

The Impact Of Recruiting The Right Medical Specialists (Consultants) : Case Study In Three Private Hospitals In Malaysia

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Abstract: For a new private hospital, the contact time between patients and medical specialists is important and patients seek treatment from doctors because of trust and this can be found in many studies. Case study was conducted to see the impact of recruiting the right medical specialists in new private hospitals in Malaysia. In this study, three new private hospitals in Malaysia namely Hospital A, Hospital B and Hospital C were chosen as samples. Various data were collected related to the contributions of medical specialists in term of revenue generating for those hospitals. Data were collected from the time the hospitals started the operation until the hospital recorded profit. For Hospital A, data were collected from the Finance Manager where as data for Hospital B and Hospital C were collected from the Chief Executive Officers of both hospitals. Data from Hospital A were collected from 2005 to 2008, data from Hospital B were collected from 2006 to 2011 where as data for Hospital C were collected from 2009 to 2012. For Hospital A which started business in 2005, 66% of the revenue was generated by 12 surgeons of which 49% was generated by the 6 local surgeons for that year. For Hospital B, number of consultants started with 17 in year 2006 and increased to 28 in year 2010. The revenue generated by 10 surgeons was 70% for 2006, 64% in 2007 and further reduced to 52% in 2010. Hospital C, started with 17 consultants in year 2009 and increased to 23 in year 2010. In 2009, we can see the revenue generated by 10 surgeons was 70%, 64% in 2010 but reduced to 60% in 2011. The findings of my research for Hospital A, Hospital B and Hospital C are in line with the various studies which explain the positive connection between choice of doctors and satisfaction. When patients really trusted their doctors, they had no intention to look for other information about their doctors or to investigate further on the quality of services provided by their doctors. Based on this research for the three hospitals, it was found that the contribution of surgeons is very important to enhance the hospital revenue and facilitate the breakeven process and later recorded profit.

Keywords: Hospital A, B and C, impact of recruiting medical specialists, surgeons, breakeven and profit.

I. Introduction

For a new private hospital, the contact time between patients and medical specialists is important. In one study conducted by Billingham (1993), among 1423 patients, convenience was the commonest reason given for choosing a new doctor (53%) with recommendation or reputation mentioned by 36% of respondents and positive expectations or service by 37%. The proportion of patient changed from one practice was small. Convenience will include hospital ambience, facilities, parking facilities, food and shorter waiting time to see doctors and to other services. However there was only one study related to the convenience of the hospital and this study was an old study. This study was not giving details outcome on the rating of hospital ambience, facilities, parking facilities, food and waiting time.

In 1996, the consumer association of America had conducted a study and it was found that 72 percent will choose the hospital that are familiar with them. However, the figure had dropped to 62 percent in year 2000. Patients are unwilling to change doctors when they have a personal doctors and giving high trust on that particular doctors even though if they received poor quality of services. Based on that study it was found that there were no competition for doctors to maintain the loyalty of their current patients and there is a growing trend among patients to change doctors when they received more informations to enable them to make their choice.

Patients seek treatment from doctors because of trust and this can be found in many studies. Booth and Babchuk (1972), had conducted a study involving 190 residents of Omaha and Lincoln in Nebraska, and based on that study it was found that only one quarter consulted another physician most frequently in emergency situations. However three quarter of respondents continue seeking treatment from the same physicians. In another study conducted by Hoerger and Howard (1995), involving 963 pregnant women staying in six different areas in Florida through interviews related to the process of looking and selecting a provider of prenatal care, it was found that less than one quarter will consider more than one doctor and for those searching for another doctor, less than 60 percent really had visited or spoke to another doctor. The respond from 333 participants

which had been given an open-ended questionnaire related to the practices of six physician practices which are located in and around Sydney, Australia had been analyzed by Lupton and Howards (1997). The questionnaire were related to the reasons for choosing doctors and continue visiting those doctors. The questionnaire were also related to the ability of patients to judge physicians' quality. Based on that study, it was found that patients really trusted their doctors and had no intention to look for other information about their doctors or to investigate further on the quality of services provided by their doctors. Audiey (1998), conducted another study with the aim to find out the relationship between patients' trust related to the choice of doctors, the length of doctors-patients relationship and the payment method to their doctors on the trust given to physicians. For sampling, 292 patients of age between 18 years and older was chosen. The outcome was measured based on the scale of patients' trust given to their doctors. Based on that study it was found that 69% of patients completely trusted their physicians to solve their problems compared to other considerations. Almost three quarter of respondents giving complete trust to their doctors to achieve their medical needs compared to other considerations where patients with longer relationship with their doctors will trust their doctors more based on personal trust through the process of interaction and experience between patients and doctors. Patients who had the opportunity to choose their doctors ($p < .05$), a longer interaction with their doctors ($p < .001$), and the trust on their managed care organization ($p < .001$) will give more trust to their doctors. Harris (2003), had also conducted a study based of the process when patients search for and choose doctors where the survey was done randomly on individuals of age between 21 and 64 related to employer health benefits at the national level. Data was collected from a national survey related to purchase of employment-related health plans. Result of the study had shown that only a small number of respondents actively searches their doctors. Patients will not search for other doctors to seek treatment and will stay with their regular doctors when the relation of patients and doctors were strong. Based the previous studies patients also choose the surgeons for treatment. From 1996 to 2000, the consumer association of America had conducted a study and it was found that 76 percent will choose a surgeon that had provided services to them. Schwartz (2005), conducted a study to see how older patients choose doctors for major surgery. 510 medicare beneficiaries who had undergone procedure within three years-repair of abdominal aneurysm ($n=103$), surgery for heart valve replacement ($n=96$), or bladder resection ($n=119$), lung ($n=128$), or stomach ($n=64$) for cancer. The rate of respond were 48% from eligible survivors and 68% among able participants. The result had shown that only 10% consider to go to other places for surgery. Most of the participants believed that the reputation of their hospital and surgeons are good (94% and 88%, respectively).

Wun (2010), had conducted a study to find the reasons why patients choose their doctors for basic care in a free market. Through the focus group 37 participants were involved in this study and 1647 participants through telephone survey. Result of the study had shown that proximity to home or work place was the most important reason to choose a doctor and the second reason was a quick relief from the illness. Distance was less important when continuity with comprehensive care was established and almost 70% of the customers had regular physicians. 93% of public will contact their specialists directly when needed. Of all the respondents, it was found that 30% will choose specialists for any medical problems and 38% will also prefer specialists after seeking treatment from primary care doctors. The outcome of the study had shown that specialists were the main factor of patient choice for treatment.

A mixed methods approach was chosen by Ozawa (2011), to conduct a study in Cambodia to compare patients trust in public vs private health care providers. Data were collected from participants with age over 18 years of a mixed-gender groups without a health care provider in Thmar Pouk operational district in Banteay Meanchey province. For every focus group, 7-13 individuals were identified using a snowball sample where sampling also include group discussions, opinions and interactions with public, private and non-medical-sector providers beside the social values when seeking treatment. A standard interview guide was used and various discussions were organized to encourage discussion and respond from villages so that respondents will give their respond voluntarily based on trust. It was found that the decision to seek treatment was based on interactions and relationship with health care providers and villagers made decision based on specific individuals who work within health care organizations. Respondents did mentioned the interaction with specific doctors at the clinics, doctors at the private clinics and neighbours and personal relationship between patients and providers. Among the top five considerations in choosing the treatment were the trust given to doctors. The latest study was conducted by Doyle (2013), to find the links between the experience of patient, clinical safety and effectiveness of medical outcomes. Respondents involved various demographic and age groups. The outcome of the study was based on the summary of 55 studies which concluded a consistent positive relationship between the experience of patient, safety of patient and clinical effectiveness for various types of diseases, conditions, measures on the outcome and the designs of the study. Therefore the trust was based on the personal interaction and experience of patients with doctors. Based on various studies it was found that there was a similarity in the finding between studies done in America and Australia where patients trust their specialists. In the Malaysian setting outpatient and inpatients services were provided by specialists from

different specialist. Medical officers only managed the emergency services where they will refer cases to specialists for further management. Therefore what need to be done is to study the impact of patients and specialists relationship on the business growth of a new private hospital in Malaysia.

II. Objectives

1. To see the impact of recruiting various categories of medical specialists
2. To find out how much revenue generated by medical specialists from various disciplines
3. To find out which disciplines contributed most to the growth of the hospitals

III. Methodology

Case study method was chosen to conduct the study. In this study three new private hospitals in Malaysia namely Hospital A, Hospital B and Hospital C were chosen as samples. Various data were collected related to the contributions of medical specialists in term of revenue generating for those hospitals. Data were collected from the time the hospitals started the operation until the hospital recorded profit. For Hospital A, data were collected from the Finance Manager where as data for Hospital B and Hospital C were collected from the Chief Executive Officers of both hospitals. Data from Hospital A were collected from 2005 to 2008, data from Hospital B were collected from 2006 to 2011 where as data for Hospital C were collected from 2009 to 2012.

Data were collected through the following process:

1. Initial contact with the organization through phone calls and conduct interview via telephone
2. Draft and submit the official letter using email
3. Received the required data from all the hospitals

After all data were received, they were sorted out in each category. Data were tabulated according to number of beds, number of consultants, revenue generated and percentages needed for analysis. To ensure privacy the name of Finance Manager and the Chief Executive Officers were not named and the hospitals were only labelled as Hospital A, Hospital B, Hospital C.

IV. Results

Table 1: Number of beds, consultants, surgeons/local surgeons and revenue from year 2005 to 2008 for Hospital A

	2005	2006	2007	2008
No. of normal beds	18 Jan/Dec 56	82	105	130
No. of ICU/CICU	2 ICU	2 ICU	4 ICU/3 CICU	4 ICU/3 CICU
No. of resident consultants	18	21	21	23
No. of visiting consultants	6	6	6	7
No. of surgeons	12	12	12	12
No. of local surgeons	6	6	6	6
Total revenue	RM 19,497,021	RM 43,142,190	RM 59,155,238	RM 76,492,354
Revenue of 12 surgeons	RM 4,375,131 (66%)	RM 6,454,072 (64%)	RM 12,268,795 (61%)	RM 14,564,144 (56%)
Revenue of 6 local surgeons	RM 3,248,204 (49%)	RM 6,454,072 (44%)	RM 7,240,601 (36%)	RM 8,322,368 (32%)

Sources: Report from Financial services of hospital A from 2005 to 2008

Note : local surgeons are surgeons who had been working in the area surrounding the hospital at least for a period of one year. Surgeons consist of consultants from various disciplines of surgery.

Table 2: Income for O&G, general surgeons and orthopaedic surgeons from year 2005 to 2008 for Hospital A

	2005	2006	2007	2008
Income of 3 O&G	RM 886,153	RM 1,889,520	RM 2,479,464	RM 2,826,311
Income of 3 general surgeons	RM 2,903,585	RM 2,437,088	RM 3,160,199	RM 3,550,997
Income of 3 Orthopaedic surgeons	RM 1,486,324	RM 3,303,260	RM 4,433,571	RM 5,501,633
Total income of O&G, general surgeons and Orthopaedic surgeons(A)	RM 5,276,062	RM 7,629,868	RM 10,073,234	RM 11,878,941
Total consultants' income (B)	RM 6,628,987	RM 14,668,345	RM 20,112,780	RM 26,007,400
% A/B	79.6%	52.0%	50.1%	45.7%

Sources: Report from Financial services of hospital A

Table 3 : Number of beds, consultants, surgeons/local surgeons and revenue from 2006 to 2010 for Hospital B

	2006	2007	2008	2009	2010
No. of normal beds	58 beds	58 beds	82 beds	105 beds	105 beds
No. of ICU	2 ICU	2 ICU	4 ICU	4 ICU	4 ICU
No. of resident consultants	17	17	20	20	23
No. of visiting consultants	0	3	4	5	5
No. of surgeons	10	10	12	12	13
No. of local surgeons	10	10	10	10	10
Total Hospital revenue	RM 12,644,301	RM 29,300,353	RM 41,910,980	RM 57,113,273	RM 67,702,999
Total consultants' revenue	RM 4,711,576	RM 9,376,112	RM 13,411,514	RM 18,276,247	RM 21,664,959
Revenue of surgeons	RM 2,847,392 (70%)	RM 6,000,711 (64%)	RM 8,449,254 (63%)	RM 11,148,510 (61%)	RM 13,432,275 (62%)
Revenue of local surgeons	RM 2,847,392 (70%)	RM 6,000,711 (64%)	RM 8,181,024 (61%)	RM 9,869,173 (54%)	RM 11,265,778 (52%)

Sources: Report from Financial services of Hospital B from 2006 to 2010

Table 4: Income of O&G, general surgeons, orthopaedic surgeons and total Consultants income from year 2006 to 2010 for Hospital B

	2006	2007	2008	2009	2010
Income of 3 O&G	RM 1,649,051	RM 1,875,222	RM 2,279,957	RM 3,106,962	RM 3,466,393
Income of general surgeons	2 surgeons RM 706,736	2 surgeons RM 1,687,700	3 surgeons RM 2,414,072	3 surgeons RM 2,924,199	3 surgeons RM 3,899,692
Income of orthopaedic surgeons	2 surgeons RM 424,042	2 surgeons RM 1,609,382	3 surgeons RM 1,877,612	3 surgeons RM 2,558,674	3 surgeons RM 3,249,743
Total income of O&G, general surgeons and orthopaedic surgeons(A)	RM 2,779,829	RM 5,172,304	RM 6,571,641	RM 8,589,835	RM 10,615,828
Total consultants' income(B)	RM 4,711,576	RM 9,376,112	RM 13,411,514	RM 18,276,247	RM 21,664,959
% A/B	59%	55%	49%	47%	49%

Sources: Report from Finance Services of Hospital B

Table 5 : Number of beds, consultants, surgeons/local surgeons and revenue from 2009 to 2011 for Hospital C

	2009	2010	2011
No. of normal beds	91 beds	128 beds	168 beds
No. of ICU	6 ICU	6 ICU	6 ICU
No. of resident consultants	17	20	23
No. of visiting consultants	0	1	2
No. of surgeons	10	10	12
No. of local surgeons	10	10	10
Total Hospital revenue	RM 14,741,931	RM 68,137,141	RM 84,567,928
Total consultants' revenue	RM 4,643,708	RM 21,823,508	RM 27,061,736
Revenue of surgeons	RM 3,250,595 (70%)	RM 13,954,486 (64%)	RM 17,048,893 (63%)
Revenue of local surgeons	RM 3,250,595 (70%)	RM 13,954,486 (64%)	RM 16,237,041 (60%)

Sources: Report from Financial services of Hospital C from 2009 to 2011

Table 6: Income of O&G, general surgeons, Orthopaedic surgeons and total Consultants income from year 2009 to 2011 for Hospital C

	2009	2010	2011
Income of 2 O&G	RM 603,682	RM 2,400,586	RM 2,435,556
Income of 2 general surgeons	RM 510,808	RM 2,182,351	RM 2,706,174
Income of 3	RM 928,742	RM 3,491,761	RM 4,329,878

orthopaedic surgeons			
Total income of O&G, general surgeons and orthopaedic surgeons(A)	RM 2,043,232	RM 8,074,698	RM 9,471,608
Total consultants income(B)	RM 4,643,708	RM 21,823,508	27,061,736
% A/B	44%	37%	35%

Sources: Report from Finance Services of Hospital C

V. Discussion

Table 1, shows number of beds, number of consultants, number of surgeons/local surgeons and revenue from year 2005 to 2008. In 2005, this hospital started with 18 consultants and increased to 23 in year 2008. With more consultants providing services, the revenue had increased from RM 19,497,021 in 2005 to RM 76,492,354 in 2008. In 2005, 66% of the revenue was generated by 12 surgeons of which 49% was generated by the 6 local surgeons. Therefore local surgeons in particular and total surgeons in general contributed a big revenue for the hospital. For the second year onwards, other surgeons had started picking up from the second year onwards and due to that, the revenue dropped to 44% and further reduced to 32% in 2008. There was also a reduction in term of surgeons' contributions from second year onwards with 64% in year 2006 to 56% in 2008 because other disciplines had started getting patients over the years.

Table 2, shows income for O&G, general surgeons and orthopaedic surgeons from year 2005 to 2008 and based on the income, we can see the important of recruiting the right number of obstetric and gynaecology, general surgeons and orthopaedic surgeons to achieve revenue growth for hospital A. Revenue generated from O&G discipline for year 2005 was RM 886,153 which is 13.4% of total consultants' income. In year 2006, the revenue increased to RM 1,889,520 which is 12.9% of total consultants' income. In year 2007, the revenue increased further to RM 2,479,464 which is 12.3% of total consultants' revenue and further increased to RM 2,826,311 in year 2008 which is 10.9% of total consultants' revenue. For general surgeon, revenue generated in 2005 was RM 2,903,585 which is 43.8% of total consultants' revenue. In 2006, RM 2,437,088 was generated as revenue which is 16.6% of total consultants' revenue. For year 2007 revenue generated was RM 3,160,199 which is 15.7% of consultants' revenue followed by a revenue of RM 3,550,997 which is 13.6% of total consultants' income in year 2008. Therefore, the biggest impact of the three surgeons were in year 2005 and after that it ranges from 13.6% to 16.65% in term of contribution. For the discipline of orthopaedic surgeons, in year 2005 the three orthopaedic surgeons generated a revenue of RM 1,486,324 which is 22.4% of total consultants' income. In year 2006, RM 3,303,260 was generated as revenue which is 22.5% of total consultants' income followed by a revenue of RM 4,433,571 in year 2007 which is 22.0% of total consultants' income and RM 5,501,633 for year 2008 which is 21.2% of total consultants' income. Therefore for orthopaedic disciplines the percentage ranges from 21.2% to 22.5%.

Table 3, shows number of beds, number of consultants, number of surgeons/local surgeons and revenue for year 2006 to 2010 for Hospital B. Number of consultants started with 17 in year 2006 and increased to 28 in year 2010. By bringing more consultants, total revenue of Hospital B had increased from RM 12,644,301 in 2006 to RM 67,702,999 in 2010. In 2006 we can see the revenue generated by 10 surgeons was 70% of the total revenue. Since Hospital B had been in operation for one year before taken by a new company, all the existing surgeons are considered as local surgeons. For the second year onwards other disciplines had started picking up and as a result the revenue recorded by surgeons dropped to 64% and further reduced to 52% in 2010. In year 2008, Hospital B had recruited two new surgeons. However total revenue recorded by local surgeons had reduced to 61% in that year and further reduced to 52%. Therefore we can see that the effect of local surgeons is no more significant because by the third year patients are already familiar with other consultants.

The growth of income for O&G, general surgeons, orthopaedic surgeons and total consultants for Hospital B from year 2006 to 2010 can be seen in table 4. For the first year, 59% of the contribution came from general surgeons, O&G and orthopaedic surgeons followed by 55% in second year and maintain between 47% to 49% between 2008 to 2010. Therefore recruiting sufficient number of surgeons from different disciplines are very important to speed up the process to achieve breakeven and recorded profit.

The number of beds, number of consultants, number of surgeons/local surgeons and revenue of Hospital C from year 2009 to 2011 can be seen in table 5. This hospital started with 17 consultants in year 2009 and increased to 23 in year 2010. Total revenue of Hospital C had increased from RM 14,741,931 in 2009 to RM 84,567,928 in 2011 due to the increase number of consultants. In 2009 we can see the revenue generated by 10 surgeons was 70% of the total revenue. Since Hospital C had been relocated from the old hospital, all the existing surgeons are considered as local surgeons and in year 2011, Hospital C had recruited two new surgeons. However total revenue recorded by local surgeons had reduced to 60% in that year. Therefore we can see that

the effect of local surgeons is no more significant because by the third year the number of resident consultants had increased to 23 and they had started picking up.

Table 6, shows the growth of income for O&G, general surgeons, orthopaedic surgeons and total consultants income from year 2009 to 2011. The contribution of general surgeons, O&G and orthopaedic surgeons was very significant with the percentage of 44% for the first year, 37% in second year and 35% for the third year. Therefore recruiting sufficient number of surgeons from different disciplines are very important to achieve breakeven and recorded profit.

We can see the biggest impact in year 2009 where Hospital C had a total of 10 surgeons from various disciplines and only increased to 12 in 2010. 70% of the total consultants income in 2009 came from those surgeons, slightly reduced to 64% in 2010 and ended at 63% in 2011. Therefore recruiting the right number of surgeons from various disciplines had contributed to the business growth of Hospital C where this hospital achieved breakeven in 2010 and recorded a profit before tax of RM 4.9 for that year.

The finding of my research for Hospital A, Hospital B and Hospital C is in line with the various studies that had been conducted. Researches had found three theories that can be used to explain the positive connection between choice of doctors and satisfaction. In the first theory, the Cognitive Dissonance Theory can be used to explain the effects of individual choice (Festinger, 1957). When a patient is offered to choose doctors and later make the choice to choose the doctor that had poor performance, the patient had less regret for any unpleasant consequences compared to a patient who was not given the choice and will have the feeling of not personally responsible to maintain a state of cognitive consistency. In the second theory, the positive impact on satisfaction can be explained using Reactance Theory where individuals will give negative response when he was not given the freedom to choose. People will give strongest reactions when he is expecting to be given the choice (Clee and Wicklund, 1980). A patient will be least satisfied when he is expecting to be given the choice of a doctor but he was denied to do so. The Third Theory, Attribution Theory (Kelley, 1967) focus on how a person delegate causality for events. The satisfaction of customer is depending on the direction of attribution. Individuals tend to become motivated to seek causality. When a negative event is externally attributed to either chance or the actions of the consumer, it was found that when patients had no choice, they did not feel personally responsible for the outcome.

My finding on the important of recruiting local doctors is in line with the finding of research conducted by (Lupton and Howard, 1997). In this study, they had been analyzing the response from 333 participants which had been given an open-ended questionnaire related to the practices of six physicians which are located in and around Sydney, Australia. The questionnaire were related to the reasons for choosing doctors and continue visiting those doctors. The questionnaire were also related to the ability of patients to judge physicians' quality. Based on that study, the researchers concluded that patients really trusted their doctors and had no intention to look for other information about their doctors or to investigate further on the quality of services provided by their doctors. In another study, Hoerger and Howard (1995), found the same finding which involved 963 pregnant women staying in six different areas in Florida through interviews related to the process of looking and selecting a provider of prenatal care. Less than one quarter will consider more than one doctor and for those searching for another doctor, less than 60 percent really had visited or spoke to another doctor. Another study was conducted by Audiey (1998) using 291 patients as sample where the outcome was measured based on the scale of patients' trust given to physicians. 69% of patients completely trusted their physicians to solve their problems compared to other considerations. Personal trust is developed through the process of interaction and experience between patients and doctors and continuity of care by the same doctors will develop personal trust among patients towards their doctors. Patients who had the opportunity to choose their doctors ($p < .05$), a longer interaction with their doctors ($p < .001$), and the trust on their managed care organization ($p < .001$) will give more trust to their doctors. The same trend was found in the research conducted by (Harris, 2003) in a survey which was done randomly on individuals of age between 21 and 64 related to employer health benefits at the national level. Results of the study had shown that when the relation of patients and doctors were strong, patients will not search for other doctors to seek treatment and will stay with their regular doctors.

Based on my research for the three hospitals, it was found that the contribution of surgeons is very important to enhance the hospital revenue and facilitate the hospital to achieve breakeven and recorded profit. This finding is in line with the research done by Schwartz (2005), which had conducted a study to see how older patients choose doctors for major surgery. In this study he had selected 510 Medicare beneficiaries who had undergone procedure within three years – repair of abdominal aortic aneurysm ($n=103$), surgery for heart valve replacement ($n=96$), or bladder resection ($n=119$), lung ($n=128$), or stomach ($n=64$) for cancer. The result had shown that only 10% consider to go to other places for surgery. Most of the participants believed that the reputation of their hospital and surgeon are good (94% and 88%, respectively). Based on the outcome of this study it was found that to retain patients, selecting the right surgeons was very important

VI. Conclusion

For Hospital A, the biggest impact was in year 2005 where three general surgeons, three O&G and three orthopaedic surgeons contributed 79.6% of total consultants' revenue. However the percentage reduced to 52.0% in year 2006 and 51.0% in year 2007 because the business of other medical disciplines had started picking up. Hospital A had achieved breakeven point and generated profit of RM 2.7 million by end of 2007. For Hospital B, the biggest impact was in year 2006 where three O&G, two general surgeons and two orthopaedic surgeon contributed 59% of total consultants' revenue. In 2006 the contribution reduced to 55% and ended at 49% in year 2010. Hospital B achieved breakeven in 2008 and recorded a profit of RM 2.9 by end of that year. For Hospital C, we can see the biggest impact in year 2009 where Hospital C had a total of 10 surgeons from various disciplines, maintain at 10 in 2010 but increased to 12 in 2010. Total income of those surgeons were 70% of the total consultants income in 2009, slightly reduced to 64% in 2010 and ended at 63% in 2011. Hospital C achieved breakeven in 2010 and recorded a profit before tax of RM 4.9 for that year. Therefore recruiting the right number of surgeons from various disciplines had contributed to the business growth of Hospital A, Hospital B and Hospital C

References

- [1]. Audiey,C.K., Diane,C.G. and Zaslavsky , A.M.1998. The relationship between method of physician payment and patient trust . *Journal of American Medical Association* . **280**(19) : 1708 -1714
- [2]. Billingham, B.and Whitfield,W. 1993. Why do patients change their general practitioner ? A postal questionnaire study of patients in Avon. *Br J Gen Pract*. **43**(373): 336-338
- [3]. Booth, A.and Babchuk, N.1972. Seeking health care from new resources. *Journal of Health and Social Behaviour*. **13**(1): 90-99
- [4]. Clee,.,and Wicklund. 1980(online). Marketing .upenn.edu (undated) . Doyle. C. 2013. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *British Medical Journal* .**3**(10) : 12- 15
- [5]. Festinger,L. 1957.Cognitive dissonance (online). http://www.en.wikipedia.org/wiki/Cognitive_dissonance
- [6]. Harris , K.M.2003. How do patient choose physicians evidence from a research national survey of enrolles in employment health related plan . *Journal of Health Service Research* .**38**(2) :711 -732
- [7]. Hoerger, T.J. and Howard, L.Z.(1995). Search behavior and choice of physician in the market for prenatal care. *Med Care*. **33**(4) : 332-349
- [8]. Kelly.1967. Attribution theory (online).
- [9]. Ozawa,S. and Walker,D.G. 2011. Comparison of trust in public vs private health care providers in rural Cambodia.*Oxford Journals, Medicine Health Policy and Planning*.**26**(1) :20 -29 .
- [10]. Schwartz , L.M.2005 . How do elderly patients decide when to go for major surgery . *British Medical Journal* . **331** : 821
- [11]. Selznick.and Philip.1957. *Leadership in Administration: A Sociological Interpretation*.USA
- [11]. Wun,Y.T.2010. How do patients choose their doctors for primary care in a free market.*Journal of evaluation in Clinical Practice*.**16**(6) : 1215-1220.