

# **A CASE STUDY OF KELHELDEPT: THE IMPLICATIONS OF MEDICAL OFFICER DOING ADMINISTRATIVE WORK**

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**Abstract-** This case study developed based on the reasons to investigate and to comprehend what are the implications arise when Medical Officer at KelHelDept doing administrative work as opposed to honing their medical skills to treat patients. This study tends to understand whether this action is threats or give good implications to them and organization. The finding of the study revealed that there are positive and negative implications of this exercise. The findings from this study describe what are the benefit emerge from this kind of policy and what are the implications could be face by medical officers and the organization itself and also what are the factors that drive this practices or action. Based on the findings, this study recommends several suggestions to improve the situation for sake of medical officer's career path and also for the organization. The findings from this study are expected to help the Ministry of Health in designing and improving policies related to medical officer. A framework of regarding the placement of medical officer has been proposed to enhance the decision making process with hope it can serve better the organization dan finally the citizen. This case study uses qualitative approach to define the issues, collecting data and propose the suggestions. To complete this, five (5) informants from clinical background (medical officer) who doing administrative work were interviewed in order to gather the informations needed.

**Keywords:** implications, medical officer, administrative work, medical practice

## **1. Introduction**

Dynamic governments have searched for systems for incorporating clinicians in the organization plan in human administrations (Loiuse F, 1994). In numerous nation there has been an example to open up the venture of pros and other clinical specialists in the organization (G. Veronesi,et al., 2000). Why? The larger parts of them acknowledge that a medical officer is a two-way window or a platform between two different dimensions (Hoff, 1999). A clinician can take this position, in light of the way that he can, at any rate

hypothetically; gather information of the association world, yet a non-medical officer can't aggregate remedial learning (Llewellyn, 2001).

This vitality for clinical organization lays on the assumption that masters and orderlies will bring 'extended cognizance and authenticity and better communication'(Dorgan, 2010). As to, head of clinical, with master learning of the middle business of wellbeing organizations and a more profound cognizance of what patient thought incorporates should settle on better instructed decisions as to organization arrangement and asset task. These chairmen are also subject to have more vital genuineness and the ability to impact help for something new (G. Veronesi,et al., 2000).

According to projections made by the Training Department, Ministry of Health (MoH) , projected in 2020 , the number of Medical Officer will increase to 5,188. As showed by the Ministry of Health projections, Malaysia's centered around extent was 1:900 in 2005, 1:800 by 2010; and 1:600 by the year 2020 (Ismail Merican, 2009). In perspective of the data from Ministry of Health of Malaysia, pretty about pretty much 35-40 clinician who doing legitimate work at State Department of Health ([www.moh.gov.my](http://www.moh.gov.my)) and as we probably am aware, when they doing administrative work, they will left behind their medicinal commitments. If this example constantly happen, are the typical degree can be accomplish?

## **2. Problem Statement**

The consideration on clinicians in administrative organization is not confined to Europe, however is seen the nation over. The commitment of clinicians in administrative organization has gotten draw in also in Norway, copying the presentation of unitary organization through the Specialist Health Services Act in 2001. Proposals from the Office of the Auditor General of Norway state that clinicians should wind up more included in budgetary and key decisions, in order to upgrade the fiscal profitability of wellbeing mindfulness affiliations (Riksrevisjonen, 2009).

Clinical executives have a foot in two different universes – one in clinical practice and one in administrative organization – however not 100% in either world (Lazarus, 2007). Additionally, what the most basic thing is, clinicians who enter the field of association will quickly be confronted by several unfeeling substances. They will be far predominated by non-clinical authorities, and thusly the "playing field" won't be level (Lyons MF, et.al, 1994). It is obviously that the organization of clinician in doing organization is not imperfect yet according to Rogers M. (2003), he communicated that clinician who take the jump into association generally blaze through half or a more prominent measure of their time in organization works out. Clinician boss, and especially clinician authorities, tend to withdraw from full-time practice as time goes on in light of the way that the needs of managing patients consistently equal the needs of administering medical administrations

structures, especially for specialists working in the "C" (corporate) suite (for occasion, manager remedial officer, CEO, etc.). (Rogers M, 2003).

Appropriately from that, it will make work specific aptitude obsolescence where the capacities of the masters in that occupation have are likely no more adequate to perform their job truly (Andries D.G, et.al, 2002). For clinician who abandoned their clinical commitment to doing managerial work, they will watch that they won't ready to practice that any more. It is maintained by the study led by Cedefop (2010) where the study communicated that in light of the way that around 18% to 20% of masters feel not ready to handle basic physical parts of their occupations furthermore they could two years earlier. The same study moreover communicated that 34% of the experts who did not get any planning in the prior year are affected by inclination obsolete nature, however even 22% of the people who had partaken in get ready feel impacted by it (Cedefop 2010).

It plainly demonstrated that moving clinician into administration will have suggestions and the scientist need to investigate all the more about it and recommend what are the best answer for destroy it. These suggestions will at last influence group's wellbeing and prosperity, as well as hamper endeavors at state, provincial and national levels to adequately and proficiently enhance general wellbeing issues. Notwithstanding, this study will be concentrate on clinician in Health Institution in Kelantan as a result of some constraint.

Because of the above circumstance, the study need to investigate further about what are the ramifications emerge with this practices in term of Malaysia condition particularly at Kelantan. It is pass that the act of this activity gave the positive ramifications however unmistakably it likewise made negative ramifications. Thus, this issues need to be address further and a few recommendations and suggestions need to examine to make it a good fit for the clinician (medical officer), association and for the arrangement producer (Ministry of Health)

### **3. Literature Review**

In the latest 40 years, social organization administrative positions have logically been filled by specialists with degrees in business, open organization, or general wellbeing instead of expert's level social laborers (Wuenschel, 2006). The accentuation on clinicians in organization is not compelled to Europe, yet is seen all around, fusing in countries, for instance, Australia and New Zealand (Fulop, 2010). Kadushin and Harkness (2002) furthermore agree with that where they communicated that meanwhile, social work specialists with clinical establishments that enthrall focus organization parts. In an audit study coordinated by Mor Barak, et al (2004), from 200 social work executives examined, emerge fifth of these directors started from a completely legitimate social work venture, while around 33% began from an immediate practice-focused preparing and one-half began from a mixed focus guideline. While the consideration on adequacy, sufficiency and nature

of thought has accepted a part transparently talk, others demonstrate the engagement of clinicians being segregating to successful human administrations changes (Fulop L, 2012).

Scientists have battled that strategy producer disregard to fathom capable social structures that could undermine the suitability of methodology drives and organization changes planned to dazzle clinicians in organization (Currie G, 2010). This circumstance maintained by Erwin Loh (2013) when he communicated that it unmistakably that there is a need to recognize parts that are incorporated in pushing or maneuvering specialists into organization parts. Andrea Freerksen (2012) also inspected the issue where she communicated that various aptitudes adapted in clinical preparing are additionally esteemed in regulatory work, none more so than interpersonal abilities. She similarly incorporated that center clinical capacities, for instance, sympathy, admiration, trust, tuning in, comprehension the needs of others, mindfulness, self-reflection, and inspiration can all guide an overseer. Regardless there is a trust conferred by Horsley (1994) where he communicated that an organization framework can urge is to give a structure to engage specialists to name what they have routinely long been doing and to show to them that there is a structure which can help them to grasp what they have been making strides.

While there are numerous difficulties a clinically prepared social specialist will confront in adjusting to an authoritative part, investigations of transitioning clinicians demonstrate that it is conceivable to make the move. It likewise demonstrate that in spite of the fact that clinician aptitudes is demonstrated when they perform their restorative obligation however it is not an ensure that they can perform well in regulatory work. It requires an adjustment of information and aptitudes "as opposed to an extensive and basic retraining" and a trust that their clinical foundation can be a quality. Numerous clinicians turned heads even feel the double part satisfies all parts of social work and delights a mixture of expert needs in a manner that simply clinical or authoritative parts can't.

## **4. Research Method**

### **4.1 Research Design**

For this study, qualitative case study research served as the fundamental philosophy. The foundation of contextual analysis exploration is portrayed in this segment, characterizes a contextual analysis approach, looks at the pertinence of contextual analysis philosophy, investigates the qualities and confusions of contextual analysis techniques and depicts a contextual analysis examination outlines as being made from contextual analysis research. All segments of the examination outline are associated. In any case, these associations are not inflexible.

## **4.2 Case Study Analysis**

Case study analysis can be explained as a methodology of request in which the researcher investigates inside and out a project, occasion, action, procedure or one or more people (Stake, 1995). By time and movement cases are limited, and definite data gathered by the researchers through utilizing an assortment of information accumulation systems over a maintained time of time. For this study information has been gathered through inside and out meetings, and also investigated the auxiliary information from trusted suppliers. In particular, meetings were directed and sound taped, tapes were interpreted into word reports, auxiliary information were explored, and information was coded for new subjects. As explained by Yin (2009), another part of contextual analyses is the unit of investigation, characterized as the range of center of the study. Medical officers at government Department of Health in Kelantan are the unit of examination for this study.

## **4.3 Data Collection Method**

Green, Camilli, & Elmore (2006) and additionally Yin (2009), expressed that a deliberately led case study advantages from having different wellsprings of proof, which guarantee that the study is as strong as could be expected under the circumstances. In view of the extent of this examination, which concentrated on making significance, Interview has been choose as the essential information gathering vehicle, and afterward thickened the information with two extra information focuses: locale level suspension and removal information and region overview information. Generally speaking, interview must be directed deliberately to guarantee a dependable case study. Along these lines, intentional inspecting, including the thought of an individual versus a gathering center, ought to be considered, and additionally test size and fitting members to pick for the interview. The interview is regularly seen as a discussion between the questioner and interviewee, in which the questioner makes inquiries and the interviewee reacts as needs be (Esterberg, 2002).

## **4.4 Data Analysis**

This case study took after the Creswell's (2009) six stages amid the information investigation process and, in spite of the fact that these steps are portrayed in direct request, Creswell depicted "an intuitive practice" to examination. That is, there is a recursive component to take after these steps—the procedure is not just a static, direct request of the examination.

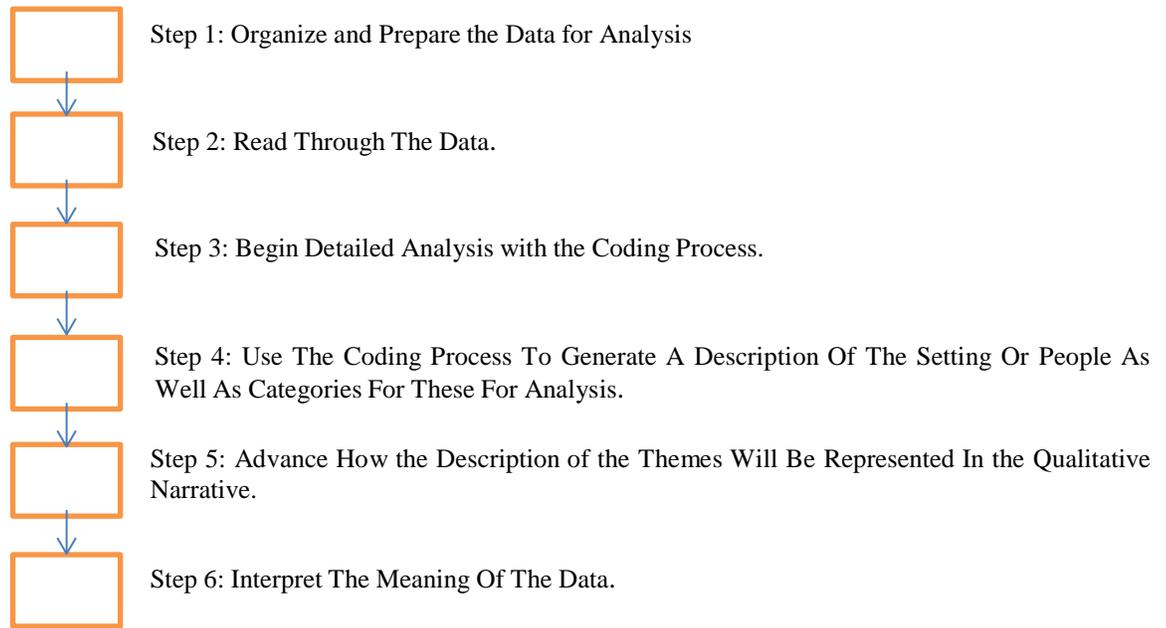
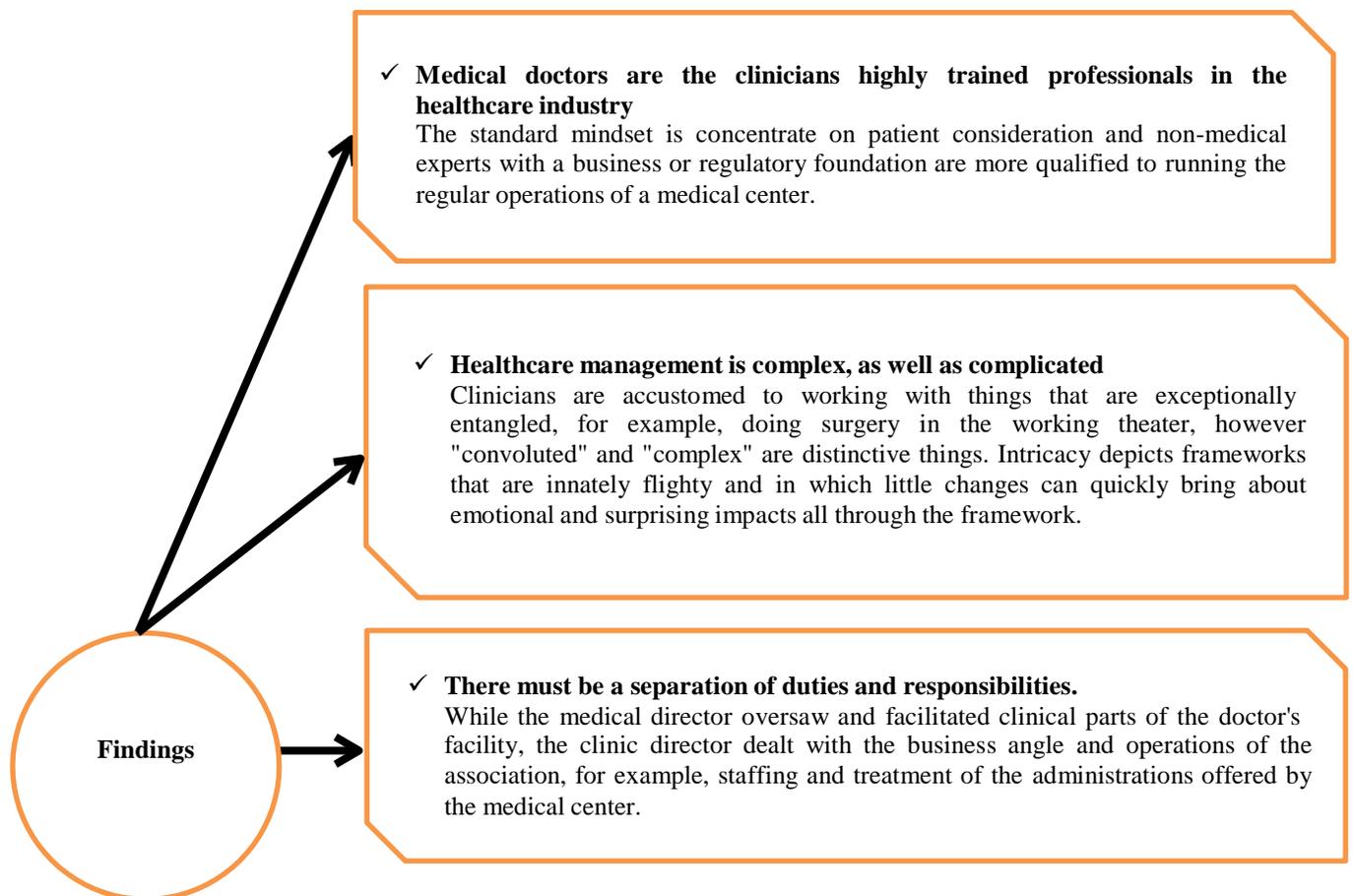


Figure1: Procedure of Data Analysis  
(Source: Creswell, 2009)

## 5. Findings



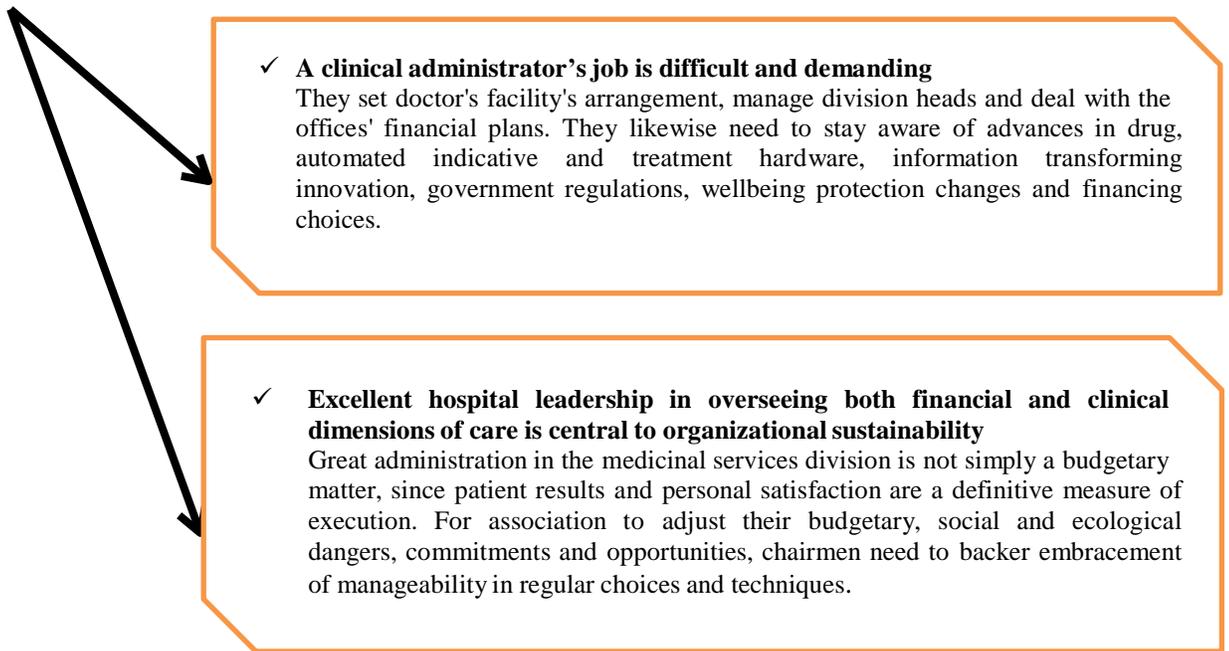


Figure 2: Summary Findings of Case Study

## 6. Recommendations

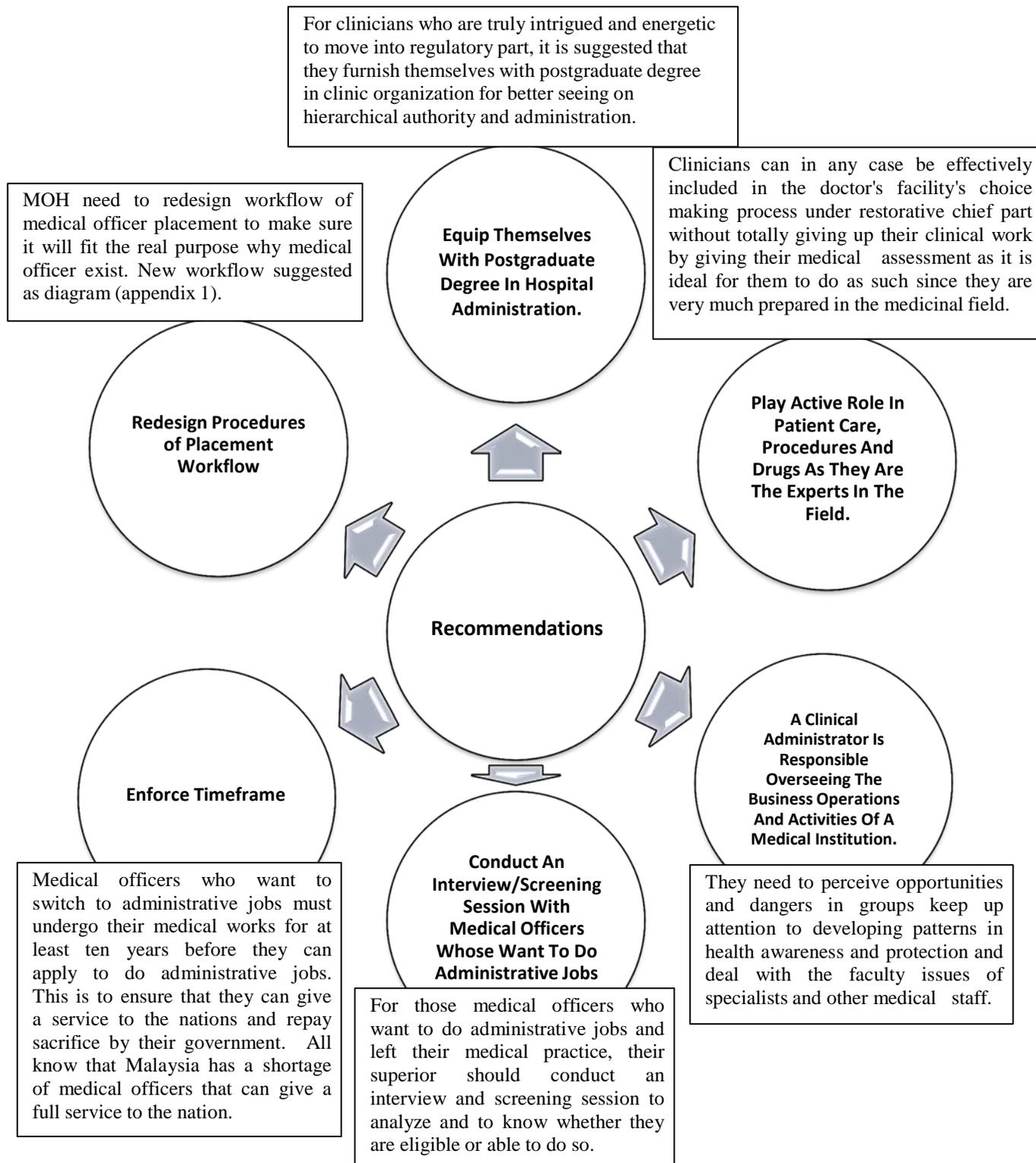


Figure 3: Summary Findings of Recommendations

## 7. Conclusion

In summary, clinical director's employment is troublesome and requesting. While specialists endeavor to keep the blood streaming and the heart thumping, the healing facility manager is doing his occupation in keeping the clinic alive and sound. Medical center chairmen assume an imperative part in sparing lives. They oversee doctor's facilities, centers, treatment focuses and different offices in the association. They arrange and coordinate departmental exercises to capacity all in all, go about as contacts between representing sheets, restorative staff and other healing facility representatives, make and keep up strategies set by clinic's administering leading body of trustees and support in creating techniques for medicinal medicines, quality affirmation, patient administrations and advertising exercises. They verify that healing centers work productively and give sufficient medicinal consideration to the patients. They likewise need to stay aware of advances in medication, automated analytic and treatment hardware, information handling innovation and government regulations.

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Buku Urusan Pengambilan Dan Penempatan Pegawai Perubatan (Lantikan Baru) Di Kementerian Kesihatan Malaysia.

Buku Garis Panduan Pelaksanaan Latihan Pegawai Perubatan Siswazah Selama Dua Tahun.

Buku Skim Pegawai Perubatan Kementerian Kesihatan Malaysia.

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**Appendix 1.**

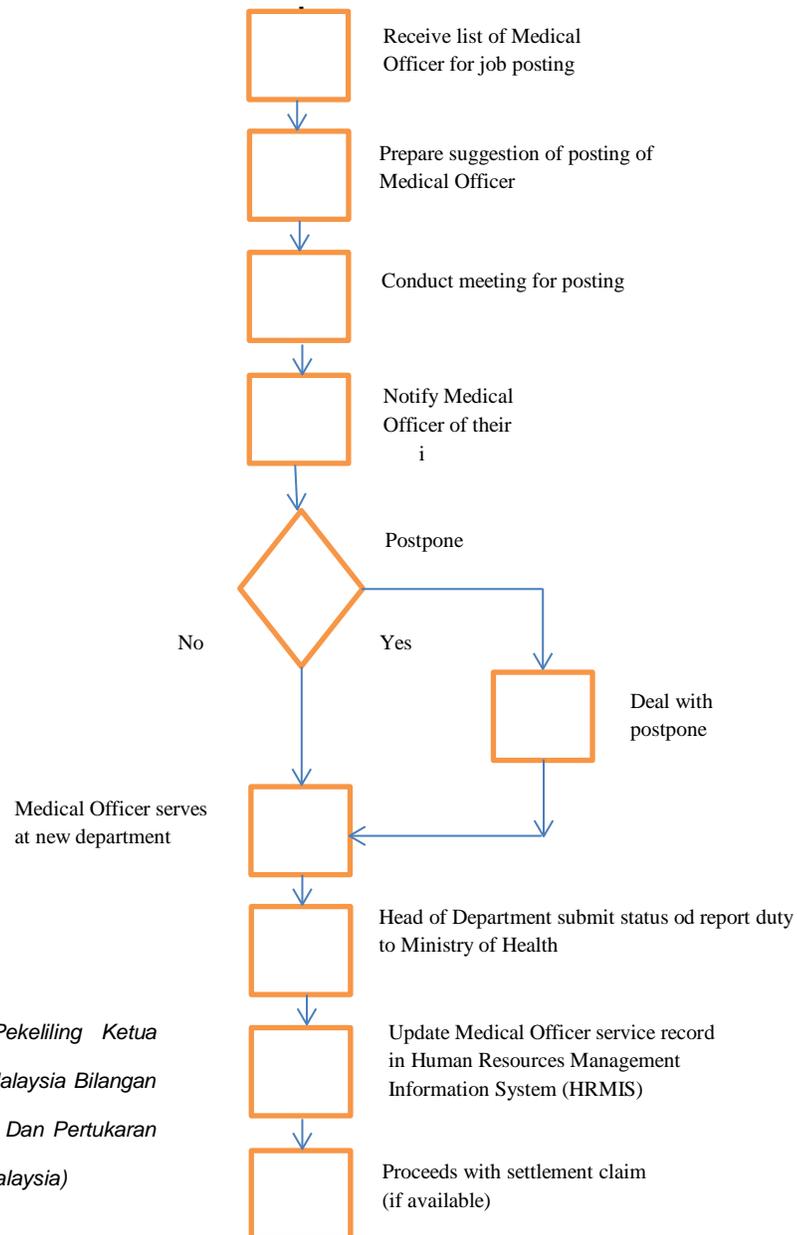
**Redesign Procedures of Placement Workflow**

**Current Practice of Medical Officer Placement**

Before considering the placement of medical officers, there are several issues need to be addressed such as:

- i. To make a fair judgment in determining placement officer;
- ii. To give priority placement by a spouse ; and
- iii. To ensure that employees who have a close family relationship as husband and wife , a sibling or filial duty was not placed under the direct supervision of one of them.

**Current Flow Chart of Medical Officer Placement**



*(Source: Translated from Surat Pekeliling Ketua Setiausaha Kementerian Kesihatan Malaysia Bilangan 1 Tahun 2012 Panduan Penempatan Dan Pertukaran Pegawai Di Kementerian Kesihatan Malaysia)*

**New Suggestion of Medical Officer Placement  
New Flow Chart of Medical Officer Placement**

