centre, which results in the *long waiting time* and this could be one of the factors which stopped the participants from seeking healthcare services from the government clinic and hospital.

Question 4: Is long waiting time affect your choice for accessing healthcare services?

Respondent	Answer
R2	It is the main reason why I refuse to seek medical help and advices from the physicians from the government healthcare centre. It is not because of faith in doctors, but because of the long waiting time. Nevertheless, as mentioned by Mr R3 just now, this will result us losing one day salary, which will affect our budget.
R5	I am a housewife and I found the long waiting time in the government hospital and clinic. Although I do not have to attend work on a specific schedule, but I must take care of my children. I cannot afford to leave them alone at home for long time. At the same time, I refuse to bring them to the clinic along as I find clinic is not a safe place for my children.

Summary: The *long waiting time* in the clinic is the major problem met by some participants and a main factor causing that participants delayed in seeking healthcare services. Besides, this also affected their income as they need to apply leave, which could be a big burden for them as their monthly per-capita income is just enough for the whole family's expenditure.

Question 5: What type of healthcare service do you need the most and what improvement should be done in order to increase the accessibility and availability of healthcare services to the residents?

Respondent	Answer
R1	More healthcare personnel should be recruited so that it will be easier to handle the large group of the population in this area. As most of us find the long waiting time is the major issue faced by the participants.
R2	I agree with Mr R1, besides increasing the healthcare personnel in the clinic, the government should focus on increasing the subsidy on the medications. As there are many residents who could not afford to buy medicines or to consume the medication on a long-term basis after being diagnosed with certain diseases such as diabetes mellitus and hypertension. They are aware of their health problem, but they are not following the advises for medication schedule told by the doctor because they could not afford the medication especially when the medications are to be taken on a long-term basis.
R4, R3	Mr R2 mentioned is very correct regarding some proportion of the residents who are aware of their health conditions but could not afford the high cost of medication for long-term. There was another proportion of residents who are totally unaware of their health conditions because they are refused to have an annual medical check-up and thought that it is tedious. So, the health professionals should organise more health camps and it may increase the awareness of the residents towards the importance of having regular medical check-ups is crucial because prevention is better than cure.
R5	The government can focus on the younger generation as well. For example, currently I have seen some programmes in my children' school which focus on promoting the nutritional status of the children, especially those from the lower to middle low-income family. For instance, programme "Susu" 1 Malaysia. Through this programme, the school children of rural area are receiving free boxes of milk, which aim to promote the general health and nutritional status of children from rural areas. I feel satisfied and very much appreciate to see our government effort in promoting the health of not only the older population but also the younger populations. As a result, my suggestion is I hope our government can launch more programme which focus on promoting the health of the population in the urban and the rural area.

Summary: The participants basically focused on the conditions that required improvement.
Firstly, *to recruit more medical personnel* so the issue of inadequate manpower will be *solved and the long waiting* time issues in the government clinic and hospital can be solved at ease.
Next, the participant also suggests that the health professionals should *organise more programs or campaign* aiming at raising the general health status and awareness of the public on the importance of maintaining good health.

V. DISCUSSION

The study revealed the views of selected participants to seek treatment from government clinics. Some participants were preferred to traditional medicine because of long waiting time and inadequate man power in the health clinics. They did not want to spend time in the hospitals/ health clinics because they are unable to take leave or forced to take unpaid leave due to financial issues even though they are aware that government clinics do provide affordable or free medical services. It is more in daily wage-earners and small-business owners who are unable to access office-hour services and the government clinics.

Customer satisfaction is an important element to determine whether patients prefer hospital or traditional treatment. In a study conducted by Nora et al. 2007 [4], the possible reasons to seek traditional treatment could be due to high expectations, cultural beliefs and not receiving the type of treatment they wanted or deserved from hospitals, thus opting for alternate treatment. The major complaint among patients is excessive waiting time when compared to efficiency and effectiveness of health care services which also observed in another study [5]. Long waiting time is a global phenomenon and it is not surprising that the participants complained about the long waiting time and frustrations at health centres and hospitals. It has been documented that long waiting time is a source of dissatisfaction by the number of studies that has been carried out over the years [6-8]. Besides the long waiting time to see the doctors, the patients also calculate the travelling time, to and fro to get access to the health centres and hospitals and the waiting time to collect their medications.

They also complained that there are insufficient number of trained people in the rural areas. The health care service was initially provided through "Rural Health Service" but later was renamed as "Primary Health Care" services in 1966 during the 7th Malaysia plan (9). The rural health clinics are manned by the rural health nurse and with sporadic visits by the doctor or public health nurse

on regular basis. Some of these clinics are situated in the remote areas thus do not attract the young well-trained staff. Some of the Primary Health Care clinics are manned by junior doctors. Initially prior to 1970 there were not enough trained personnel to serve in the rural areas, but at present, though they have increased the number of trained staff, they still do not meet the demands in the rural areas as many do not want to work there. Besides the senior doctors, nurses, medical assistants are placed in major hospitals in the urban areas and they are providing specialized services here. Thus, it is not surprising that the patients still complain of lack of trained personnel and specialized services.

Health care services has improved over the years and it has been reported to have achieved 100% universal population coverage since the early 1980s [10]. The universal coverage includes preventive, curative, rehabilitative and palliative health services. The entire population is said to have good health care services but still people complain of overcrowding in the primary health care centres and long waiting time. This can also be attributed to a high prevalence of chronic diseases like non- communicable diseases (NCD) where there was an overall increase in 'undiagnosed hypertension' and hypercholesterolemia from 32.6% to 47.7% in 2011 as revealed by the National Health Morbidity Survey (NHMS) 2015 [11].

One of the strategies the MOH (Ministry of Health) adopted to reduce the burden of health care staff and NCD was to implement the Kospen program '*Komuniti Sihat, Perkasa Negara'* where MOH identified new people/agents for community-based interventions to reduce NCDs [12]. This program was introduced in 2013 in the rural areas to train the local community leaders to empower them to take care of their own health.

It cannot be denied that there is a growing interest in traditional and complementary medicine (TCM) in Malaysia and the whole world. In view of the growing demand and interest, the government has set up a separate unit in MOH in 2004 followed by the integration of hospitals in 2006 to provide TCM [13]. This is followed by the availability of six programs in a number of universities and hospitals. In 2006 more than 7000 TCM practitioners registered with their professional bodies [14]. A survey carried out in primary health care clinics conducted in east Malaysia showed that about 51.4% used complementary and alternative medicine (CAM) and more than forty percent used more than one type of CAM [15]. Thus, basing on the above it is not surprising the villagers choose traditional medicine over modern medicine. It could also be due to their cultural or heritage beliefs. Besides, the increasing cost of conventional medicine in private hospitals and the long waiting time at the hospitals could be the other reasons for their choice.

In this study, the participants were fully participated and got good response in this discussion. This study is useful in situations where either in-depth information is needed, or little is known about their seeking healthcare services. But, the results of this finding could not be generalized to all the population of that housing area due to a few samples and all were same ethnicity. To overcome this limitations, further research should be done on different age, ethnicity, income, occupation, education groups with more samples.

VI. CONCLUSION

Although Ministry of Health provides comprehensive healthcare services through public-private mix healthcare system, the healthcare delivery system lack certain attributes of a functioning healthcare system especially in rural areas. It is still characterized by high user fees in private medical centres and long waiting time in government centres. These two major hinderances shape health seeking behaviours among different social-economic groups in the population and partly explain why some participants choose traditional medication rather than attending government and private healthcare facilities. The participants recognized that skilled healthcare providers in government health sector are available at minimal cost with modern facilities for diagnosis and treatment, but they must apply leave to have medical services because of long waiting time. It also affects their monthly per-capita income which is just enough for expenditure of the whole family. Provision of adequate medical personnel in government clinics and hospitals, subsidy on the medication for chronic diseases and promotion of health campaign has been identified as crucial for delivering healthcare services in this population. However, further in-depth research is required to explore the different determinants on the health care services.

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CONFLICT OF INTEREST

There was no conflict of interest in this study.

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