

EXPLORING ELEMENTS OF HUMAN CAPITAL DEVELOPMENT OF PRIVATE HOSPITALS IN MALAYSIA: A QUALITATIVE APPROACH

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Abstract

Human Capital Development (HCD) is one of the key pillars of the Malaysian Government's Economic Plans in its efforts to increase the technical skills, creativity and innovation required to drive Malaysia's knowledge based economy. The growth of talented human capital is essential towards organization's competitive advantage. HC as one of the components of Intellectual Capital becomes very important in service sector especially the healthcare industry. Many literatures show that HC has positive relationship with organization's performance. However, in healthcare sector, it can be questioned on how elements of HC are being measured and are there any indicators developed to standardize it. The purpose of the study is to explore whether people within top management of hospitals have similar opinions on the most important elements of HC that might be used to determine hospital's strategies. This study also seeks to investigate whether these HC elements really necessary and important in the creation of value for the hospital. This study employs qualitative approach and in-depth interview sessions also were carried out among the top tier hospitals in Malaysia. Cross-case study analysis was carried out in analysing the data collected. The findings reveal that there are five elements of HC which are very important in setting the hospital strategies; recruitment requirements, post basic skills availability, career pathway, employees capabilities and enhancement. The patterns found in this content analysis technique shows that HC in hospitals is highly influenced by clinical and non-clinical elements. Competencies of clinical staff is crucial in hospital. Presently, there is no common international framework in identifying, measuring and disclosing of information on HC that is available and widely used in Malaysian hospitals. Therefore, it is most appropriate to put effort in developing a standard measurement and management technique for hospitals in process to identify, measure, manage and value their HC assets.

Keywords: *human capital development; cross-case study analysis; private hospitals*

1.0 INTRODUCTION

Knowledge based economy era highlighted that organisations are pursuing for a new type of capital, namely human capital (HC). HC refers to the knowledge, competence, skills and other personal characteristics that are acquired through the course of life and being utilized for production and services.

Therefore, it can be said that human capital is the assets which affect the growth and survival of the organization more than any other tangible resources. According to Tabibi et al. (2011), top organisations and entities have realized the importance of caring their employees more than ever and found that how they can be placed on the highest position in global economy by emphasising more on retention and development of their HC. Hence, HC is actually an investment in human resources to increase organisation efficiency especially those in service industry. Health care industry which provides services and goods is considered important in maintaining life in developing economies. Apart of that, this industry is important as one of the indicators for social welfare and development of healthcare industry particularly hospitals.

HC is a critical resource and success factor for the health sector in Malaysia to make a successful quantum shift to the future. Due to its complex industry, hospital as main healthcare services provider needs to focus on developing quality of HC. They need to employ and coordinate specialised knowledge, skills and abilities embedded in their employees to deliver quality care to patients (Wiig, 2002; Van Beveren, 2003; Zigan, 2008; Mohamedi, 2015). The overall performance of the organisation depends on the performance of its employees based on intelligent behaviour and their motivation.

In Malaysia, 70% of quality healthcare services are provided by the public entities which are heavily subsidized by the government, while the private entities offer services with a competitive fee. The Malaysian healthcare sector is set to be transformed from a social service to a private sector-driven engine for economic growth under the Economic Transformation Plan (ETP). Healthcare services have become one of the most important services that contribute towards economic growth of a country. The international context of healthcare services nowadays has to deal with a number of challenges such as (1) rising healthcare cost and increasing resources towards a sustainable health system, (2) rising demands and aspirations from different stakeholders, (3) improving advancement of new technologies in medical services, (4) increasing capacity and redistributing of health workforce and (5) managing public and private dichotomy (Ministry of Health, 2014).

The hospitals as the main health services provider are not only expected to deliver a high quality of care and services to stakeholders. In addition, they are also expected to help organisation to implement a good strategy in order to be sustainable. This is consistent in the context of Malaysian policy, The National Key Result Areas (NKRAs) in The Government Transformation Programme (GTP) which highlighted few key result areas that are related to the healthcare sector and development of knowledge resources in hospitals such as human resources, knowledge in IT, databases, innovative activities, successful experiments, networking and skills of specialists and others. In addition, the new government strategy that will be a nation blueprint up to 2050; National Transformation 2050 (TN50) is focusing on development of HC as a pillar to the national success and thus the excellent HC can be achieved with the high competency level of people (The Star Online, 2017). The number of qualified human resources also in critical situation due to brain drain issue in this country. According to the news by New Straits Times January 2017, Dean of MAHSA University Faculty of Nursing and Midwifery, Professor Zahrah Saad said that there is a shortage of nurses in this country due to attractive offers from Saudi Arabia and Singapore. The current number of nurses is 64,348 in the public sector and 28,333 in the private sector (World Health Organization, 2017). This is considered low as compared to Organisation for Economic Cooperation and Development countries. In fact, the demand for nurses is very high approximately, the country requires 130,000 qualified nurses by 2020. Same problem goes to the number of doctors. According to the report by Ministry of Health, 2014, Malaysia has mismatched supply and demand which is a shortage of doctors (a rate of about 1:1000 people) compared to the global rate (1:800) and to other developed countries such as Japan which has 1:500, whereas the Organization for Economic Co-operation Development (OECD) average is 1:350.

Due to the above challenges and policies, the significant focus in this study is to conceptualise hospitals' leader as an important factor to the organisation that embraces elements of HC assets as their key

resources to deliver high quality services to the stakeholders. Quality healthcare can be achieved when all HC elements are effectively organised and managed in systematic way. Hence, a set of standardize elements of HC is needed in order to measure and value each hospital. In addition, this study is also very important for managers and policy makers to set up strategy plan of HC as there is increasing importance of HCs for the organisations especially health care industry which deals with peoples' lives. The development of HC elements perhaps can assist the development of national strategy on health workforce and strengthen the coordination for HC planning and development. Ultimately, this study is initiating a further exploring the themes and to what extend these themes affect the development of HC in Malaysian private hospitals.

2.0 LITERATURE REVIEW

2.1 HC and its development

In the past, the focus was on constraining growth in the cost of care, whereas emphasis is now being given to improving the quality and outcomes of care (Emidia, 2015). Ferlie & Shorttall (2001) reported that the essential factors required for quality improvement are: leadership at all levels, a culture supporting learning throughout the care process, effective teams' development and greater use of information technologies. Thus, to meet the challenge of quality improvement, hospitals have to rely heavily on developing their ability to generate and manage HC.

HC refers to human aspect of the organization such as combination of skills, qualifications and expertise that provides individual character (Bontis et al., 1999). HC is the foundation of intellectual capital (Chen, Zhu & Xie, 2004; Kamaluddin, 2009; Wu & Hu, 2012; Lin et al., 2013). Human-centred assets are the qualities which make up people. HC is the heart of IC and it is defined as the combined knowledge, skill, innovation and ability of employees (Bontis, Keow & Richardson, 2000). HC has been recognized as strategic resources because it is necessary for organisations' success since employees' knowledge and skill are essential in today's fast paced and changing competitive climate (Subramaniam & Youndt, 2005). In hospital, the elements of HC are embedded in their human resources. Humans such as doctors, nurses and others are expensive to hire, train and sustain. A study by Zula (2007) found that if the management put extra attention to human resources efficiency, it will decrease time for admission and waiting time in hospitals, increase budgeting, decrease cost and improve hospital performance.

It is supported by a study of Sarwar (2014) identified that major factor of patient satisfaction in the private healthcare in Malaysia is quality of patient care. Unit analysis of his study was patients who have experienced treatment at private hospitals at least one time. The result revealed from the interview session with the respondents was that the patients' treatment quality played an important role. Patients expected better quality of drugs and medicine supplies as well as efficient and adequate doctors when needed. Some of the respondents mentioned that lack of specialist doctors sometimes caused them to visit other service provider. They also highlighted that some of the junior staffs are not friendly and not efficient in providing treatment services as compared to senior staffs.

In addition, Roos et al. (1997) highlighted that the main components of HC are competence, attitude and intellectual agility. Kamaluddin (2009) added another three elements of HC which are employees' capabilities, sustainability and satisfaction. Meanwhile, Lapina (2016) described that HC elements consists of education, "know-how", professional qualification, professional knowledge, competencies and science and research. There is lack of study which concentrate in developing HC elements in health care industry. However, Evans et al. (2015) also discovered that there is no standardized measurement being used in identifying HC elements in this industry. Based on literature review conducted by Evans, HC has

been categorized as employee competence (Wu & Hu, 2012) and employee development (Lin et al., 2013) in two different countries.

Based on the above research gaps, this study will further analyse the appropriate elements of HC that ideally describe HC in Malaysian private hospitals context in the point view of management perspective. This study is one of the efforts to explore the elements of HC that is needed to be maintained and managed in order to attract, train and retain skilled human capital and to improve the quality services provided to the stakeholders.

3.0 RESEARCH METHODOLOGY

This study uses case study approach to develop specific elements of HC in hospitals. Case study specifically focuses on a particular phenomenon that provides an in-depth understanding of one particular event under study (Stake, 1995). This study took place at five different private hospitals in Malaysia. The interview sessions completed for this study were held between August to October in year 2015. These five hospitals were chosen because they are among the most renowned and popular private hospitals in Malaysia. These hospitals were established and operated almost more than ten years. The units of analysis for this study were the top management team such as Chief Executive Officer (CEO), Chief Operating Officer (COO) and Senior Managers who are responsible for designing and managing strategy and operation of hospitals. It was believed that since these people were directly responsible in designing the strategy for the hospitals, their suggestions with respect to what variables constitute of HC and performance would be considered most reliable and relevant for this study. Seven interviews in total were conducted (Table 1). The interviewees are among the top management team of hospitals consist of Human Capital Manager, Marketing Manager, Finance Manager, CEO and COO. Data were collected through interviews, which were conducted over a three-month period at five private hospitals ; Selangor (2), Kuala Lumpur (1) and Negeri Sembilan (2). The interviews were conducted in order to find out the importance of having standard element of IC and how far it is being considered by management as hospital strategy. The nature of these interviews was very informal. Since the aim was to obtain as much input as possible, the interviewees were encouraged to give their views, ideas and suggestions to the current study covering issues related to the management of HC in hospital. Most interviews were lasted approximately between 60 minutes to two hours each. All interviews were audio recorded with permission from the interviewees. After collecting the data, all were transcribed into text verbatim and coded for further analysis. The recorded tapes were played several times as not to miss any information recorded from the interviews. The process continued till the researcher felt that no more information was necessary for further analysis. The population of this study was the CEOs and top management team of five private hospitals. All races were taken into consideration during the data collection. There were seven respondents selected conveniently as the sample size for this study. For this small scale study, the sample size of seven is considered sufficient (Taylor, 1994; Kiran, 2010). There is no precise guide on the number of cases to be included in any research using case study. Patton (1990) states that there is no exact number or range of cases that could serve as guidelines for researchers, “claming there are no rules” for sample size in qualitative research. Eisenhardt (1989) recommends that cases should be added until “theoretical saturation” is reached. While there is no ideal number of cases, she suggested that a number of four to ten cases often works well. With fewer than four cases, it is often difficult to generate theory with much complexity and its empirical grounding is likely to be unconvincing.

Table 1 List of Hospitals and interviewees involved

Hospital/Number of employees interviewed	Chief Executive Officer (CEO)	Chief Operating Officer (COO)	Human Resource / Human Capital Manager	Total
Hospital A		1	1	2
Hospital B	1			1
Hospital C	1			1
Hospital D	1			1
Hospital E			2	2

Source: Own Resource, 2015

Based on Table 1, all the interviewees for Hospital C, D and E are CEOs of the hospital. A chief executive officer (CEO) is the highest-ranking executive in a company, and their primary responsibilities include making major corporate decisions, managing the overall operations and resources of a company, and acting as the main point of communication between the board of directors and corporate operations. Therefore, one representative of CEO is adequate to provide the information needed. However, hospital A and E needed two representatives who are COO and Human Capital Manager (HCM) and Marketing Manager. We need more than one representative for this interview session because the CEO was unable to join due to busy schedule. However, all the information given was adequate to answer semi-structured questionnaire which was prepared based on literature review. Interviews were conducted in person. The participants were further assured that the data would not be used for any other purposes other than the research and their particular would be private and confidential.

4.0 FINDINGS AND DISCUSSION

4.1 HC Elements in private hospitals

According to the interviewees, hospital is very unique and complex as compared to other organisations. Therefore, element of HC itself is complex. Basically the staff organisation chart is separated into two categories; clinical and non-clinical departments. Definitely, main provider of the service is the doctor supported by nurses. They stated that even though the technical equipment and the system resources are the backbone of the hospital, the heart and soul of this hospital is the people who give so much of their time and their talent to help those in need up and over their individual obstacles.

From the evidence obtained, all interviewees highlighted that the important elements for recruitment is formal qualifications that the employees have. Interestingly employees in hospitals can be classified as clinical staffs and non-clinical staffs. They emphasized the importance of having skills, creativity and experienced staffs especially for clinical staffs. For non-clinical staffs, they are responsible with the administrative works and are also encouraged to be creative. For example as highlighted by the interviewees:

“.....we look at at their qualification then we consider all the experiences as well as good communication skills... we want our staff to have skills that beyond their job scope”.

HCM of Hospital A

“..the staff should be more creative... they should settle those problem at their level first, and only bring it up if they cannot handle it....For doctors must have at least 5 years experiences. ...We really seek for the experienced candidates.”

CEO of Hospital B

“First priority is qualification”.

CEO of Hospital C

“.....we prefer them to have high competency...”

HRM of Hospital E

For the clinical staffs they involve directly with hospitals matters. Therefore, post basic skills are very important for nurses. For example as mentioned by COO of Hospital B: *“...In terms of their requirement, we look at certain critical area. For example ICU, ANE, Dialysis, Operation Theatre and SPD lab. They have to have Post Basic.”* This is also supported by CEO of Hospital C: *“...such as Critical Unit like ICU we need staff that have more skills and experiences eg: post basic skills.”* Post Basic skills can only be obtained from public hospital. Furthermore, she also emphasized that it is the requirement under the Private Hospital Act for private hospital to ensure that 50% of their staffs have Post Basic qualification.

For the physicians, generally the medical officers are the hospitals staffs but not for the specialists. They are self-employed. The specialists pay for rental and management fees to the hospitals. As said by CEO of Hospital C: *“...doctors serve as independent party...”*

For hospitals the working hours are also separated for clinical and non-clinical staffs. For non-clinical staffs they work within the normal office hours (8.00 am to 5.00 pm). But for clinical staffs, there are three shifts working hours. This is highlighted by the CEO of Hospital B: *“For all clinical staff, there are 3 shifts.”*

The evidence obtained also reveals that ability to work as a team is also one of the human capital criteria developed by hospitals. All the interviewees agreed that relationship with the doctors is vital. Even though most of the doctors especially the specialists are independent party but they carry the hospitals reputations. This is a very unique relationship. Therefore they have to work closely with the specialists. As highlighted by CEO of Hospital B: *“.. doctors are not our employees. They are independent. They provide professional services and the hospital B provides all the facilities...”*

The hospitals provide all the facilities needed and the specialists provide the professional services. According to HRM of Hospital E *“Medical officer (MO) is our staff. But Specialist is self-employed and independently provide service to patients. They pay rental fees. We do the management and marketing part. If the problem arise from the clinical part, the medical director responsible for that. If it involves with management, me myself and executives director responsible for that.”*

If patients complaints or summon certain doctors, surely this will affect the hospital as a whole entity. Furthermore it is highlighted that the collection from each specialist is vital to hospitals. As mentioned by CEO of Hospital C: *“Management also look at their collection from each doctors..”*

The hospitals also concern about the career pathways of their staffs. They observed talent from the employees perspectives via head of departments. As mentioned by COO of Hospital A: *“we ask the head of department to identify potential staff to become next leader.....”*. Career pathway is important to make employees undertand their job scope, plan for their career enhancement and guide them to become a future leader. In addition this element can prevent high turnover rate in the hospitals. For example as highlighted during the interviews:

“.....we do implement succession planning and career path for our staff...”

CEO of Hospital B

“.....I just develop one...it is in the form of booklet.I called this as employee handbook.....enable them to become a future leader....”

CEO of Hospital D

“.....give briefing on employees opportunity towards career enhancement..”

HRM of Hospital E

For training and development, all five hospitals conduct continuous training programs and they are very committed to their employees' long-term career development. For example as highlighted by COO of Hospital A: “... if staff need skills, we call trainer to train our staffs..”.... “ if the staff do not have post basic skills, we send them...”. However, the training and development program conducted in hospitals focuses more towards enhancing the clinical skills and knowledges. For example as highlighted during the interviews:

“All the staff must comply with 50 hours training per year. In addition, doctors are the one who going to give training for internal program.”

CEO of Hospital B

“it is compulsory for each staff to complete 30 hours training allocation organized by us.”

CEO of Hospital C

“ Staff nurse need to renew application once a year need to submit cpd point. Need to attend in house training. To get point, staff nurse need to complete 35 points. Especially mid wife. Also need post basic skills from MOH.

HRM of Hospital E

The evidence also reveals that employees are involved in discussion and every employee has the right and opportunity to voice out their opinion and ideas. They are empowered in making decisions related to their immediate responsibilities or tasks. For example, as highlighted during the interviews:

“.. in terms of empowerment, we encouraged our people to decide and make decision. ... In certain cases, if it involves an emergency case, we let the staff to decide which for the best. This element of empowerment needed for certain situation”.

“We listen to them. At least we already give them platform. This is how they can sharpen their skills and enhance their talent. We want them to learn, think and give ideas..... The openness concept here applied and get a good feedback from staff.”

COO of Hospital A

“We do have a lot of activities to coordinate our tea such as brainstorming session. We encourage our staff to work together as a teamwork.”

CEO of Hospital C

“.....I need their cooperation...I cannot work alone..with strong leadership I believe customer orientation to cultivate excellent teamwork.”

CEO of Hospital D

In this study, the researcher has found that elements of HC play important roles in private hospitals. When question was asked about the HC aspect, majority of the respondents shared on how they deal then manage HC in the hospitals. First of all, the qualification of the employees are important and followed with good experience and skills embedded in human capital. As for nurses, post basic skill is compulsory for them to serve better services to patients. Apart of that, the interviewees highlighted that element of teamwork is important to achieve the targeted goals set by the top management. Leader cannot work alone, they need opinion and feedback from their employees. Teamwork is important to solve any problems arise and the formal and informal meeting in private hospitals is the best way to communicate with each other. The interviewees also stated that the future directions to the employees play a strategic goals to enhance the capabilities of the employees thus to enhance their ability to work harder and move to a better position. Some of the hospitals already take initiative by preparing employees handbook for the employees to manage their target and plan their career future direction. They also provide many activities and training to their employees to enhance and keep improving and updating their skills and job scope. In this new millennium era, the employees are encouraged to be creative and can work hard beyond their job scope given by their head of department. Finally, the element of empowerment also has been highlighted by the interviewees to show that this element is important in hospital's daily life because majority of cases involve life of the patient. Empowerment top to down and ability to cope with decision making especially among clinical staff in emergency case is becoming element of HC that is unique compared to other sector. Consequently, all the elements of HC which have been revealed from this study should be standardized and highlighted as this will be as benchmark and best practice for every private hospital to strategise their HC management to become ideal practice to sustain competitive advantage.

4.2 Cross Case analysis for the development of HC elements in Hospitals

Data analysis resulted in the extraction of five themes from HC aspects. The HC themes are recruitment, post basic skills, career pathway, employees' capabilities, employees enhancement (training and development). In order to identify the elements of HC developed by each hospital, table 2 attempts to summarise the overall development of HC elements by each hospital according to the themes.

Table 2 Human capital elements for each hospital

Hospital A	Hospital B	Hospital C	Hospital D	Hospital E
Recruitment: Qualification, experiences and skills are important in recruitment process.	Recruitment: Recruitment based on Clinical and non-clinical qualification, experiences and skills	Recruitment: Qualification and experience important based on employed and unemployed specialised, Medical Officer employed	Recruitment: Diploma to bachelor is compulsory for both Clinical and non-clinical staff as well as experiences and skills	Recruitment: Most important is qualification and experiences as well as competency skills
Post basic skill Post Basic skill is important-clinical staff - nurses	Post basic skill Critical in obtaining Post Basic skill	Post basic skill Post Basic skill is important-clinical staff especially ICU unit	Post basic skill Post Basic skill is critical part for clinical staff	Post basic skill Post Basic skill is important-clinical staff for strong operation management
Career Pathway Management concern about career path-clinical and non-clinical staff	Career Pathway Group discussion with HOD regarding staff career pathway	Career Pathway Provide opportunity for them to enhance and develop career	Career Pathway Employees Handbook guidance for succession planning	Career Pathway Briefing on their opportunity towards career enhancement
Employees' Capabilities Empowerment top to down	Employees' Capabilities Ability to cope with decision making-	Employees' Capabilities Encourage staff to be multitasking	Employees' Capabilities Ability to cope with decision making	Employees' Capabilities Frequent formal and informal meeting

Ability to cope with decision making-clinical –emergency cases Encourage creative and innovative ideas from staff	clinical –emergency cases Doctors reputation based on patients feedback Encourage leadership and multitasking skills	Ability to cope with decision making-clinical –emergency cases Empowerment top to down	Frequent meeting and systematic report Brainstorming session for solving problem	Manpower and competency skills important Professionals or expertise need to give more talks to generate ideas and knowledge to others
Employees’ Enhancement (Training and development) Encourage staff to participate in hospital activities Encourage staff to be creative, sharpen talent and competency training indeed Encourage staff to be competitive with reward and benefit provided Core Values apply among staff – Honesty, Fun, Respect, Engaging and Best	Employees’ Enhancement (Training and development) Monitor training assessment Encourage staff to be creative and be competitive Reward and benefit such as maternity treatment to staff Frequent meeting to share knowledge and solving problems Training programme with HOD	Employees’ Enhancement (Training and development) Encourage staff to acquire new knowledge and skill Encourage staff to be creative, sharpen talent and proactive Encourage staff to be competitive with reward and benefit provided and benefits to maintain staff loyalty Frequent and ad-hoc meeting needed	Employees’ Enhancement (Training and development) Encourage staff to further study to gain knowledge and skill Encourage staff to be creative, share knowledge and teamwork Reward and benefit provided Empowerment top to down Training programme develop for staff to find talented staff	Employees’ Enhancement (Training and development) Training to enhanced skills Staff rewards and benefit Group discussion with HOD regarding staff training Verified proposed training program with HOD Monitor training assessment Bonuses reward based on TQM approach

Overall, from the evidence obtained, people within hospital top management team highlighted that there are five elements of HC that are important in hospital. The important criteria for recruitment process must be qualification, experience as well as employees’ capabilities and enhancement. All hospitals conduct training and development for their employees and provide good career pathway for them. Therefore, the evidence reveals that HC elements best to describe for hospital setting are recruitment, post basic skill, employees’ career pathway, employees’ capabilities and employees’ training and development.

5.0 CONCLUSION

Nowadays, HC plays a far more important role than financial and physical capitals in the organisations and societies. There is an urgent need for HCD focusing in private hospitals to retain a high quality service deliver to the stakeholder as well as to maintain the skilled workers in the hospitals. Thus, this study has identified best elements of HC in private hospitals.

Overall, from the evidence obtained, the hospitals’ top management team discovered that elements of HC must be qualification requirement, experience as well as employees’ capabilities and enhancement. All private hospitals conduct training and development for their employees’ and encourage them to work in innovative way. The hospitals also concern about their employee succession planning by providing a good plan, mentoring scheme and activities for their staffs. The elements of HC revealed from this study has implications for both researchers and leaders in this industry. For healthcare leaders and decision makers, this study offers the introduction to the concept of HCD and the findings will contribute to effective strategies planning and sustainable competitive advantage.

However, the findings of this study may not perfectly represent the whole population as it was conducted in limited sample size; hence, they cannot be generalized (Gillies, 1998). Thus, future studies need to be

conducted for the whole population of private hospitals in Malaysia by using quantitative approach. Furthermore, this study also can be further analysed on public hospitals.

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