A COMPARISON BETWEEN PUBLIC HOSPITAL AND PRIVATE HOSPITAL FACILITIES PREERENCE AMONG GENARATION Z IN MALAYSIA

BY

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DECLARATION

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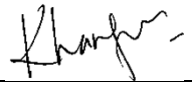
PANG KHAR YEE	1906798	

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LIST OF ABBREVIATIONS

UTAR	Universiti Tunku Abdul Rahman
DE	Development Expenditure
MOH	Ministry of Health
NHMS	National Health and Morbidity Survey
TPB	Theory of Planned Behaviour
PBC	Perceived Behavioural Control
TEC	Theory of Expectation Confirmation
MLR	Multiple Linear Regression

CHAPTER 1: INTRODUCTION

1.0 Introduction

This chapter provides an overview on the study of a comparison public hospital and private hospital facilities preference among Generation Z in Malaysia. This study may help the healthcare facility institutions to understand the younger generation's feedback towards the facilities preference between public hospital or private hospital. This chapter starts with the problem statement, research questions, research objectives, and lastly with the significant of the study.

1.1 Research Problem

The delivery of medical treatment in Malaysia is now split between the public sector and the commercial sector. Our healthcare service has over the decades (since the 1980s), transformed into a buoyant dual-tiered parallel system, with a sizeable and thriving private sector. Prior to this transformation, our healthcare service was primarily a government-led and funded public service enterprise that had been in operation since the time of independence. However, we have not yet come close to establishing a unified system that is a proclaimed national healthcare policy that provides every person with access on an equal basis. There is a great deal of internal conflict regarding the question of whether to fully tap into the system of the free market for the provision and funding of healthcare or to resort to a single payer publicly controlled system in which universal healthcare access is guaranteed. A combination of these two distinct methods is being utilised at the present time. On the one hand, there has always been an underlying concern for the common citizen, particularly the poorest sector of Malaysian society, in which there is an implied social compact and an acknowledged 'right.' The government of Malaysia is deeply dedicated to reducing the prevalence of poverty and increasing the country's human resource potential. It is anticipated that the government will guarantee a comprehensive provider function at rates that are heavily subsidised or at token sums. This means that taxes and other contributions should provide adequately for the majority, if not all, of the country's citizens, with the government picking up the slack for unexpected costs caused by catastrophic or chronic illnesses. On the other hand, there appears to be a covert if unannounced shift in thinking that the eventual corporatization of the public sector facilities and services should be allowed to unfold, where market forces dictate the price, extent, and quality of the services that are offered. This shift in thinking concerns the eventual corporatization of the public sector facilities and services. The end goal is for the government to have no other function than that

of a regulator, a monitor, and a facilitator to protect the well-being of its citizens. At the same time, the government should be encouraging the expansion of a private sector that is less bureaucratic, better managed, and more competitive. Therefore, in spite of opposition from the general public, over the course of the last 20 years or so, there have been sporadic attempts, some of which have been partially successful, to privatise or corporatize various components of the public health sector. This includes the government's drug procurement and distribution centre (which was sold to UEM's subsidiary Southern Task, which was later renamed as Remedi Pharmaceuticals, then as Pharmaniaga); and the divestment of its support services (including cleaning, In spite of this, Malaysia is proud to say that there is a medical facility located within a radius of 5 kilometres of every resident of the country. This makes it relatively simple for those living in remote areas to get to these clinics anytime they are required to do so. However, not all of them have staff members who are appropriately trained. Most of them are managed by a jururawat desa (also known as a rural health nurse), and they only receive periodic visits from a medical assistant or a doctor on schedules that range from weekly to monthly. The deployment of medical workers to such remote locations continues to be quite unpopular among the more highly trained and educated staff members, who consider such postings to be unrewarding due to their location in rural areas. To entice more medical professionals and other personnel to work in underserved areas, financial and even promotional and seniority benefits, such as hardship allowances or tax breaks (which are already available to educators), as well as the promise of preferential selection for training and development protocols and career advancement, should be increased.

1.2 Research background

The public healthcare sector in Malaysia has made enormous strides, resulting in the creation of a public health system that is recognised internationally. This public health system works in tandem with the expanding private healthcare sector to provide high-quality medical care to those Malaysians and non-Malaysians who can afford it. Private hospitals, according to proponents of the privatisation of healthcare services, have the potential to improve management and institutional flexibility, resulting in healthcare services that are both more efficient and effective. The trend toward healthcare service privatisation is expected to continue (Ramamonjiarivelo, Weech-Maldonado, Hearld, Pradhan and Davlyatov, 2020). Privatization is advancing at a rate that is faster than the record of developed countries, which may be because the actual purpose of privatisation is to improve the effectiveness and quality of patient healthcare services, as well as to reduce the scarcity of government funding on public healthcare. As a result, privatisation is gaining ground at a rate that is faster than the record of developed countries. Because a portion of Malaysia's healthcare services are delivered by private providers, the continuity of public healthcare services in Malaysia is inexorably sustained by private healthcare. The rise of the privatisation process has not resulted in the development of welfare mechanisms to ensure that the demands of disadvantaged groups on public healthcare services will not be put in jeopardy. Researchers have shown that most people who prefer to go to private hospitals have a higher socioeconomic status and education level than those who go to public hospitals. On the other hand, many patients who like to go to public hospitals are low-income people because the outlays for private healthcare have been much higher than those for public healthcare, and these people are unable to afford the higher costs of private healthcare (Ashhari, Faizal and Tan, 2020). According to the findings of the National Health and Morbidity Survey (NHMS) 2019, approximately 45.5% of the population of Malaysia does not have any other kind of financial protection for their healthcare needs beyond the tax-funded system that is already in place. According to the data, approximately 75% of inpatient healthcare services in public hospitals were utilised in 2019, accounting for approximately three-quarters of the total number of hospitalizations that took place in Malaysia. This percentage corresponds to the 5% of the population of Malaysia that was hospitalised in 2019. (Nearly Half Of Malaysians Lack Health Coverage Beyond Public Care, 2020). Although the findings of the NHMS 2019 report indicate that most Malaysians are more likely to be admitted to public hospitals, the report also found that 5% of the population of Malaysia still prefers to be admitted to private hospitals, and this preference is held by a quarter of Malaysians.

Furthermore, this preference is held more than once. According to a number of studies, patients choose private hospitals for the sole reason that they are dissatisfied with the quality of medical care that they receive at public hospitals, and as a result, they are compelled to spend more money in order to obtain the level of medical care that meets their expectations (Fatima et al., 2018). There are also a large number of studies that compare the differences between the healthcare services provided by public hospitals and private hospitals. The results show that patients may be more inclined to choose private hospitals than public hospitals due to the technological improvement, least amount of waiting time, absence of delayed treatment, environmental hygiene, and more personalised care from doctors and nurses, as well as other factors (Ahmed, Adb Manaf and Islam, 2017; Ahmad and Islahudin, 2018; Kateel and Koodamara, 2018; Panichella, 2019). If this is the case, then one question to ask is whether or not patients' allegiance to a particular hospital will be affected by the quality of healthcare services provided by the hospital, thereby causing a change in their current preference for the hospital, if they no longer have to worry about the cost of healthcare. In today's world, patients want to be sure they have access to all of the relevant details before deciding on any service, including treatment alternatives, that will be supplied by a certain private hospital. This is due to the fact that when patients pay high costs for healthcare services, they will have a greater desire to evaluate whether or not the services are worth the high costs, and they will expect to obtain service quality that exceeds their expectations; as a result, any dissatisfaction will cause them to turn their selections over to other competing hospitals (Lai, Yuen and Chong, 2020). Therefore, service quality is considered to be a significant aspect in ensuring patient loyalty to a particular private hospital, and it appears that healthcare providers should work toward enhancing the service quality. As was said earlier, the primary way in which private healthcare organisations generate a profit is by placing a strong emphasis on the provision of high-quality services. This allows them to draw in patients who are intent on finding better facilities and more individualised care. Therefore, the development of a respectable image in order to cultivate the loyalty of patients requires that private hospitals strive to improve the quality of the services they provide (Fatima et al., 2018). This is due to the fact that if a customer validates the quality of a service, it will lead to an influence on the customer's attractive behavioural expectations, which will ultimately lead to an increase in the customer's reliance on service providers. Therefore, the management of service quality is an important lesson for all service providers to learn. Hospitals, in particular, should not only pay special attention to providing magnificent medical considerations, but should also concentrate on providing patients with

high-quality service support. In the highly competitive healthcare industry in Malaysia, the improvement of a large number of high-quality healthcare services by private healthcare providers through understanding service quality has become an indispensable condition for establishing and maintaining patient loyalty (George and Sahadevan, 2019). This is necessary in order for private healthcare providers to strive for the position of private healthcare providers in the healthcare market from public hospitals with an advantage in medical price. As a result, the primary focus of this study will be on the aspects of the quality of healthcare services that are relevant to generation Z, as well as the identification of the hospital settings that are most preferred by Malaysians.

1.3 Research object

1. To examine the impact of services or facilities among Generation Z to public and private hospitals.

2. To examine the impact of efficiency among Generation Z to public and private hospitals.

1. To examine the impact of cost of treatment among Generation Z to public and private hospitals.

1.4 Research questions

1. How does services or facilities affect generation Z to public and private hospitals?

2. How does efficiency affect Generation Z to public and private hospitals?

3. How does cost of treatment affect Generation Z to public and private hospitals?

1.5 Research significant

The findings of this research will make a significant contribution toward better improving and further developing the healthcare services available in Malaysia. This research will make it possible for existing healthcare providers in Malaysia to acquire a clearer recognition and a deeper understanding of the healthcare services that will affect the loyalty of their hospital patients. This would be beneficial to the existing healthcare providers in Malaysia. The findings of this study will assist Malaysian healthcare providers in improving the quality of their services in order to offer patients compassionate and personal medical care. If private healthcare providers take the time to learn about their patients' requirements and the advantages of receiving high-quality medical care, they will be able to gain a competitive advantage that will help them make up for the disadvantages associated with the fact that their medical costs are higher than those of public hospitals. Additionally, it can act as a reference for international healthcare providers that are interested in entering the Malaysian healthcare sector in the near or distant future.

By assuming that patients are customers and hospitals are brands, this research will provide researchers and academics with insights and suggestions on how to increase the loyalty of customers to the brand and how to reverse the customers' preference for the brand. This is accomplished by viewing hospitals as brands and patients as customers. In addition to that, this study collects data on the perspectives held by patients in Malaysia; hence, the findings of this study can be utilised as a resource in other areas of study that are connected to it. This research also exposes significant areas in the healthcare service provided in Malaysia that are rarely examined by other researchers. As a result, a new postulate may be generated for the support of future studies conducted by researchers and academics.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter discusses the underlying theories, as well as the review of variables that explain the dependents variable and independent variables. The dependent variable is generation z, while the independent variables are services/ facilities, efficiency and cost of treatment. Then, the conceptual framework and hypothesis are also proposed.

2.1 Underlying theories

the research applies two theories, which are Theory of Planned Behaviour and Theory of Expectation Confirmation.

2.1.1 Theory of Planned Behaviour (TPB)

A psychological theory known as TPB establishes a connection between beliefs and behaviours. According to Ajzen (1991), the TPB suggests that behavioural attitudes, subjective norms, and perceived behavioural control (PBC) combine to generate behavioural intentions, and that behavioural intents then combine to form actual purchasing behaviours. Belief in one's actions constitutes one's attitude. This will have an effect on how members of Generation Z behave and how they perceive the probable outcomes. For instance, members of generation Z may believe that admittance to a public hospital can assist them in reducing the cost of their medical care, while they may believe that admission to a private hospital can enable them to receive healthcare of a higher quality. Beliefs on the behaviour and attitudes of other people are examples of subjective norms. It expresses the opinions of other people, such as the patient's relatives or friends, regarding a particular significant preference regarding whether the patient should engage in a certain behaviour. For instance, the family or friends of members of the generation Z believe that they should be admitted to a public hospital in order to obtain fewer medical charges, or to a private hospital in order to obtain healthcare services that are more caring. PBC refers to the assumption that a person is able to carry out the behaviour in question. For instance, members of generation Z have easy access to hospitals that offer reduced or subsidised medical expenditures, as well as private hospitals that offer individualised medical care.

2.1.2 Theory of Expectation Confirmation (TEC)

TEC stands for "cognitive theory of assumption on consumers' continued willingness to a product or service," which is mostly influenced by a consumer's level of contentment with the product or service in question after having previously used it (Chou, Kiser and Rodriguez, 2012). According to Oliver (1980), TEC is comprised of the following five primary structures: expectations, perceived performance, confirmation, satisfaction, and intents to continue. In the event that TEC is substituted into this research, generation Z will first produce an initial anticipation of the healthcare services provided by public or private hospitals, and then spend money to obtain the healthcare service. Once generation Z has used the healthcare services, they will have a better idea of how effective such services are based on their own usage of them. Next, generation Z will compare the actual performance to their initial expectations, decide the degree to which their expectations were met, and finally, they will determine their level of overall satisfaction. If generation Z is pleased with the healthcare services, this will lead to an intention to continue receiving those services; but, if they are unhappy, this will lead to a desire to seek care at other facilities.

2.2 Review of Variables

The dependent variable in this research is generation Z. On the other hand, the independent variables are the qualities of healthcare services, which come from the dimensions considered from the perspective of generation Z's perception in the SERVQUAL model, including services or facilities, efficiency, and cost if treatment.

2.2.1 Services or facilties

The importance of quality in our everyday lives has been growing for some time now. People are always on the lookout for goods and services that are of high quality. As a result of the existence of this need for quality, businesses and organisations all over the world now regard it to be a fundamental component of any process involving the provision of a service or the creation of a good. The ability to maintain a competitive advantage through the use of quality as a strategic differentiating tool The elimination of waste, rework, and delays, along with a reduction in expenses, an increase in market share, and a positive image for the organisation are all outcomes that result from enhancing quality via improving structures and processes. The end effect is an increase in both productivity and profitability. As a result, it is of the utmost significance to define, measure, and further improve the quality of medical services. It is difficult to put a precise definition on quality due to the fact that it is both subjective and possesses intangible qualities. Definitions shift and change depending on whose point of view is being considered and in what context it is being evaluated. There is no one definition that is generally recognised by everyone. In light of this, quality has been defined as "value," "excellence," "conformance to specifications," "conformance to requirements," "fitness for use," "meeting or exceeding customers' expectations," and "consistently delighting the customer by providing products and services according to the latest functional specifications that meet and exceed the customer's explicit and implicit needs and satisfy producer/provider," among other things. When compared to other industries, it is far more challenging to identify and quantify the quality of services provided in the healthcare industry. It is challenging to define and evaluate quality due to distinct aspects of the healthcare business, such as the intangibility of some aspects, the heterogeneity of some aspects, and the simultaneity of some aspects. The provision of medical care is an example of an intangible good because it cannot be physically grasped, felt, seen, counted, or measured in the same way that produced items can. The manufacturing of tangible things enables quantitative measurements of quality since these goods can be sampled and checked for quality at any point during the production process

as well as after they have been put to use. However, the quality of healthcare service is dependent on the service process as well as interactions between customers and service providers. When it comes to providing high-quality healthcare, several aspects, such promptness, consistency, and accuracy, might be difficult to quantify beyond the customer's own subjective evaluation.

2.2.2 Efficiency

Achieving universal health coverage is a main aim for the global health community through the year 2030, and effective primary care is essential to accomplishing this goal. In most cases, primary care is the patient's initial point of contact with the healthcare system. It is also able to be given by private providers in addition to public ones. The provision of private primary care is growing not only in nations with low and middle incomes but also in countries with high incomes. The expansion is primarily attributable to the difficulties that have been encountered, which include restrictions on financial resources, shifts in disease burden from communicable to chronic non-communicable diseases, demographic shifts, population displacements, and political and economic instability. Because of this, several nations now have mixed health care systems, which include both public and private providers to compensate for the limitations that the public sector must contend with. In the same vein, the World Bank has advocated for a strategy that would lessen the role of the government in the healthcare system while simultaneously boosting the role of the private sector in the delivery of healthcare services. To increase the effectiveness of service provision, particularly the ability to satisfy the ever-increasing demands for healthcare, there is a tendency toward higher levels of participation by the private sector.

The public primary care clinics in Malaysia are primarily supervised by the Ministry of Health of Malaysia (MOH), whereas the private primary care clinics in Malaysia are run by privately held practises. In Malaysia, primary care services are provided through two separate but parallel systems. The private sector is funded mostly through out-of-pocket payments from patients, employer contributions to employee health benefits, and some private health insurance, whereas the public sector is primarily financed through general income and taxation received by the government. Even though the number of private practises is far more than the number of public clinics by a factor of six to one, public clinics have reported more patient visits. Most of the employees at the private practises are medical professionals and nursing assistants who are not certified. Additionally, individual practises make up three quarters of all of these clinics.

In contrast, most public clinics are organised as group practises, and their primary care teams typically include a variety of medical professionals, including family medicine specialists, certified nurses, occupational therapists, physiotherapists, and pharmacists. In addition, the public clinics in Malaysia cover a large geographical area and provide a complete range of treatments. These services include health promotion and illness prevention in addition to curative and rehabilitative care. The private health sector offers medical care, primarily concentrated in wealthy cities and neighbourhoods, with an emphasis on curative treatment. The Private Healthcare Services and Facilities Act and Regulations must be followed by these private clinics in order to comply with the law, which focuses mostly on qualifications and the organisational aspects of running a business. However, the manner in which the Act is being enforced is not adequate. In addition, there are a smaller number of processes that need to be monitored in the private sector. On the other hand, public clinics are required to follow standard operating procedures, and the Ministry of Health uses a nationwide set of key performance indicators to keep an eye on the quality of care provided at these clinics.

In nations that have a combination of public and private health care systems, people frequently have the impression that the private sector provides access to greater service capacity and responsiveness, managerial expertise, technological advancement, and innovation, as well as investment and funding opportunities. As a result, it is of the utmost importance to understand how the level of quality and performance in the private sector compares to that of the public sector. When it comes to the provision of medical services, it is critical to strike a healthy equilibrium between the public and private sectors, both in terms of the roles played and the facilities utilised. The gaps that exist between the public sector and the private sector can be bridged in preparation for the possibility of a future public-private partnership, which will ultimately result in a more effective and comprehensive health care system for all patients. This can be accomplished by determining the areas in which each sector's service delivery process excels and where it falls short.

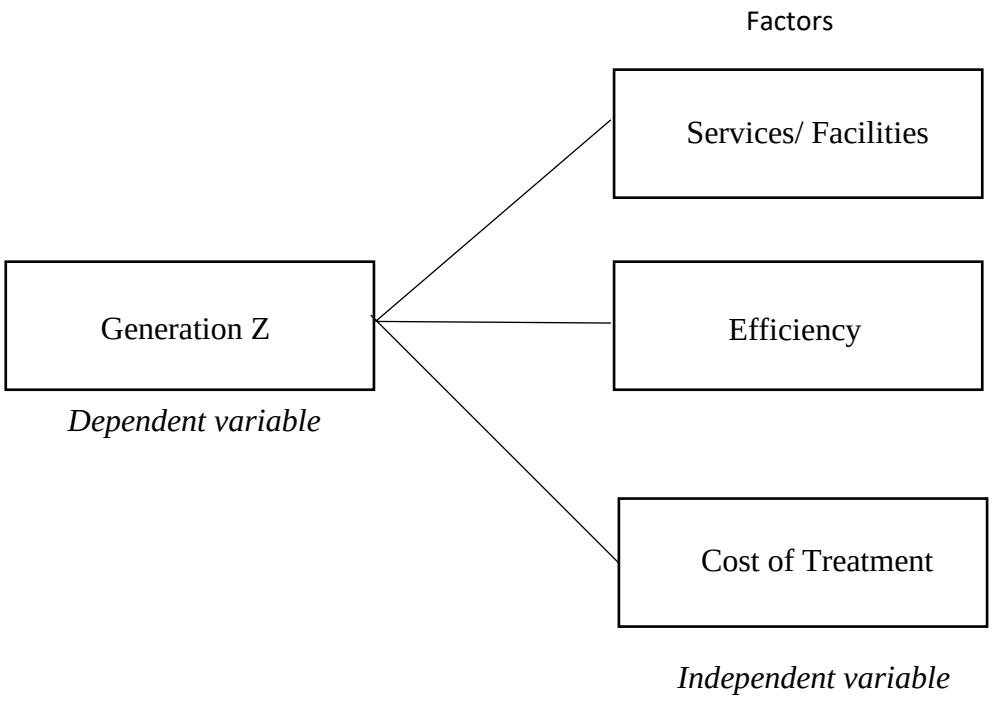
2.2.3 Cost of Treatment

The costs that are associated with receiving medical treatment continue to be a big source of concern for many individuals, and it is a well-documented phenomenon that persons who become gravely ill are more likely to experience financial difficulties and even declare bankruptcy. This is especially true for Malaysians who have recently retired, as the price of medical care typically goes up with age. The existing savings from Employees Provident Fund

(EPF) for the majority of Malaysians give sums that are just barely adequate for a comfortable post-retirement existence, and a serious sickness has the potential to put many of them seriously in the red. The exact expense that must be borne is, of course, dependent on the illness that is the root cause. A primary healthcare treatment, also known as first-line treatment, provided by public healthcare would carry a price per visit in the range of RM1–RM5 depending on the severity of the condition. The Private Healthcare Facilities & Services (Private Hospitals & Other Private Healthcare Facilities) Amendment Order 2013 governs the costs of accessing similar services at private hospitals. According to this order, the initial consultation will cost you between RM30 and RM125 for visits to a general practitioner, and between RM80 and RM235 for a consultation with a specialist. These prices are subject to change. Even if they choose to pay for private healthcare, the vast majority of Malaysians will not incur large financial losses from mild illnesses. However, the cost disparity becomes much more obvious when a person is diagnosed with a serious illness.

2.3 Conceptual framework

Figure 2.1: Conceptual Framework of the Research



2.4 Hypothesis

2.4.1 Hypothesis 1

In this research, quality is a strategic differentiator tool for sustaining competitive advantage. Improving quality through improving structures and processes leads to a reduction of waste, rework, and delays, lower costs, higher market share, and a positive company image. Therefore, the following hypothesis can be made:

H0: Services or facilities has no significant impact on generation Z.

H1: Services or facilities has a significant impact on generation Z.

2.4.2 Hypothesis 2

Efficiency measurement represents a first step towards the evaluation of a coordinated health care system, and constitutes one of the basic means of audit for the rational distribution of human and economic resources. Therefore, the following hypothesis can be made:

H0: Efficiency has no significant impact on generation Z.

H1: Efficiency has a significant impact on generation Z.

2.4.3 Hypothesis 3

Cost of treatment define as a treatment is something that health care providers do for their patients to control a health problem, lessen its symptoms, or clear it up. Treatments can include medicine, therapy, surgery, or other approaches. Therefore, the following hypothesis can be made:

H0: Cost of treatment has no significant impact on generation Z.

H1: Cost of treatment has a significant impact on generation Z.

CHAPTER 3: METHODOLOGY

3.0 Introduction

This section discusses the study's methodology in detail, including explanations on the research design, sampling design, data collection methods, and the proposed data analysis tool. This research methodology contributes to the success of this research.

3.1 Research Design

A descriptive research approach is used as the basis for the research design in this study. The descriptive research method is used to investigate the conditions that are present in the present state, to evaluate phenomena characteristics based on observations, or to investigate the link between two or more phenomena (Williams, 2007). The objective of this study is to analyse the factors that contribute to Generation Z's choice for either public or private hospitals in terms of their facility preferences. As a result, the method of descriptive research may be more appropriate for this investigation, given that this research concentrates more on the "what" of the research variables than on the "why" of the research variables (Nassaji, 2015). This study is a cross-sectional study, which is an observational study that evaluates the exposure and results of a population sample at a specific point in time, without any prospective or retrospective follow-up. This research is descriptive in nature (Kesmodel, 2018).

In the process of carrying out this descriptive research, quantitative research including deductive reasoning is also utilised as part of the study design in order to prove hypotheses in a way that either supports or refutes theories. Quantitative research is characterised by its emphasis on objectivity, particularly in circumstances in which quantifiable measurements and varied inferences can be gleaned from the whole sample (Rutberg and Bouikidis, 2018). Quantitative research is carrying out statistical analysis on population samples and obtaining quantifiable data through the use of standardised questionnaires or experiments. According to Queirós, Faria, and Almeida (2017), all study results are typically believed to form a generic and sufficiently thorough view of the entire population. This is due to the fact that the sample of quantitative research is intended to reflect the community. While quantitative research involves the formation of hypotheses, which include the description of the expected results, relationships, or outcomes on the study problem, it can also be used to determine the relationship between factors and results (Rutberg and Bouikidis, 2018). Because of the patterns, characteristics, behaviours, attitudes, and perceptions that can be deduced from the respondents

with regard to the phenomena that are the subject of this study, the features of the respondents can be defined and drawn specific conclusions with close-ended questions. This is due to the

research methods that have been outlined above. In addition, the statistical capabilities of descriptive research designs allow for the measurement of the data trends that have occurred over a period of time as well. The comparisons can be established by gaining an awareness of how various groups react to healthcare services based on age, income, gender, and geographic area. This also assists in determining whether respondents prefer private hospitals or public hospitals to treat their medical needs.

3.2 Sampling Design

The full set of units that can be described by utilising the survey data constitutes the target population. This data can identify the units that are going to be summarised in the survey results. This study includes public hospitals as well as private hospitals all around Malaysia on a broad scale to gain a more in-depth comprehension of the attitudes and opinions that Malaysians have regarding hospitals in Malaysia. As a result, the residents of Malaysia, hailing from a variety of states and federal territories, are going to be the focus of this research. The kind of sampling that was used in this investigation was known more formally as a probability sampling method and was referred to as simple random sampling. It is a way of picking a random sample from a population in which every individual in the population has an equal and independent probability of being included, and it also provides the least bias in the overall parameter estimates. This method is known as the stratified random sampling method (Jawale, 2012). This method has the benefit that it requires just a little amount of prior knowledge regarding the accurate make-up of the population, yet it maximises the impact of both the internal and the external factors. In order to conduct a simple random sample, you will typically need a sampling frame, and all of the people in the population being studied will need to be listed in either ascending or descending order (Acharya, Prakash, Saxena and Nigam, 2013). A list that is used to define a collection of populations of interest might be referred to as a sampling frame. It establishes a group of criteria from which a representative sample of the population under consideration can be chosen (Lewis-Beck, Bryman and Liao, 2004). In this investigation, the framework for sampling is centred on Malaysians who, either themselves or members of their families, have spent time in a hospital, be it a public hospital or a private hospital. This is because when patients are hospitalised, they can fully appreciate the healthcare services that the hospital provides, which results in more accurate assessments being offered.

3.2 Data Collection Methods

The gathering of data is an essential part of statistical analysis. This information can be gathered in one of two ways: either through primary data, in which the researchers obtain primary data that they have personally collected, or through secondary sources, in which the researchers obtain data from other sources that have been collected by other researchers, such as scientific journals. This study will exclusively concentrate on primary data to acquire first-hand information that is as accurate as possible.

3.2.1 Primary Data

As was said earlier, primary data is a type of data resource that involves the direct collection of data by researchers, either individually or in teams, for the objectives of a particular research endeavour or project (Salkind, 2010). Primary data has the advantage of being able to supply information that is more accurate, and as all information is typically relevant to the present scenario, this aids in accurately understanding the most recent trend that the general population is observing regarding study issues. Observation, in-person interviews, and written surveys are the three most often used approaches to the primary data collection process (Driscoll, 2011). The purpose of observation is to watch and evaluate individuals or other observable phenomena. During an interview, questions are posed to the participants either one-on-one or in small groups. Using a quick survey format, a questionnaire elicits responses from participants regarding their thoughts and ideas. To obtain potentially useful information from a sizable population, the questionnaire serves as the major method of data collection in this stud.

3.2.1.1 Questionnaire

In order to acquire quantitative primary data for this study, the most important method is the use of questionnaires. According to Roopa and Rani (2012), the purpose of a questionnaire is to collect quantitative data in a standardised manner, making it possible for the data to have internal consistency and continuity while being analysed. They also noted that a questionnaire is appropriate for use when resources are limited since the cost of designing and managing the questionnaire is relatively minimal, while the only resource that it consumes the most of is time. This makes a questionnaire acceptable for usage when resources are limited. In addition, a questionnaire can be used to preserve the anonymity of participants. In this scenario, participants will only answer questions truthfully if their names are concealed and kept confidential throughout the

process. An online questionnaire is used as a data collection instrument in this study.

Two hundred electronic copies of the online questionnaire will be created and sent to respondents at random through a variety of online channels, including email, social media, messaging, and other online channels. The design of the questionnaire makes use of a structured questionnaire, which is comprised of standardised questions with a defined scheme, by specifying the exact phrasing and sequencing of the questions. This type of questionnaire is used to collect quantitative data (Cheung, 2014). In this manner, the results can be extrapolated to produce empirical claims that are beneficial for decision-making, and the questions are straightforward to quantify since the answers are employed quantitatively in the analysis.

The questionnaire contains exclusively closed-ended questions; these include dichotomous questions, which provide just two possible responses; nominal questions, which provide several questions without overlapping; and scaling questions, which encourage respondents to consider their thoughts on a scale. The structure of the questionnaire is divided into three sections, which are labelled respectively as Section A, Section B, and Section C. The information gathered from the answers to the five nominal questions that make up Section A is utilised to create a demographic profile of the respondents. Section B is comprised of five questions, four of which are open-ended and one of which requires the respondent to choose between two options. These questions are designed to elicit the respondent's general impressions regarding their hospitalisation experiences as well as the hospital where they were treated. In Section C, there are six Likert scale questions regarding the independent variables of this study, and each of those questions is broken down into four more specific inquiries. Table 3.1 shows the summary of the questionnaire structure for this study.

Table 3.1: Summary of Questionnaire Structure

Section	**Number of Question**	**Type of Questions**	**Contents**
A	5	Nominal questions	Demographic profile
B	4	4 nominal questions	General information
C	18	Likert scale questions	Independent variables of the study

3.2.1.2 Pilot Test

A pilot study is an experiment that is conducted on a smaller scale or a collection of observational studies that are conducted together to determine whether or not a larger-scale study is feasible and to minimise the risk of the study being unsuccessful (Fraser, Fahlman, Arscott and Guillot, 2018). Since Sudman (1983) suggested a sample size of 20 to 50 for the pilot test, the current investigation has online distributed 30 pilot study questionnaires to 30 respondents who were picked at random. Cronbach's alpha, a tool for reliability analysis, is applied to all of the responses to the pilot study questionnaire, of which there have been a total of 25, and the results of this application are then used to test the reliability of the pilot study. In the following paragraphs, you'll find an in-depth analysis of the Cronbach's alpha.

3.3 Proposed Data Analysis Tool

In the world of business, "data analysis" refers to the process of classifying and arranging primary data in order to get actionable insights and base choices on those insights (Islam, 2020). The analysis of data can be done with numbers or with other tools, and its data modelling will emphasise the most important aspects of the data, which will make it simpler for researchers to recognise these aspects. The data can also be refined using charts, graphs, or written records of the data, which allows for the readers to directly collect significant information of interest without having to categorise the data on their own. In most cases, the summary that is gained via the process of data analysis is essential for the purpose of providing support for the arguments that are advanced making use of the data and producing significant information for the purpose of developing inductive reasoning and conclusions. The methods of data analysis that are utilised in this investigation include analyses of reliability, analyses of description, and analyses of inference, all of which are carried out with the assistance of various computer programmes including Microsoft Excel and G*Power Analysis.

3.3.1 Reliability Analysis

The consistency of the test, or the correctness of the prediction, is what's meant when people talk about reliability analysis. Its goal is to instill trust in the dependability evaluation, and it will accomplish this by demonstrating the amount to which the evaluation measures what it intended to evaluate (Rosaroso, 2015). Because it gives consistency in addressing the

possibility of efficacy, reliability is the most important characteristic that should be included in any and all assessments and tests. When used to testing and assessment, reliability analysis is concerned with the outcomes gained from the testing tool rather than the testing tool itself. A measure of the internal consistency or dependability between a number of different variables or ratings is referred to as Cronbach's alpha. When numerous statements based on a Likert scale are applied in a questionnaire, the most typical time to utilise this format is. It determines the stability of the questionnaire by estimating the reliability of the questionnaire response, where the reliability of the evaluation or rating from participants indicates the stability of the questionnaire (Bujang, Omar and Baharum, 2018). A higher Cronbach's alpha indicates that items are measured in the same dimension, whereas a lower Cronbach's alpha indicates that some or all of the items are measured in different dimensions. The value of Cronbach's alpha ranges from 0 to 1, with a higher value indicating that items are measured in the same dimension and a lower value indicating that some or all items are measured in different dimensions. The rule of thumb known as Cronbach's alpha can be found displayed in Table 3.2 to determine the internal consistency of the items that were measured. Table 3.2 shows Cronbach’s alpha rule of thumb to determine the internal consistency of the measured items.

Table 3.2: Cronbach’s Alpha Rule of Thumb

Cronbach’s Alpha	Internal Consistency
0.9	Excellent
0.8 to < 0.9	Very good
$0.7 \leq \alpha < 0.8$	Good
$0.6 \leq \alpha < 0.7$	Moderate
< 0.6	Poor

3.4.1 Descriptive Analysis

The purpose of descriptive analysis is to help in the assessment of data in an ordered fashion by illuminating the relationship between the variables that make up a sample or population. Since the calculation of descriptive statistics is regarded as a crucial initial step in data analysis, it is obligatory to complete it before moving on to inferential analysis. Because the descriptive analysis distils the data into more straightforward summaries, it is now able to conduct an analysis that is both transparent and easily comprehendible on the perspectives of Malaysians towards healthcare services. Measures of central tendency, measurements of dispersion or

variation, and graphical analysis are the three components that make up the descriptive analysis. The mean is used as a measure of central tendency in this study. The mean is the average of the data, and it is determined by dividing the total number of observations by the total number of observations.

The degree to which the values of different variables are comparable or dissimilar can be quantified using a measure of dispersion or variation. When conducting data analysis, measures of central tendency can provide useful information; however, these measures are unable to capture the variability present in the data set (Kaur, Stoltzfus and Yellapu, 2018). The standard deviation is one of the measures of dispersion that was utilised in this investigation. The standard deviation is a measure of spread that indicates the degree to which the observed value is situated in relation to the mean (Kaur et al., 2018). Graphical analysis is a model for the visual study of data that effectively delivers essential insights into the data being analysed. The purpose of creating representations of the data in the graphical analysis is to better comprehend the association between patterns and process parameters. Tables, pie charts, and histograms are all examples of graphical analyses that were utilised in this study.

3.4.3 Inferential Analysis

The assumption that is formed for the analysis of a big collection of the population based on a sample data set is known as inferential analysis, and its purpose is to answer or test hypotheses (Ali and Bhaskar, 2016). Testing a hypothesis is a process of making reasoned conclusions regarding the reality of an observed effect. Since a hypothesis is a proposed explanation of a study occurrence, testing a hypothesis is also a process. In inferential analysis, the term "null hypothesis" (H0) indicates that there is no relationship between the variables in the study, whereas the term "alternative hypothesis" (H1) indicates that the statement regarding the relationship between the variables in the study is presumed to be true. Both of these terms are abbreviated as "H." In this study, the inferential analysis that was performed included Pearson's correlation coefficient, multiple linear regression, and an independents samples ttest. All of these techniques were utilised. The Pearson correlation coefficient can be thought of as a measurement of how strongly two continuous variables are associated with one another (Allen, 2017). The correlation coefficient that is discussed in linear regression has a numeric range that goes from –1 to +1, and this is also how the Pearson correlation coefficient is expressed numerically. If two variables are positively correlated, it indicates that they have a positive relationship and that they move in the same direction. In contrast, a negative correlation

indicates that the relationship between two variables is unfavourable, meaning that one of the variables may have increased while the other variable may have dropped. The value zero indicates that there is no relationship between the two variables. Table 3.3 displays a clearer interpretation of Pearson's correlation strength attached to the coefficient interval.

Table 3.3: The Interpretation of Pearson's Correlation Coefficient

Coefficient Interval	**Correlation Strength**
0.00 to ±0.30	Negligible correlation
±0.30 to ±0.50	Weak
±0.50 to ±0.70	Moderate
±0.70 to ±0.90	Strong
0.90 to ±1.00	Very strong

Multiple linear regression (MLR) is a statistical analysis of prediction on the outcome of the dependent variable by several independent variables (Slinker and Glantz, 2008). The equation of the MLR model is:

$$Y = \beta 0 + \beta 1X1 + \beta 2X2 + \cdots + \beta pXp + \varepsilon$$

Where:

Y is indicated as a dependent variable.

$\beta 0$ is indicated as y-intercept, which is a constant term.

βp is indicated as slope coefficient for each independent variable.

Xp is indicated as an independent variable.

ε is indicated as the model's error term or known as the residuals.

In the MLR model, the change in the outcome variable caused by the independent variables is measured using the squared correlation coefficient, or R2. The value of R squared ranges between 0 and 1, with 0 indicating that the independent variables are unable to predict the outcome and 1 indicating that the independent variables are able to predict the outcome with no room for error. When more predictors are added to the MLR model, R 2 will almost always go up; however, it's possible that not all of these predictors will have any bearing on the

outcome variables. For comparing the means of two different groups, the independent sample t-test is the statistical method of choice. Subjects for this test will typically be divided at random between two groups; nevertheless, the sample size must be equal or very comparable in order for the t-test to produce accurate findings. If the sample size is not equal, the t-test will not be accurate. In this investigation, the independent sample t-test is utilised to do a head-to-head comparison between the means of the patients' loyalty of government and public hospitals in an effort to determine which type of facility people prefer, government or public.

CHAPTER 4: DATA ANALYSIS

4.0 Introduction

This chapter summarizes the findings of the study that were derived from the information obtained via the administration of 30 different pilot tests and 150 different questionnaires. To investigate the data from pilot tests, reliability analysis is used, whilst descriptive analysis and inferential analysis are utilized in order to review and analyze the replies obtained from questionnaires.

4.1 Reliability Analysis

For the purpose of this research, a reliability analysis is performed using Cronbach's alpha to examine the results of 30 sets of pilot tests. The analysis of variance (ANOVA) is what is used to get Cronbach's alpha.

Table 4.1 ANOVA Result Pilot Test

Source of Variation	SS	df	MS	F
Rows	246.9655	28	8.820197	21.42081
Columns	133.6193	23	5.809533	14.10908
Error	265.1724	644	0.411758	
Total	645.7572	695		

Source: Developed for the research

An investigation on how the quality of medical services impacts members of generation Z, as well as their preferences for public and private hospitals. The following formula was used to determine the Cronbach's alpha, which was determined on the basis of the ANOVA result of the pilot test, which is shown up above in Table 4.1: Cronbach's alpha is one plus the standard error of the mean rows of mean squares As a consequence of this, the conclusive conclusion of Cronbach's alpha is found to be 0.953. Since the Cronbach's alpha of the pilot test was 0.9 or higher, the internal consistency of the six tested items of this research is considered to be "Excellent" (Habidin et al., 2015). This conclusion was reached using the rule of thumb presented in Table 3.2 of Chapter 3, which is based on Cronbach's alpha.

4.2 Descriptive Analysis

A descriptive analysis is carried out so that the patterns and qualities of the information gleaned from the questionnaire may be presented.

4.2.1 Demographic Profile of Respondents

This part of the report details the demographic information of the 150 people who filled out the questionnaire. Topics covered here include gender, age, race, total income, and employment status at the present time.

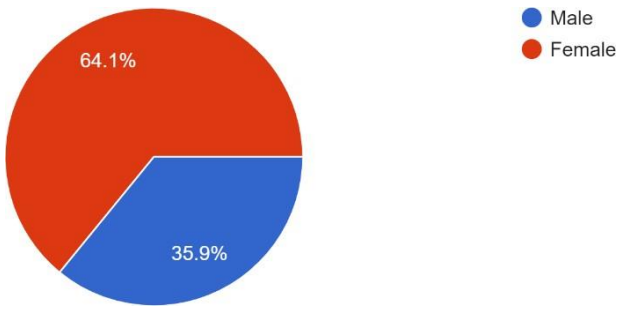
4.2.1.1 Gender

Table 4.2: Frequency of Respondents' Gender

Gender	Frequency	Percentage (%)
Male	56	35.9
Female	94	64.1
Total	**150**	**100**

Source: Developed by the research

Figure 4.1: Percentage of Respondents' Gender



Adapted from: Developed for the research.

According to Table 4.2 and Figure 4.1, it can be seen that the number of female respondents is higher than the number of male respondents. Out of the total of 150 respondents, there are 94 females and 56 males. Therefore, it can also be seen that more than half of the people who responded were females, which accounted for 64.1% of the total, while males accounted for 35.9% of the total.

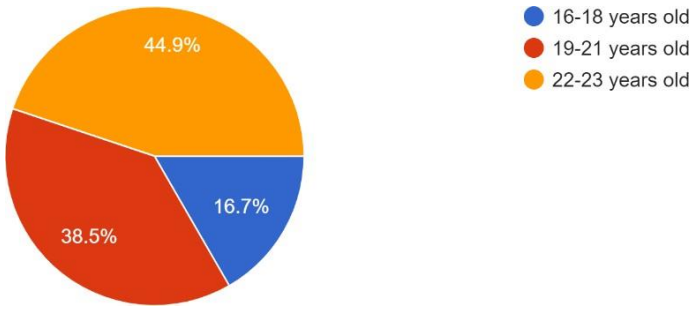
4.2.1.2 Age

Table 4.3: Frequency of Respondents' Age

Age	Frequency	Percentage (%)
16-18 years old	24	16.7
19-21 years old	57	38.5
22-23 years old	69	44.9
Total	**150**	**100**

Source: Developed by the research

Figure 4.2: Percentage of Respondents' Age



Adapted from: Developed for the research.

The frequency of the respondents' age classes is shown in Table 4.3, and Figure 4.2 displays the proportion of respondents in each age class. The age group of 19 to 21 years old has the second largest number of respondents, with 38.5% of the total, followed by the age group of 22 to 23 years old, which has the majority of respondents (69 respondents, or 44.9%). On the other hand, the respondents in the age range of 16 to 18 years old represent 24 of the total 150 respondents, which is 16.7% of the total.

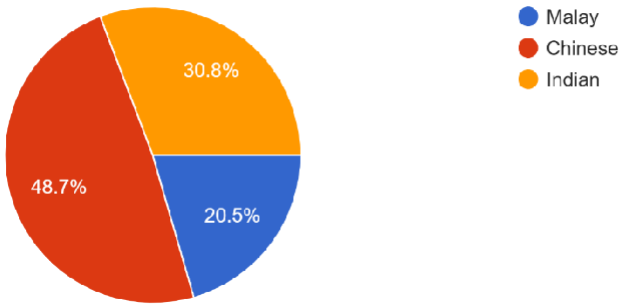
4.2.1.3 Race

Table 4.4: Frequency of Respondents' Races

Race	Frequency	Percentage
Malay	30	20.5
Chinese	73	48.7
Indian	47	30.8
Total	150	100

Source: Developed by the research.

Figure 4.3: Percentage of Respondents' Races



Adapted from: Developed for the research.

As can be seen in Table 4.5 and Figure 4.3, Chinese people make up 48.7% of the respondents, and there are 73 of them in total. Indian people make up 30.8% of the respondents, and there are 47 of them in total. There are additional 30 respondents of Malay descent, making up 20.5% of the total number of people that participated in the survey.

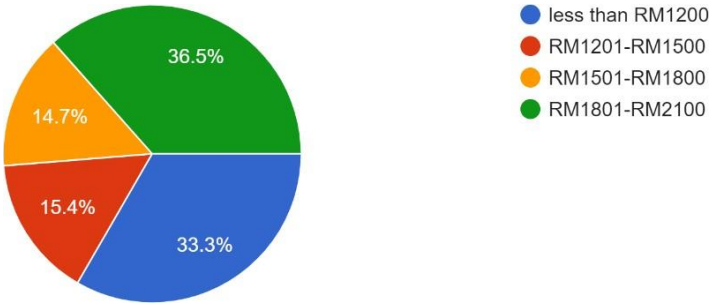
4.2.1.4 Total Income

Table 4.5: Frequency of Respondents' Total Income

Total income	Frequency	Percentage (%)
Less RM1200	45	33.3%
RM1201-RM1500	26	15.4%
RM1501-RM1800	23	14.7%
RM1801-RM2000	56	36.5%
Total	**150**	**100**

Source: Developed by the research

Figure 4.4: Percentage of Respondents' Family Total Income



Adapted from: Developed for the research.

The total family income of the respondents is shown in pie chart form in Figure 4.4, while the information is presented in Table 4.6. A total household income of between RM1801 and RM2000 is reported by nearly half of the respondents, followed by 33.5% of respondents reporting a total household income of between RM1501 and RM1800. Only 14.7% of respondents have household incomes that are lower than RM1200, while 26 respondents have household incomes that range from RM RM1201 to RM1500.

4.2.2 General Information

This section contains an overview of the subject matter of the study, which is centered on the previous hospitalization experiences of the participants in the survey.

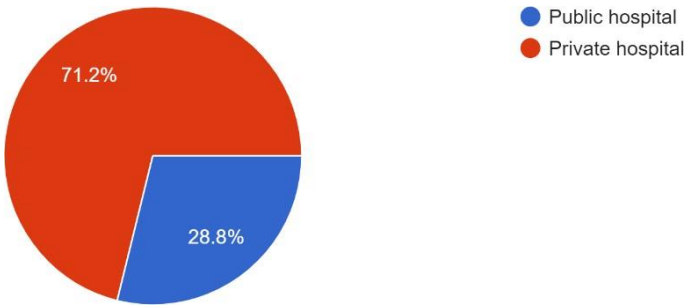
4.2.2.1 Type of Hospitals Hospitalized

Table 4.6: Frequency of Type of Hospitals where Respondents Hospitalized

Type of hospital	Frequency	Percentage
Public hospital	43	28.8
Private hospital	107	71.2
Total	**150**	**100**

Source: Developed for the research.

Figure 4.5: Percentage of Type of Hospitals where Respondents Hospitalized



Adapted from: Developed for the research.

As can be seen in Table 4.6 and Figure 4.5, the kind of hospitals in which the greatest number of respondents had recently been hospitalized are private hospitals, which filled 71.2% of the total beds. The public hospital, on the other hand, only has 28.8%, with 43 responses total.

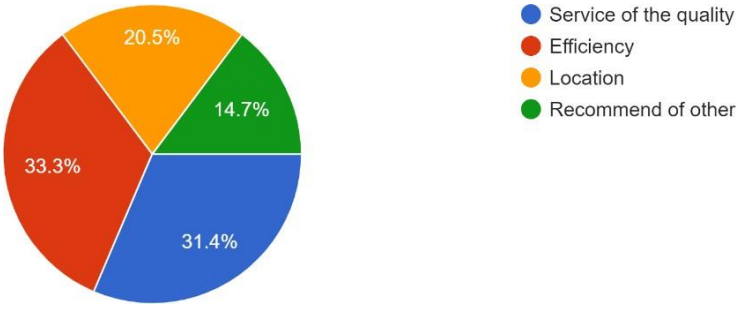
4.2.2.2 Factors Affecting the Selection of Hospital

Table 4.8: Frequency of Factors Affecting Respondents' Selection of Hospital

Factors	Frequency	Percentage
Services of the quality	47	33.3
Efficiency	51	31.4
Location	29	20.5
Recommend of others	23	14.7
Total	**150**	**100**

Source: Developed for the research.

Figure 4.6: Percentage of Factors Affecting Respondents' Selection of Hospital



Adapted from: Developed for the research.

This question in the survey is designed to determine the elements that influence the respondents' selection of the hospital, and it permits the respondents to provide more than one response. The results of the replies are shown in Table 4.8 and Figure 4.6 respectively. When it comes to selecting a hospital, it was shown that 33.3% of respondents place an emphasis on efficiency as the most important factor, followed by 31.4% of respondents who place an emphasis on cost as the second most important factor. On the other side, 20.5% of respondents place a high value on the location, while just 14.7% of respondents place a high value on recommendations from others.

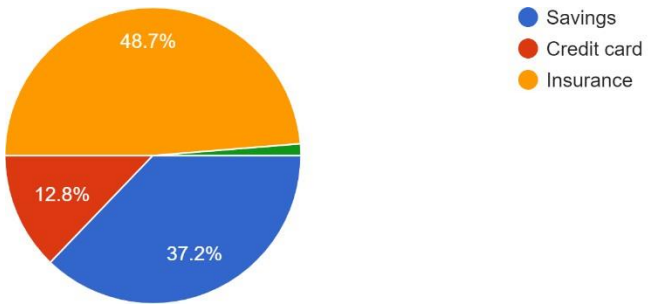
4.2.2.3 Payment Methods for Medical Expenses

Table 4.7: Frequency of Payment Methods for Respondents' Medical Expenses

Payment of Method	Frequency	Percentage
Savings	49	37.2
Credit card	26	12.8
Insurance	75	48.7
Total	**150**	**100**

Source: Developed for the research.

Figure 4.7: Percentage of Payment Methods for Respondents' Medical Expenses



Adapted from: Developed for the research.

This is another multiple-choice question with more than one solution that may be found in the questionnaire. The findings of the respondents' chosen method of payment for their medical bills are shown in Table 4.9 and Figure 4.7 respectively. Approximately 48.7% of respondents have used their health insurance to help pay for their medical bills during a previous stay in the

hospital. In addition, 37.2% of respondents have used their savings to pay for medical bills, whereas just 12.8% of them have utilized credit cards to do so.

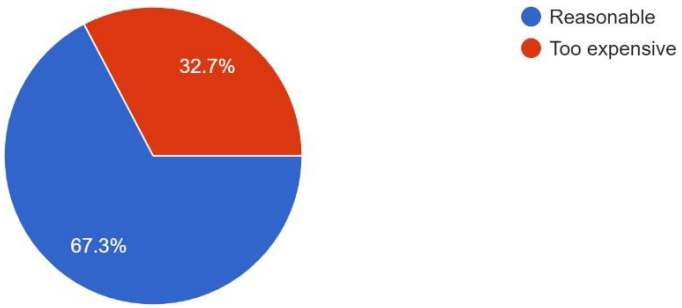
4.2.2.4 Perception on Medical Price of Hospital

Table 4.8: Frequency of Respondents' Perception on Medical Price of Hospital

Perception	Frequency	Percentage
Reasonable	101	67.3
Too expensive	49	32.7
Total	**150**	**100**

Source: Developed for the research.

Figure 4.8: Percentage of Respondents' Perception on Medical Price of Hospital



Adapted from: Developed for the research.

The opinions of the respondents are shown in Table 4.10 and Figure 4.8 on the cost of medical care at the hospitals where they have been admitted in the past, regardless of whether the facilities are public or private. The findings indicate that 101 of the 150 respondents believe that the medical price that the hospital charges is appropriate, while 32.7% of the respondents believe that it is too costly.

4.2.4 Independent Variables

This section presents the perceptions of the respondents on the facilities preference in regard to all areas of their prior hospitalization experience, regardless of whether it took place in a public hospital or a private hospital.

Table 4.9: Measurement of Descriptive Statistics for the Satisfaction Scores

Aspects	Mean	Standard deviation
Services/facilities	4.05	0.94
Efficiency	3.90	0.95
Cost of Treatment	3.57	1.19

Source: Developed for the research.

Table 4.11 presents the descriptive statistical measures of the ratings that the respondents obtained for their preferred hospitals and facilities, based on the fact that they had been admitted to one or more hospitals in the past. The findings indicate that service or facilities receive the highest mean with scores of around 4.05, which indicates that respondents are generally happy with these features of the hospital to which they have been hospitalized. The mean score for effectiveness is roughly 3.90, while the mean score for cost of treatment is 3.57. Efficiency receives the mean score. The feature of services or facilities has the lowest standard deviation, with 0.94 points, making it the category with the lowest standard deviation. According to the agreement, the cost of therapy has a standard deviation that is 1.19 points higher than any other factor. It may be interpreted as follows: the smaller the value of the standard deviation, the closer the value in the data set is to the average value in the data set; the greater the value of the standard deviation, the further the value in the data set is from the average value. In other words, the lower the standard deviation value, the closer the value in the data set is to the average value.

4.3 Inferential Analysis

In this study, inferential statistics are used to assess if the observed differences between groups are trustworthy or the likelihood that would arise by chance as a result of this research. Inferential statistics are also used to draw conclusions about the general notion based on the sample data.

4.3.1 Pearson's Correlation Coefficient

In this research, the Pearson's correlation coefficient is used to determine the statistical link between a respondent's preference for different features of hospital facilities and the hospital where they were hospitalized. This study was carried out in order to examine the statistical relationship between the two.

Table 4.10: Pearson's Correlation Coefficient between Patients' Loyalty and Hospital Service Quality

	SF1	E2	CT3
Services/Facilities (SF1)	1		
Efficiency (E2)	0.778	1	
Cost of treatment (CT3)	0.680	0.666	1

***Source**: Developed for the research*

It is possible to draw the following conclusion after examining Table 4.12: all the correlations between the two variables are positive. In accordance with the generalizations presented in Table 3.3 of Chapter 3, it can be deduced that the preference of the facilities is strongly correlated with efficiency. There is a correlation of 0.778 between their levels of efficiency. On the other hand, the coefficient interval of cost of therapy is calculated to be 0.680.

4.3.2 Multiple Linear Regression

Table 4.11: Regression Summary Output

Regression Statistics	
Multiple R	0.83
R Square	0.68
Adjusted R Square	0.67
Standard Error	0.41
Observations	150

ANOVA

	df	SS	MS	F	Significance F
Regression	6	71.138	11.856	69.698	0.000
Residual	193	32.831	0.170		
Total	199	103.969			

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%
Services/Facilities	0.368	0.0742	4.964	0.000	0.221	0.515
Efficiency	0.379	0.0776	4.887	0.000	0.227	0.532
Cost of Treatment	0.301	0.0884	3.403	0.000	0.127	0.476

The regression data can be seen in Table 4.13, and they demonstrate that the correlation coefficient (multiple R) is 0.83. This indicates that the dependent variable and the independent variables in the study have a very strong positive association with one another. The value of R2 is 0.68, which indicates that the variation in hospital can explain 68.0% of the variance in facilities preference to the hospitals.

Following that, the results of the ANOVA are presented in Table 4.13, and it can be seen from there that the significant F value of 0.000 is lower than the significant level of 0.05. As a consequence, this demonstrates that there is a straight connection between the facilities' choice for the hospitals and the quality of the hospital services. It also suggests that this MLR model may be used in a dependable manner to investigate the link that exists between the independent factors and the dependent variable in the study that was carried out. In addition to this, the results of the MLR analysis are shown in the very final section of Table 4.18. This result may be used to evaluate the hypothesis of the study, which states that the hypothesis must have a p-value that is lower than the significance threshold of 0.05 in order for the research to be considered significant. As a result of the fact that the p-values for services or facilities,

efficiency, and cost of treatment are all lower than the 0.05 threshold of significance, these hypotheses should reject H0 but accept H1. To put it into perspective.

CHAPTER 5: DISCUSSION, CONCLUSION, AND IMPLICATIONS

5.0 Introduction

This chapter discusses the findings for the hypothesis of the study, as well as provides a summary of the analytical results that were presented in the previous chapter. It has also been examined what the consequences and limits of this study are, in addition to providing a suggestion for more research.

5.1 Discussions of Major Findings

Table 5.1 Summary of Hypothesis Testing Result

Hypothesis	Significant p-value	Decision	Result
Hypothesis 1	0.000 < 0.05	Reject H0. Accept H1	Services/ facilities has a significant impact on patients' loyalty.
Hypothesis 2	0.000 < 0.05	Reject H0. Accept H1	Efficiency has a significant impact on patients' loyalty.
Hypothesis 3	0.000 < 0.05	Reject H0. Accept H1	Cost of treatment has a significant impact on patients' loyalty.

Source: Developed for the research

Table 5.1 provides a summary of the results of testing the MLR hypothesis in Chapter 4, and it demonstrates that the testing of the hypothesis in this study is determined by assessing whether or not the p-value is lower than or higher than the significance threshold of 0.05. As part of this investigation, Hypothesis 1 will be evaluated to see whether or not the presence of certain services and facilities may influence a patient's choice for a certain hospital. In light of the fact that the result demonstrates that the p-value of 0.000 for services/facilities is lower than the significant threshold of 0.05, which indicates that it has a substantial influence on preference for facilities, H0 need to be rejected whereas H1 ought to be accepted. This finding is consistent with the findings that Ontani et al. (2005) and Wun et al. (2010) found in their

study. Therefore, in order for a hospital to provide the quality of service that satisfies the expectations of patients, it is necessary for the hospital to acquire human resource capabilities directly related to the treatment process (Afif and Suwandari, 2019). In particular, the hospital must acquire the professional knowledge and expertise of medical professionals such as doctors and nurses. As a result of their ability to hasten patients' recoveries from their ailment, they are recognized as an essential component of healthcare services and as an efficient strategy for fostering loyalty among patients.

On the other hand, hypothesis 2 investigates the possibility that the efficiency might influence the desire for the amenities. As a consequence of this, the p-value for communication was found to be 0.000, which is much lower than the significant threshold of 0.05. It suggests that communication has a major influence on facilities choice, which is consistent with the earlier study by Saaty and Ansari (2011) as well as Lee (2020), therefore hypothesis 2 ought to reject H0 but accept H1.

In addition, the third hypothesis investigates whether the cost of treatment at a hospital might have an effect on the selection of facilities. It is shown that the p-value of 0.001 for trustworthiness is lower than the significant threshold of 0.05, which has the same study outcome as Balasubramanian et al. (2003). This suggests that trustworthiness has a substantial impact on the desire for facilities.

In conclusion, when it comes to the elements that influence the choosing of hospitals, the respondents who have been hospitalized in private hospitals are more worried about the effectiveness, efficiency, and cost of treatment. This is due to the fact that more than forty percent of patients who opt to be hospitalized in private hospitals have utilized insurance to pay all or part of the costs of their medical care, meaning that the vast majority of them are not concerned about the high cost of medical care. Even though roughly half of them continue to believe that the medical costs of private hospitals are excessively expensive, the other half of them continue to believe that private hospitals that provide a higher quality of overall healthcare service are more trustworthy. However, for respondents who choose to be hospitalized in public hospitals due to their limited ability to pay for medical expenses, where approximately 80% of them are paid with their existing savings, it is possible that they are more tolerant of deficiencies in certain aspects of service quality in a public hospital. This does not include those healthcare services that are directly related to the quality and effectiveness of treatment, however. According to the conclusions of this research, there is a clear connection between patient loyalty and the quality of hospital services, which may include services or

facilities, as well as the efficiency and cost of treatment of a hospital. These factors all have a direct influence on the outcomes of treatment.

5.2 Limitations of the Study

During the phase of this research where it was being conducted, many limitations were discovered. One of the constraints is that the involvement of the general population is inactive, which also contributes to the delayed response rate. The majority of the time, the questionnaires for this research were made available to respondents via online distribution. However, the general public is not particularly enthusiastic about this, and the vast majority of them ignored the invitation to participate in the survey. As a result, it required more time and effort to collect 200 responses to the survey. In addition, this questionnaire is only accessible in the English language; as a result, it is necessary to spend a greater amount of time clarifying the question in the survey in order to gather the data from respondents who are older than 65 years old. Next, this research will only be applicable in Malaysia, and it will focus on the healthcare needs of Malaysian patients and hospitals. The results can only serve as a reference for academics or researchers working in other nations, however they may still be used by academics, policymakers, and practitioners operating on a local level. This is due to the fact that the study is solely based on the views of Malaysians on the hospitals where they were previously treated, which means that the outcome is impacted by Malaysian culture as well as the present situation of Malaysian hospitals. In addition to this, it is possible that the accuracy of the study findings received from the respondents has to be further reviewed. This is due to the fact that, to begin, there is a disparity in the number of questionnaires sent to each of Malaysia's states. As a result, it is difficult to provide an appropriate evaluation of the level of medical treatment provided by hospitals located in certain regions. Second, since the questionnaire was distributed through the internet, it did not adequately address the feelings and perspectives of the people who filled it out. As a consequence of this, it is possible that the responder may represent their emotional condition in the response that they provide to the questionnaire, rather than the answer that they have honestly filled in. Third, the responder may reply to the questionnaire in a manner that is simplistic and hurried because of the time constraints placed on them to answer the questions. Fourth, there were only 200 people who filled out the questionnaire for this research, which is an insufficient number to accurately reflect the views of the whole population of Malaysia. In conclusion, the purpose of this research was to examine the extent to which Malaysian patients are loyal to their hospitals based on six different aspects of service quality. However, the findings indicate that only 68.4% of the variation in patient loyalty can be accounted for by

differences in these six aspects of hospital service quality. The remaining 31.6% of the variation in patient loyalty must be accounted for by differences in other aspects of hospital service quality.

5.4 Recommendations for Future Research

In light of the shortcomings of this study, several recommendations for more investigation are offered. To begin, in the future when researchers disseminate online surveys, they need to include more fun to lure the public to actively engage in it. For example, they ought to present awards or hold lucky draw contests. Second, in the future, researchers may create a questionnaire that is compatible with several languages. This would make it possible to perform the survey on a wider range of people without encountering any difficulties relating to the language barrier. Thirdly, it is advised that future researchers carry out an investigation that evaluates the level of medical treatment provided by hospitals in Malaysia as well as in other nations. This is due to the fact that many locations have varying approaches to the provision of medical services; hence, a comparison of these approaches is necessary in order to not only identify the positives and negatives of healthcare provision in various places but also to generate more useful academic resources for the foreseeable future. In addition, researchers have a responsibility to have in-depth conversations on other aspects of healthcare service characteristics that have not been subjected to substantial investigation. For instance, potential researchers in the future may explore how the hospital's medical expenditures, the patient's income level, or the hospital's waiting time impact patient loyalty. Alternatively, they could analyze the elements that affect the patient's choice for the hospital.

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APPENDIX 1: ETHICAL CLEARANCE APPROVAL LETTER

Re: U/SERC/46/2023

17 February 2023

Ms Fitriya Binti Abdul Rahim
Head, Department of International Business
Faculty of Accountancy and Management
Universiti Tunku Abdul Rahman
Jalan Sungai Long
Bandar Sungai Long
43000 Kajang, Selangor

Dear Ms Fitriya,

Ethical Approval For Research Project/Protocol

We refer to your application for ethical approval for your students' research project from Bachelor of International Business (Honours) programme enrolled in course UKMZ3016. We are pleased to inform you that the application has been approved under Expedited Review.

The details of the research projects are as follows:

No.	Research Title	Student's Name	Supervisor's Name	Approval Validity
1.	Consumers Acceptance Towards Augmented Reality Beauty Shopping Application in Malaysia	Rachel Lim Bei En	Ms Hooi Pik Hua @ Rae Hooi	17 February 2023 – 16 February 2024
2.	Determinants of Wellness Tourism Intention: Post Covid-19 in Malaysia	Ho Yee Wen		
3.	Factors Influencing Tourism in Malaysia from Millennial's Perspective	Tan Chin Sze	Dr Foo Meow Yee	
4.	The Impact of Social Media Toward Customers' Intention to Visit Theme Restaurant	Ng Wei Yein	Ms Low Suet Cheng	
5.	Factors Influencing High School Students' Intention to Pursue Higher Education in Malaysia	Yew Wei Xuan		
6.	Factors Influencing SMEs in Sarawak to Adopt Social Media Marketing	Wong Yoke Mun	Pn Ezatul Emilia Binti Muhammad Arif	
7.	Customer Retention on Platform-Based Digital Payment: A Comparison Between Users of Touch 'n Go and Boost	Yon Ke'er		
8.	The Factors that Encourages Digital Adoption and Upskilling in Sarawak SME's	Lai Hao Yu		
9.	The Impact of Penang's Food Image on the International Tourist	Gan Shi Wei	Ms Tai Lit Cheng	
10.	International Business Students' Understanding and Learning Approach Towards Courses Based on Bloom Revised Taxonomy	Foong Jing Qi	Mr Lee Yoon Heng	
11.	Factors Influencing Investment Decision-Making in Stock Market Among Millennials in Malaysia	Loke Kah Huey	Dr Choo Siew Ming	
12.	The Role of Environment in Market Orientation and Big Data Analytics Capability (BDAC)	Cha Evon	Dr Corrinne Lee Mei Jyin	

No.	Research Title	Student's Name	Supervisor's Name	Approval Validity
13.	The Role of Technology Orientation and BDA Adoption on the Business Performance Among Malaysian SMEs	Seow Lai Yeow	Dr Corrinne Lee Mei Jyin	17 February 2023 – 16 February 2024
14.	The Factors Influencing Generation Z's Purchase Intentions on Online Music Streaming Services in Malaysia	Chong Gaen Shyuan	Ms Goh Poh Jin	
15.	Factors Influencing Customer Behavior on Outbound Travel Intention During Post Covid-19 Pandemic	Callista Ong Wei Wei		
16.	Preliminary Study on Purchase Intention Among Millennial Group Consumers Toward Using Electric Vehicles (EVs) in Klang Valley, Malaysia	Ng Xiao Lin	Mr Raymond Ling Leh Ben	
17.	Planned Behavior Theory and Millennials' Awareness in Purchasing Plant-based Meat Products in Klang Valley	Soo Pui Lam		
18.	Factors That Drive Brain Drain of Generation Z in Malaysia	Choo Sen Lin	Pn Rozitaayu Zulkifli	
19.	Intention to Buy Eco Friendly Packed Products Among Malaysian	Loo Meng Jun		
20.	Impact of Credibility, Expertise and Attractiveness of Influencer Towards Fashion Products Purchase Intention in Malaysia	Chew Zi Nam	Dr Lau Say Min Claudia	
21.	Risks Involved in Supply Chain and Logistic in International Business	Chai Jia Qi	Ms Salizatul Aizah Binti Ibrahim	
22.	Factors that Influence the Employees' Intention to Remain Employed in the Retail Industry in Klang Calley	Owen Chan Hai Yun	Ms Logeswary a/p Maheswaran	
23.	A Comparison Between Public Hospital and Private Hospital Facilities Preference Generation Z in Malaysia	Pang Khar Yee	Ms K Shamini a/p T Kandasamy	
24.	Consumer Behaviors Among Generation Y Towards Halal Cosmetics in Malaysia	Wong Yee Kee	Ms Tan Suk Shiang	
25.	University Social Responsibility (USR) as a Driver to Improve the Reputation of Private University in Malaysia	Soh Zi Yee	Mr Mahendra Kumar a/l Chelliah	
26.	Adoption of Robotics Automation Process in SMEs in Malaysia	Eva Lai May Wah	Pn Nuraishah Binti Raimee	
27.	The Effect of Mobile Application Marketing Toward Brand Equity in Video Streaming Service Industry	Lee Chun Hen	Dr Tee Peck Ling	
28.	Factor Affecting University Students' Spending Behavior	Wong Weng Kai	Mr Kho Guan Khai	
29.	Factors Affecting People's Behavioural Intention Toward Public Transportation in Malaysia	Yap Jo Ee	Dr Tey Sheik Kyin	
30.	Mobile Advertisement Activity Through Privacy Concerns	Lim Chuan Zhi	Dr Farah Waheeda Binti Jalaludin	
31.	Factors of Independent Travelling Decision of Generation Z in Malaysia: Post Pandemic	Ho Khiong Kit	Ms Lim Wei Yin	
32.	Legal Framework on Affordable Health: Comparative Study Between Malaysia and United States	Lee Zi Yi	Dr Angelina Anne Fernandez	
33.	The Impact of Brand Experience, Brand Packaging and Brand Quality on Consumer Purchasing Decisions	Ding Sook Kee	Dr Omar Hamdan Mohammad Alkharabsheh	
34.	Willingness to Pay for International Green Branding Sportswear in Malaysia	Tor Ling Shuang	Ms Malathi Nair a/p G Narayana Nair	
35.	Impulsive Behavior of Online Shoppers: A Comparative Analysis Between Gen Z and Baby Boomers in Klang Valley	Liew Kah Wai	Dr Anusha a/p Aurasu	
36.	Factors that Affect the Acceptance of Educational Robots Among Private Schools in Malaysia	Yeo Jing Wen	Ms Zufara Arneeda Binti Zulfakar	
37.	Factors Affecting Job Satisfaction Among New Graduates During the First Year of Employment	Irvine Siew Hung Liang	Dr Komathi a/p Munusamy	
38.	Adoption of the Use of Artificial Intelligence in the Higher Education	Chai Jia Lin	Dr Tey Sheik Kyin	

No.	Research Title	Student's Name	Supervisor's Name	Approval Validity
39.	The Effects of Social Media Advertisement on Food Choice Among Young Adults	Pireveena Sivanasan	Ms Malathi Nair a/p G Narayana Nair	17 February 2023 – 16 February 2024
40.	Factors Influencing the Intention to Startup an E-commerce Business Among UTAR Students	Teh Pui Khei	Pn Ezatul Emilia Binti Muhammad Arif	

The conduct of this research is subject to the following:

(1) The participants' informed consent be obtained prior to the commencement of the research;

(2) Confidentiality of participants' personal data must be maintained; and

(3) Compliance with procedures set out in related policies of UTAR such as the UTAR Research Ethics and Code of Conduct, Code of Practice for Research Involving Humans and other related policies/guidelines.

(4) Written consent be obtained from the institution(s)/company(ies) in which the physical or/and online survey will be carried out, prior to the commencement of the research.

Should the students collect personal data of participants in their studies, please have the participants sign the attached Personal Data Protection Statement for records.

Thank you.

Yours sincerely,

Professor Ts Dr Faidz bin Abd Rahman
Chairman
UTAR Scientific and Ethical Review Committee

c.c Dean, Faculty of Accountancy and Management
Director, Institute of Postgraduate Studies and Research

APPENDIX 2: UTAR PERSONAL DATA PROTECTION STATEMENT

PERSONAL DATA PROTECTION NOTICE

Please be informed that in accordance with Personal Data Protection Act 2010 ("PDPA") which came into force on 15 November 2013, Universiti Tunku Abdul Rahman ("UTAR") is hereby bound to make notice and require consent in relation to collection, recording, storage, usage and retention of personal information.

1. Personal data refers to any information which may directly or indirectly identify a person which could include sensitive personal data and expression of opinion. Among others it includes:

   a) Name
   b) Identity card
   c) Place of Birth
   d) Address
   e) Education History
   f) Employment History
   g) Medical History
   h) Blood type
   i) Race
   j) Religion
   k) Photo
   l) Personal Information and Associated Research Data

2. The purposes for which your personal data may be used are inclusive but not limited to:

   a) For assessment of any application to UTAR
   b) For processing any benefits and services
   c) For communication purposes
   d) For advertorial and news
   e) For general administration and record purposes
   f) For enhancing the value of education
   g) For educational and related purposes consequential to UTAR
   h) For replying any responds to complaints and enquiries
   i) For the purpose of our corporate governance
   j) For the purposes of conducting research/ collaboration

3. Your personal data may be transferred and/or disclosed to third party and/or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents for purpose of fulfilling our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.

4. Any personal information retained by UTAR shall be destroyed and/or deleted in accordance with our retention policy applicable for us in the event such information is no longer required.

5. UTAR is committed in ensuring the confidentiality, protection, security and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading and updated. UTAR would also ensure that your personal data shall not be used for political and commercial purposes.

Consent:

6. By submitting or providing your personal data to UTAR, you had consented and agreed for your personal data to be used in accordance to the terms and conditions in the Notice and our relevant policy.

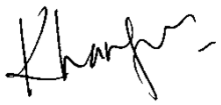
7. If you do not consent or subsequently withdraw your consent to the processing and disclosure of your personal data, UTAR will not be able to fulfill our obligations or to contact you or to assist you in respect of the purposes and/or for any other purposes related to the purpose.

8. You may access and update your personal data by writing to us at pangkharyee98@1utay.my.

Acknowledgment of Notice

[√] I have been notified and that I hereby understood, consented and agreed per UTAR above notice.

[ ] I disagree, my personal data will not be processed.



.....
Name: PANG KHAR YEE
Date: 04/05/2023

APPENDIX 3: QUESTIONNAIRE

Questionnaire

I am appreciating for your valuable time and response. All answers to this questionnaire will be part of a research project to explore *a comparison between public and private hospital facilities preference among Generation Z in Malaysia*. There will be no assigned answers to the questions, so you can respond based on your own opinions. All respondents will fill out this questionnaire anonymously, without revealing personal privacy information, and all answers will be kept confidential.

Section A: Demographic Profile

1. **Gender**

( ) Male

( ) Female

2. **Age**

( ) 16-18 years old

( ) 19-21 years old

( ) 22- 23 years old

3. **Race**

( ) Malay

( ) Chinese

( ) India

4. **Total income**

( ) less than RM1200

( ) RM1201-RM1500

( ) RM1501-RM1800

( ) RM1801-RM2100

5. **Current employment status**

( ) Full time

( ) Part Time

( ) Seeking opportunity chances

( ) No employment

Section B: General information

1. **What type of hospital was the latest you or your family were hospitalized?**

( ) Public hospital

( ) Private Hospital

2. **What is the reason you choose the hospital?**

( ) Price

( ) Service of quality

( ) Efficiency

( ) Location

( ) Recommend of other

3. **How did you pay for the latest hospitalization and medical expenses?**

( ) Savings

( ) Credit card

( ) Insurance

( ) Others

4. **What do you think about the medical price of the hospital where you or your family members are hospitalized**?

( ) Reasonable

( ) Too expensive

Section C: Factors

Please tick (√) within the range of 1 to 5 based on your or your family's latest hospitalization experience to indicate your degree of consent, which means: 5 – Strongly agree (SA); 4 – Agree (A); 3 – Neutral (N); 2 – Disagree (D); 1 – Strongly disagree (SD)

Services / Facilities

		SA	A	N	D	SD
a.	I feel free to tell the doctor at the private hospital my problems rather than one at the public hospital.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
b.	In private hospitals patients get easy online booking services.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
c.	In private hospitals waiting time is lesser than public hospitals.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
d.	The private hospital buildings are clean and tidy compared to public hospital.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
e.	In private hospitals are equipped with modern pre-observatory equipment	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
f.	In public hospitals, doctor do regular basic check-ups only and do not do the necessary tests.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1

Efficiency

		SA	A	N	D	SD
a.	In private hospital, I felt the nurses are qualified, skilled, and trained to deal with emergency situations.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
b.	In private hospitals doctors treat patients in a friendly manner.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
c.	In private hospitals, doctors keep you away from worrying.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1

d.	In private hospital, doctors explain fully but public hospital not.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
e.	In private hospital, doctors examine you with utmost care compared to the doctor at public hospital.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
f.	In private hospital, doctors have genuine interest in you.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1

Cost of Treatment

		SA	A	N	D	SD
a.	I feel the indirect cost of getting appointments with public hospital due to repeated attempts pushes you to approach a private hospital in your area.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
b.	I have experienced spending more towards going to a public hospital than a private hospital locally.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
c.	Cost of treatment is more in private hospital, but I get a better treatment.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
d.	Cost of treatment is not a matter of concern if you get medicines of your choice.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
e.	Cost of treatment, doctor's fees, and medicines is not an issue as you get timely treatment and cure from a private hospital.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1
f.	The cost of transportation going to the private hospital is lesser than the cost of treatment at a public hospital in your area.	( ) 5	( ) 4	( ) 3	( ) 2	( ) 1

Gender	Age	Race	Total income	Current employee status	What type of hospital fa	What is the reason you	How did you pay for the	What do you think abou	I feel free to tell the doc	In private hospitals pati	In private hospitals wait	The private hospital bui	In private hospitals it is	In public hospitals, doct	In private hospital, I felt	In private hospitals doc	In private hospitals, doc	In private hospital, doct	In private hospital, doc	In private hospital, doct	I feel the indirect cost o	I have experienced spe	Cost of treatment is mo	Cost of treatment is not	Cost of treatment, doct	The cost of transportation going to the private hospital is lesser than the cost of treatment at a public hospital in your area.
Female	19-21 years old	Chinese	less than RM1200	No employment	Public hospital	Location	Savings	Reasonable	3	4	5	5	5	3	4	4	4	4	4	4	3	3	4	4	4	3
Female	22-23 years old	Indian	RM1201-RM1500	Full time	Private hospital	Service of the quality	Savings	Too expensive	5	5	5	5	5	5	3	5	5	5	4	4	4	1	5	2	3	2
Male	22-23 years old	Chinese	RM1501-RM1800	Part Time	Private hospital	Efficiency	Credit card	Too expensive	3	5	5	4	4	3	4	5	5	4	5	2	2	1	4	5	4	3
Female	22-23 years old	Chinese	less than RM1200	Part Time	Private hospital	Efficiency	Savings	Reasonable	5	4	3	4	4	3	3	3	3	3	3	3	4	4	4	4	4	4
Male	22-23 years old	Chinese	RM1801-RM2100	No employment	Public hospital	Service of the quality	Insurance	Too expensive	4	3	4	3	3	4	4	3	3	3	3	3	2	4	3	2	4	3
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	5	4	5	5	5	3	4	4	4	4	4	4	2	1	4	4	4	4
Male	22-23 years old	Chinese	less than RM1200	No employment	Public hospital	Service of the quality	Savings	Reasonable	3	4	5	2	2	2	2	3	3	2	3	4	2	2	2	3	3	2
Female	22-23 years old	Chinese	less than RM1200	Seeking opportunity ch	Private hospital	Efficiency	Insurance	Reasonable	4	4	5	5	5	3	4	4	3	4	4	3	3	2	4	4	4	2
Male	22-23 years old	Chinese	less than RM1200	Student	Public hospital	Location	Credit card	Too expensive	4	4	4	3	3	4	3	3	3	4	3	3	4	4	2	3	4	3
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Public hospital	Efficiency	Savings	Reasonable	2	4	4	4	3	4	4	3	4	2	3	2	4	2	4	3	4	2
Female	22-23 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Credit card	Too expensive	3	4	4	5	4	3	4	4	4	3	4	3	3	2	2	4	1	4
Female	19-21 years old	Indian	RM1201-RM1500	Part Time	Public hospital	Recommend of other	Insurance	Reasonable	3	5	5	4	4	4	3	4	4	5	4	4	4	2	4	2	2	4
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Service of the quality	Credit card	Too expensive	4	3	2	5	5	3	3	3	3	3	3	3	3	2	4	3	3	3
Female	19-21 years old	Chinese	less than RM1200	Part Time	Private hospital	Recommend of other	Insurance	Too expensive	3	3	4	4	4	3	4	3	3	4	4	3	3	2	3	3	3	2
Female	19-21 years old	Chinese	less than RM1200	No employment	Public hospital	Location	Insurance	Reasonable	3	4	4	3	4	2	3	3	4	2	4	3	3	3	2	3	3	3
Male	16-18 years old	Malay	less than RM1200	student	Public hospital	Location	Savings	Reasonable	1	5	5	5	5	2	3	3	4	3	3	3	2	3	4	5	5	4
Male	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	3	4	5	5	5	3	5	5	4	3	4	3	3	2	4	3	3	1
Male	19-21 years old	Indian	less than RM1200	No employment	Public hospital	Location	Savings	Reasonable	2	4	4	4	3		3	3	3	1	1	1	1		4	3	4	4
Male	16-18 years old	Indian	less than RM1200	Student	Public hospital	Service of the quality	Savings	Reasonable	1		5	4	2	3	2	2	3	3	3	2	2	3	4	4	3	1
Female	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Recommend of other	Insurance	Reasonable	5	5	5	5	3	1	4	4	3	1	5	5	4	4	4	4	4	1
Female	19-21 years old	Malay	RM1201-RM1500	Part Time	Private hospital	Efficiency	Savings	Too expensive	3	1	5	5	4	4	2	4	3	4	4	5	4	3	4	4	5	3
Female	16-18 years old	Indian	less than RM1200	Seeking opportunity ch	Private hospital	Service of the quality	Insurance	Too expensive	5	4	5	4	4	3	2	1	1	2	2	3	3	3	4	5	5	5
Female	19-21 years old	Indian	RM1501-RM1800	Full time	Private hospital	Service of the quality	Insurance	Too expensive	2	4	5	5	5	3	3	3	4	5	5	5	4	4	3	4	4	4
Female	22-23 years old	Indian	RM1201-RM1500	Part Time	Private hospital	Recommend of other	Savings	Reasonable	4	4	5	4	5	5	4	5	5	4	5	4	3	3	3	4	4	4
Female	19-21 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Reasonable	5	5	5	5	4	5	4	4	4	4	4	4	4	4	4	4	4	4
Male	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	3	4	4	5	5	4	4	3	2	3	4	4	2	3	3	2	3	3
Male	19-21 years old	Malay	less than RM1200	Seeking opportunity ch	Public hospital	Location	Insurance	Reasonable	1	4	4	4	4	1	5	4	4	2	4	4	4	4	3	3	4	5
Female	16-18 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Insurance	Reasonable	5	4	4	4	4	3	4	5	3	4	4	3	3	1	5	4	4	3
Female	22-23 years old	Chinese	RM1801-RM2100	No employment	Public hospital	Location	Insurance	Reasonable	4	4	4	4	4	2	4	4	4	4	4	4	2	2	4	4	3	3
Male	19-21 years old	Indian	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	3	4	4	5	5	4	4	4	4	3	4	3	1	1	4	4	3	2
Female	19-21 years old	Indian	RM1801-RM2100	Full time	Private hospital	Recommend of other	Insurance	Reasonable	3	2	3	3	3	3	2	2	3	3	2	3	2	2	3	2	2	3
Female	19-21 years old	Chinese	less than RM1200	No employment	Public hospital	Recommend of other	Savings	Reasonable	4	4	4	4	3	2	4	4	4	4	4	3	4	4	4	2	2	4
Male	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Service of the quality	Savings	Reasonable	4	4	4	4	4	2	4	4	4	2	2	2	4	4	4	3	2	4
Male	16-18 years old	Chinese	RM1801-RM2100	No employment	Private hospital	Recommend of other	Insurance	Reasonable	5	5	4	4	3	3	4	3	5	5	3	5	2	2	5	5	5	5
Male	16-18 years old	Malay	RM1801-RM2100	Full time	Public hospital	Recommend of other	Insurance	Reasonable	5	5	5	4	3	3	4	4	3	3	3	4	4	4	4	4	3	4
Male	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Credit card	Reasonable	5	5	5	2	3	4	4	4	4	2	4	2	1	1	3	4	5	2
Female	19-21 years old	Indian	RM1201-RM1500	Part Time	Public hospital	Location	Insurance	Reasonable	4	2	3	4	4	2	4	4	3	2	4	3	3	4	2	2	2	4
Female	22-23 years old	Malay	RM1501-RM1800	Part Time	Private hospital	Service of the quality	Credit card	Too expensive	5	5	5	3	2	1	3	4	4	3	1	1	3	3	4	4	3	3
Male	19-21 years old	Chinese	RM1201-RM1500	Part Time	Public hospital	Location	Savings	Reasonable	3	4	2	4	4	2	4	4	4	2	2	2	4	4	3	2	4	3
Female	22-23 years old	Chinese	RM1201-RM1500	Part Time	Private hospital	Service of the quality	Savings	Too expensive	2	4	4	4	4	3	4	4	4	3	4	4	4	2	4	2	2	4
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Service of the quality	Insurance	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Female	19-21 years old	Chinese	less than RM1200	Part Time	Public hospital	Location	Savings	Reasonable	3	4	4	4	4	2	4	4	4	2	4	4	4	4	4	1	1	4
Female	19-21 years old	Indian	RM1201-RM1500	Part Time	Private hospital	Service of the quality	Savings	Too expensive	4	4	4	3	3	1	1	2	2	2	2	2	2	1	2	1	1	1
Female	22-23 years old	Chinese	RM1801-RM2100	Seeking opportunity ch	Private hospital	Service of the quality	Insurance	Reasonable	4	4	5	4	4	5	4	3	4	4	3	4	3	3	4	4	3	3
Male	16-18 years old	Chinese	less than RM1200	No employment	Public hospital	Recommend of other	Insurance	Reasonable	3	4	4	4	4	2	4	4	4	3	3	3	4	4	3	1	1	4
Male	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Credit card	Reasonable	5	4	3	5	4	5	3	5	5	4	5	4	5	5	5	4	5	4
Male	22-23 years old	Chinese	less than RM1200	No employment	Public hospital	Recommend of other	Savings	Reasonable	3	4	4	4	4	4	4	4	4	4	2	2	4	2	4	2	2	4
Male	19-21 years old	Chinese	RM1201-RM1500	No employment	Private hospital	Service of the quality	Insurance	Too expensive	4	4	3	3	5	5	4	4	4	4	3	3	2	3	2	4	5	3
Female	19-21 years old	Chinese	less than RM1200	Part Time	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Male	19-21 years old	Malay	RM1501-RM1800	No employment	Private hospital	Service of the quality	Credit card	Reasonable	5	4	4	4	3	4	2	3	3	3	2	4	3	3	4	3	3	4
Female	16-18 years old	Indian	RM1201-RM1500	No employment	Private hospital	Efficiency	Insurance	Reasonable	3	1	4	4	4	3	5	4	3	4	2	2	4	4	3	4	2	5
Female	19-21 years old	Indian	less than RM1200	Part Time	Private hospital	Service of the quality	Savings	Reasonable	3	5	5	5	5	3	5	5	5	3	3	3	4	4	4	4	4	3
Male	16-18 years old	Chinese	less than RM1200	No employment	Public hospital	Location	Savings	Reasonable	2	4	4	4	4	5	4	4	3	4	3	4	1	1	1	1	1	5
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	2	4	4	4	4	4	4	4	2	4	3	3	2
Female	22-23 years old	Chinese	RM1201-RM1500	Part Time	Private hospital	Efficiency	Insurance	Reasonable	5	5	5	5	5	5	5	5	5	5	5	5	5	1	5	5	5	5
Male	19-21 years old	Chinese	RM1801-RM2100	No employment	Private hospital	Service of the quality	Insurance	Reasonable	5	5	5	4	4	3	3	3	4	4	4	5	3	1	3	4	3	4
Female	19-21 years old	Chinese	less than RM1200	No employment	Public hospital	Recommend of other	Insurance	Reasonable	3	4	4	4	4	4	4	4	2	3	3	3	4	2	3	2	2	2
Female	19-21 years old	Chinese	RM1501-RM1800	Part Time	Private hospital	Efficiency	Insurance	Reasonable	4	4	3	4	4	2	2	4	3	3	4	3	3	2	3	4	5	5
Female	22-23 years old	Malay	RM1201-RM1500	Full time	Public hospital	Location	Savings	Reasonable	2	3	3	4	4	3	3	3	4	3	4	2	3	3	4	1	2	3
Male	16-18 years old	Chinese	less than RM1200	Part Time	Public hospital	Efficiency	Savings	Reasonable	4	4	4	4	3	3	4	4	2	3	3	3	4	2	4	2	2	3
Female	22-23 years old	Indian	RM1501-RM1800	Part Time	Public hospital	Efficiency	Credit card	Reasonable	3	4	4	3	5	5	4	4	5	5	5	4	4	4	5	5	4	4

Female	16-18 years old	Chinese	RM1201-RM1500	No employment	Private hospital	Service of the quality	Insurance	Reasonable	4	4	5	5	4	4	3	4	4	4	3	4	4	4	3	3	3	2
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Savings	Reasonable	3	4	4	3	4	4	4	4	4	4	4	4	4	2	4	2	2	4
Female	16-18 years old	Chinese	less than RM1200	No employment	Private hospital	Service of the quality	Insurance	Reasonable	4	4	3	5	5	4	3	3	2	3	4	5	5	4	4	4	3	4
Female	19-21 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Efficiency	Savings	Reasonable	4	5	5	4	5	4	5	4	5	5	4	4	5	4	4	3	3	5
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	5	2	4	4	4	4
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Location	Insurance	Reasonable	3	4	5	5	5	5	4	4	4	4	4	5	5	4	5	4	4	3
Male	19-21 years old	Indian	less than RM1200	Part Time	Public hospital	Recommend of other	Savings	Reasonable	4	4	4	4	4	4	3	3	3	3	3	3	2	4	2	2	2	4
Female	19-21 years old	Indian	RM1801-RM2100	Part Time	Private hospital	Service of the quality	Credit card	Reasonable	2	2	4	5	5	5	4	4	5	4	4	4	5	5	4	4	4	3
Female	19-21 years old	Chinese	less than RM1200	Part Time	Private hospital	Efficiency	Savings	Too expensive	3	5	4	4	4	3	4	4	4	4	4	3	2	4	2	2	4	4
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	5	3	2	3	3	3	2	3	3	4	5	4	4	3	3	4	4	4
Female	22-23 years old	Chinese	RM1201-RM1500	Part Time	Private hospital	Service of the quality	Savings	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	2	4	3	3	4	4
Female	19-21 years old	Chinese	RM1501-RM1800	Part Time	Public hospital	Location	Savings	Reasonable	3	3	5	3	3	5	5	4	4	4	4	3	3	4	5	5	4	1
Female	19-21 years old	Indian	less than RM1200	Full time	Public hospital	Location	Savings	Reasonable	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Female	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Service of the quality	Savings	Reasonable	4	4	5	4	5	4	4	4	4	3	3	4	4	3	3	4	5	4
Female	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Reasonable	4	4	5	4	5	4	4	4	5	5	4	4	5	5	5	5	4	3
Male	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	4	1	4	4	4	4
Female	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Credit card	Reasonable	4	4	5	4	5	4	4	4	3	4	5	4	4	4	3	4	4	2
Female	19-21 years old	Malay	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Too expensive	3	3	3	4	4	5	5	4	5	5	4	4	4	4	5	3	5	2
Female	22-23 years old	Malay	RM1501-RM1800	Full time	Private hospital	Service of the quality	Insurance	Reasonable	3	3	4	4	4	2	4	4	5	4	3	4	4	2	3	4	4	3
Female	22-23 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Insurance	Reasonable	4	4	4	4	4	4	4	4	4	4	4	3	2	4	4	4	4	4
Male	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	4	4	3	4	5	3	4	4	4	4	4	3	4	4	4	4	4	3
Female	22-23 years old	Chinese	RM1201-RM1500	Part Time	Private hospital	Efficiency	Insurance	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	4	1	3	2	2	4
Male	16-18 years old	Malay	less than RM1200	No employment	Public hospital	Service of the quality	Savings	Reasonable	3	1	4	3	3	3	4	4	1	1	1	3	3	2	4	4	4	1
Female	22-23 years old	Indian	RM1201-RM1500	Part Time	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	2	4	3	3	4	4
Male	16-18 years old	Malay	RM1201-RM1500	Seeking opportunity ch	Public hospital	Efficiency	Credit card	Reasonable	2	2	3	5	4	5	3	4	4	4	3	3	3	3	5	5	4	5
Male	22-23 years old	Indian	RM1201-RM1500	Part Time	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	2	3	2	2	4	4
Female	16-18 years old	Indian	RM1501-RM1800	Full time	Private hospital	Service of the quality	Insurance	Reasonable	5	5	5	5	4	2	4	4	5	5	4	4	4	5	5	4	4	3
Male	16-18 years old	Malay	RM1501-RM1800	Seeking opportunity ch	Private hospital	Recommend of other	Insurance	Reasonable	3	4	4	4	3	4	4	5	4	4	3	3	5	4	5	2	3	4
Male	22-23 years old	Indian	RM1201-RM1500	Part Time	Public hospital	Service of the quality	Insurance	Reasonable	4	5	5	5	5	5	5	5	5	5	5	5	4	1	4	4	4	4
Female	16-18 years old	Malay	RM1501-RM1800	Seeking opportunity ch	Public hospital	Service of the quality	Savings	Reasonable	2	4	5	5	5	3	3	3	2	2	2	1	1	1	4	4	4	3
Male	16-18 years old	Malay	RM1501-RM1800	Full time	Public hospital	Service of the quality	Savings	Reasonable	3	3	4	4	4	3	4	3	5	4	4	4	2	2	3	4	4	1
Male	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Too expensive	3	5	4	4	1	4	5	5	4	3	3	3	4	5	4	4	4	3
Male	22-23 years old	Malay	RM1801-RM2100	Part Time	Private hospital	Recommend of other	Insurance	Too expensive	2	2	2	2	2	2	2	2	1	2	3	3	2	2	1	1	1	1
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	4	4	5	4	4	4	4	2	4	4	4	4	4
Male	22-23 years old	Indian	RM1501-RM1800	Full time	Private hospital	Service of the quality	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Male	19-21 years old	Indian	RM1501-RM1800	Full time	Private hospital	Recommend of other	Credit card	Too expensive	2	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Male	22-23 years old	Indian	RM1501-RM1800	Part Time	Private hospital	Recommend of other	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Female	22-23 years old	Chinese	less than RM1200	Part Time	Private hospital	Efficiency	Credit card	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	4	2	4	4	3	4
Male	16-18 years old	Malay	RM1501-RM1800	Part Time	Private hospital	Location	Insurance	Too expensive	3	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Male	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Location	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Female	22-23 years old	Chinese	RM1801-RM2100	No employment	Private hospital	Efficiency	Credit card	Reasonable	5	5	5	5	4	5	5	5	5	5	5	5	5	1	5	5	5	5
Female	16-18 years old	Indian	RM1501-RM1800	Full time	Private hospital	Location	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Male	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Location	Insurance	Too expensive	3	5	5	5	5	3	5	5	5	5	5	1	1	5	5	5	5	5
Male	22-23 years old	Indian	RM1801-RM2100	Part Time	Private hospital	Recommend of other	Insurance	Too expensive	5	5	5	5	5	2	5	5	5	5	5	3	3	5	2	5	5	3
Female	22-23 years old	Chinese	less than RM1200	Part Time	Public hospital	Recommend of other	Savings	Reasonable	3	4	4	4	4	4	4	4	3	3	3	3	3	4	2	2	2	3
Female	19-21 years old	Malay	RM1801-RM2100	Full time	Private hospital	Service of the quality	Credit card	Too expensive	5	5	5	5	5	1	3	3	4	5	5	4	5	5	5	4	2	2
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Location	Insurance	Too expensive	5	5	5	5	5	1	5	5	5	5	5	3	3	5	5	5	5	2
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Insurance	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	4	2	4	4	4	4
Female	19-21 years old	Chinese	less than RM1200	No employment	Private hospital	Efficiency	Savings	Too expensive	3	2	2	5	4	4	4	4	4	4	2	5	5	1	4	1	1	2
Male	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Too expensive	5	5	5	5	5	4	5	5	5	5	5	2	3	5	5	5	5	3
Male	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Recommend of other	Insurance	Too expensive	5	5	4	5	4	5	1	4	5	5	5	5	1	1	5	5	5	2
Female	19-21 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	5	5	5	5	5	2	3	5	5	3	2	4	5	3	2	5	4	3
Female	19-21 years old	Indian	less than RM1200	No employment	Private hospital	Efficiency	Insurance	Reasonable	5	5	5	5	5	5	5	4	5	5	4	4	4	1	4	5	5	5
Male	19-21 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	3	5	5	5	5	3	5	5	5	5	5	5	3	3	5	5	5	2
Male	22-23 years old	Indian	RM1501-RM1800	Full time	Private hospital	Service of the quality	Savings	Too expensive	5	5	5	5	5	4	5	5	5	5	5	3	3	5	5	4	4	1
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	5	5	5	5	5	3	5	5	5	5	5	2	2	2	5	5	5	1
Female	19-21 years old	Chinese	RM1201-RM1500	Part Time	Private hospital	Service of the quality	Insurance	Reasonable	4	4	4	4	4	4	4	3	3	3	3	4	4	4	2	2	2	2
Male	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	4	5	5	5	5	2	5	5	5	5	5	1	1	5	5	5	5	5
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Reasonable	5	5	5	5	5	3	5	5	5	5	4	2	2	5	5	5	5	3
Female	16-18 years old	Malay	RM1501-RM1800	Part Time	Public hospital	Location	Savings	Reasonable	5	5	5	5	5	5	5	5	5	5	5	3	3	5	5	5	5	5
Female	22-23 years old	Chinese	less than RM1200	Part Time	Private hospital	Efficiency	Savings	Reasonable	4	4	4	4	4	4	4	4	4	4	4	4	2	4	4	4	4	4
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Female	22-23 years old	Chinese	RM1501-RM1800	Full time	Private hospital	Efficiency	Savings	Reasonable	4	4	4	3	4	4	3	4	4	3	5	4	4	3	3	4	5	3
Female	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	1
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Male	16-18 years old	Indian	less than RM1200	Part Time	Public hospital	Location	Savings	Too expensive	3	4	5	4	3	5	3	4	3	4	5	4	3	4	4	4	3	3
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Male	19-21 years old	Malay	RM1201-RM1500	Full time	Public hospital	Location	Credit card	Too expensive	3	4	4	4	3	4	4	4	3	5	3	3	4	5	3	4	4	4
Female	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Location	Insurance	Reasonable	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Female	22-23 years old	Malay	RM1501-RM1800	Full time	Private hospital	Service of the quality	Savings	Too expensive	4	3	3	5	4	4	3	4	3	3	5	4	3	4	3	4	3	5
Male	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	5	5	5	4	5	5	5	4	5	4	5	4	5	4	5	4	5	5
Female	19-21 years old	Chinese	less than RM1200	Student	Public hospital	Location	Savings	Reasonable	2	4	5	4	4	3	3	3	2	2	3	3	1	1	4	3	3	2
Female	19-21 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Savings	Reasonable	4	3	5	4	3	5	3	4	3	3	5	3	5	3	3	3	3	4
Female	22-23 years old	Chinese	RM1801-RM2100	Full time	Private hospital	Location	Insurance	Reasonable	5	4	4	5	5	5	5	5	4	3	5	5	5	5	5	5	5	5
Male	19-21 years old	Chinese	RM1201-RM1500	Part Time	Private hospital	Efficiency	Insurance	Reasonable	4	4	4	4	4	4	5	4	4	3	3	3	4	2	4	4	4	4
Female	19-21 years old	Chinese	RM1201-RM1500	Part Time	Public hospital	Location	Savings	Too expensive	4	3	4	5	4	4	3	5	4	4	5	3	4	5	4	3	3	4
Female	19-21 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Reasonable	5	5	5	5	5	4	5	5	5	4	5	5	5	5	5	5	5	5
Female	19-21 years old	Indian	RM1501-RM1800	Full time	Private hospital	Efficiency	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	1
Female	22-23 years old	Indian	RM1801-RM2100	Full time	Private hospital	Service of the quality	Savings	Reasonable	3	5	4	4	5	3	4	3	5	4	3	4	4	3	5	3	5	3
Female	19-21 years old	Chinese	less than RM1200	No employment	Public hospital	Location	Savings	Reasonable	3	3	3	3	3	3	3	3	3	3	3	3	3	5	3	1	1	2
Female	19-21 years old	Malay	RM1801-RM2100	Full time	Private hospital	Efficiency	Credit card	Reasonable	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4
Male	16-18 years old	Malay	less than RM1200	Part Time	Public hospital	Recommend of other	Savings	Too expensive	4	3	4	3	3	4	3	5	3	4	3	4	4	2	3	4	3	4
Male	19-21 years old	Indian	RM1801-RM2100	Full time	Private hospital	Efficiency	Insurance	Too expensive	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4
Male	22-23 years old	Indian	RM1801-RM2100	Part Time	Public hospital	Recommend of other	Savings	Too expensive	3	5	4	4	4	3	5	3	4	4	3	5	3	4	4	4	5	3
Male	19-21 years old	Indian	RM1801-RM2100	Full time	Private hospital	Service of the quality	Insurance	Reasonable	5	5	4	4	4	4	5	5	5	5	5	5	4	4	5	5	5	5
Female	16-18 years old	Chinese	less than RM1200	Part Time	Public hospital	Recommend of other	Savings	Reasonable	2	3	3	3	3	3	3	3	3	3	3	3	4	3	2	2	3	3
Male	22-23 years old	Malay	RM1801-RM2100	Full time	Private hospital	Location	Credit card	Reasonable	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Female	19-21 years old	Chinese	less than RM1200	Part Time	Public hospital	Recommend of other	Savings	Reasonable	3	3	3	3	3	3	3	3	3	3	3	3	4	3	2	2	2	3