



Community-based Rehabilitation Service Excellence for Sustainability

Boo Ho Voon^{1*}, Teck Weng Jee², Nur Balqis Shufian³, Ai Kiat Teo⁴

*Corresponding Author

^{1,3} Universiti Teknologi MARA Cawangan Branch, Kota Samarahan, Malaysia

² Swinburne University of Technology, Kuching, Malaysia (Melbourne, Australia)

⁴ SMK DPHA Gapor, Kuching, Malaysia

* Corresponding Author

Email of All Authors: bhvoon@uitm.edu.my, tjee@swinburne.edu.my, shufiannurbalqis@gmail.com, aikiat67@yahoo.com
Tel: 6019-4390228

Abstract

People with disabilities require consistent and inclusive healthcare services from the related stakeholders to leverage their socio-economic well-being. Seven focus group discussions (participated by community-based rehabilitation centre managers, trainers, and parents) were conducted in Malaysia. Each group had 10-15 participants. The discussions were audio-recorded and analysed carefully to form meaningful themes. The findings suggested six important dimensions of rehabilitation service excellence culture: Trainee orientation, Competitor orientation, Inter-functional coordination, Excellence-driven, Long-term focus, and Employee orientation. These dimensions and their respective items would be used to operationalise the multi-item measures for the quantitative questionnaire survey.

Keywords: Community-based rehabilitation service; sustainability

eISSN: 2398-4287 © 2023. The Authors. Published for AMER and cE-Bs by e-International Publishing House, Ltd., UK. This is an open-access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). Peer-review under the responsibility of AMER (Association of Malaysian Environment-Behaviour Researchers), and cE-Bs (Centre for Environment-Behaviour Studies), College of Built Environment, Universiti Teknologi MARA, Malaysia
DOI: <https://doi.org/10.21834/e-bpj.v8iS115.5078>

1.0 Introduction

Persons with disabilities (PWDs) require consistent healthcare and humanity service from numerous stakeholders to leverage their socio-economic well-being, mostly in the B40 lower-income groups. Community-based rehabilitation (CBR) provides critical services to help needy special children live productively. There are always unresolved challenges regarding facilities, human resources and technology. The service programmes always require a well-coordinated and effective service system. However, scant attention has been given to research and development to assist these CBRs for sustainable service excellence management. Undoubtedly, inclusive empathic service is essential for the CBR centres to serve the targeted stakeholders. Nevertheless, the rehabilitation services are often underdeveloped, poorly coordinated, under-resourced and undervalued. A scientific inquiry into the CBR healthcare service for sustainability is crucial for the trainees' and families' well-being. This exploratory research aimed to identify the key dimensions of service experience for CBR for public healthcare service excellence, inclusivity, and sustainability.

Social healthcare services are ideally excellent and inclusive to serve needy people from all walks of life. The different kinds of healthcare services must be consistently, continuously and efficiently to co-serve the commonly overlooked needy people with special needs. One of the pressing healthcare issues is the effective and empathic provision and management of rehabilitation services to care for increasing numbers and demands of patients/trainees and caregivers. The World Health Organization (WHO, 2021) reported that about 2.4 billion people live globally with a health condition that benefits from rehabilitation. The need for rehabilitation services will continue to increase due to changes in the health and characteristics of the population (e.g., people are living longer, but with more chronic disease and disability). Unfortunately, the need for rehabilitation is largely unmet, and the existing rehabilitation services in 60-70% of countries have been disrupted due to the COVID-19 pandemic. In Malaysia, the government and NGOs are kindly helping though there are still areas which need scientific research and improvement to serve the people with disability (PwD) better. There were 453,258 registered PwD in Malaysia, and they are mainly people with a physical disability (35.2 per cent), learning disability (34.8 per cent),

eISSN: 2398-4287 © 2023. The Authors. Published for AMER and cE-Bs by e-International Publishing House, Ltd., UK. This is an open-access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). Peer-review under the responsibility of AMER (Association of Malaysian Environment-Behaviour Researchers), and cE-Bs (Centre for Environment-Behaviour Studies), College of Built Environment, Universiti Teknologi MARA, Malaysia
DOI: <https://doi.org/10.21834/e-bpj.v8iS115.5078>

visually impaired (8.9 per cent), mental disability (8.3 per cent), and hearing disability (7.6 per cent) (Department of Statistics, 2018). Sarawak has about 35,000 PwD registered with the Sarawak Social Welfare Department (Lam, 2020).

Inevitably, the healthcare service sector and service management are increasingly emphasised for improving the quality of living, especially for the targeted needy groups (e.g., Beck et al., 2021; Catchpole et al., 2021) through a service-driven dynamics, and empathic service management is still much needed for sustainable services and desired outcomes. The concerted healthcare efforts for people with disability are even more pressing, especially during and after health disasters such as COVID-19 (e.g., WHO, 2020). In Malaysia, the Economic and Government Transformation Programmes (ETP and GTP, 2010) stressed the need to leverage the service sector (to more than 60% of GDP by 2020), a balanced economy, sustainability and inclusiveness in the people-oriented approach for a better quality of life towards sustainable development. The needy B40 groups of lower-income individuals and households require constant empowerment and care, especially for people with disabilities. Social service programmes require a more effective and efficient management process, typically in performance measurement and management, for more effective and sustainable programmes and services. However, scant attention has been given to the scientific performance measurement system, and a dynamic service management framework has yet to be identified for continuous improvement and service sustainability. The service orientation to empathically serve the changing and unique needs of people with disabilities needs strategic exploration and customised ideation. Service experience is believed to be essential for better CBR centres to benefit the targeted stakeholders (e.g., Puspitosaria, Wardaningsih & Nanwani, 2019). A scientific inquiry into the sustainable CBR healthcare service will be the potential differentiation tool for service effectiveness (e.g., Catchpole et al., 2021). The qualitative process of exploring the measurement items for service excellence using focus group discussions is potentially novel and necessary for significant contribution to new theory and knowledge in society's healthcare service management amidst a dynamic environment for sustainability.

2.0 Literature Review

2.1 Trainee-oriented Rehabilitation Service

The needs and wants of individuals are dynamic variables which service providers have to consistently and continuously understand and meet to co-create, co-design and deliver values (Clarke et al., 2021). The service providers ideally should put the interests of the customers first. Specifically, customer service experience can play a crucial role in ensuring service success in a competitive and dynamic environment. Good and customised knowledge about the various experiences can help build and manage customer relationships (e.g., Jones et al., 2021), and good service is essential in nursing (e.g., Zaccagnini & Pechacek, 2019). A satisfactory and positive personal experience with a service-based environment (e.g., rehabilitation) will lead to repeat purchases or revisit intentions (Voon, Firdaus, Lee and Kueh, 2014). Every stage of service delivery should provide authentic experiences. Experience authenticity is crucial for effective service management. They argued that such a unique experience, authenticity, should be the primary source of differentiation, which is the real value demanded by the customers. Customer experience has been regarded as a useful marketing tool as well as a way to gain superior service performance (e.g., Voon, Jamil, Patricia, Teo and Agnes, 2016). Nevertheless, there has been scant attention and even less emphasis on empirical research to investigate the emotional service experience and quality practices of the priority service sector, such as healthcare and rehabilitation services. The hospitality and service practices of the rehabilitation operators need to be understood and measured for effective management of the programmes to benefit the stakeholders, especially the parents/guardians and trainees (special children). Putting the interests of the trainees first will be essential.

2.2 Co-designing for Inclusive Healthcare Service

The services marketing literature has contemporary theories and studies related to healthcare and community welfare management as well as marketing. Though services marketing has been explored in a multicultural Malaysian context, a comprehensive, reliable and valid measurement for the rehabilitation service experience to benefit this service sector as well as rehabilitation service management and marketing has yet to be found. Co-designing for patients' benefits in healthcare is recommendable (e.g., Clarke, 2021). Service is intangible and its variability is common. Service is systemic and involves many processes and systems (Vargo, Wieland and Akaka, 2016). Hence, measuring it can be very challenging. Customers can be influenced by the physical environment and reliability of the service. The employee's attitudes such as showing empathy to customer needs, being responsive, courteous, knowledgeable and trustworthy. Their study also suggested that food characteristics such as variety, cleanliness and freshness are influential factors in customers' choices. Servicescape attributes can affect consumer well-being (Puspitosaria, Wardaningsih & Nanwani, 2019). Co-designing health care service is a challenging task and it requires good cooperation. The viewpoints and participation from different stakeholders for in service co-design towards rehabilitation service excellence will be imperative.

2.3 Improving Rehabilitation Service Experience

Since a CBR establishment is more of a healthcare service, the service experience is the service delivery subjective perception (e.g., Seymour, Geiger & Scheffler, 2019). The customers evaluate many instances of moments of truth to judge the quality of the service provider. Researchers argued that certain elements affect the level of satisfaction in service experience including food, service, designs, and other customers (e.g., Puspitosaria, Wardaningsih & Nanwani, 2019). Service experience included the emotional feelings of the consumer during the service encounters (Hui & Bateson, 1991) and these service encounters most probably encompassed the tangibles series of interactions between the consumers and the service setting or environment. Many researchers tend to agree that the service experience will lead to better customer satisfaction, loyalty and outcomes (e.g., Krug and Cleza, 2019; Moritz et al., 2021).

Trainee-oriented service management requires a good understanding of needs and wants with consistent and continuous empathy. The systematic procedure and empathic philosophy of design thinking can strategically contribute to rehabilitation service experience and outcomes. The principles of empathise, define, ideate, prototype, and test can help to uncover the hidden needs and want of the service provider to meet or even surpass the expectations of the served (e.g., Clarke et al., 2021; Jones et al., 2021). The community-based rehabilitation centres, employees and care-takers can understand the needs and wants of the trainees with disabilities as well as the parents/guardians, then appropriate service and care as well as continual improvements the trainees with disabilities as well as the parents/guardians, then appropriate service and care as well as continual improvements are possible (e.g., Catchpole et al., 2021). The technical and functional service aspects can be customised to deliver superior service quality and produce favourable health outcomes (e.g., Malinowska-Lipien et al., 2021).

3.0 Methodology

This exploratory qualitative research aims to elucidate the rehabilitation service excellence nexus for sustainability. Specifically, it will discover the key dimensions of service experience for community-based rehabilitation (CBR) for rehabilitation service excellence and sustainability. Seven (7) focus group discussions were conducted in Malaysia from November 2022 until March 2023, involving the parents/guardians, managers, and employees of the CBR Centres (or PDKs in Malaysia). The discussions were done in East and West Malaysia for better representation. Each focus group discussion consisted of 10-15 participants, and each session was moderated by the Research Project Leader. The audio-recorded discussion lasted for about 80-90 minutes. The participants who came from various ethnic groups (e.g., Malay, Chinese, Iban, Bidayuh, Kayan) participated voluntarily. The Major questions to be discussed are as follows:

- 1) Are you satisfied with this PDK? Why?
- 2) What are the challenges/problems that you and the trainee faced?
- 3) How will you and the trainee be better and happier?
- 4) How can you help so that this PDK is better?
- 5) What can this PDK do to help you and your trainee?
- 6) How can the quality of the PDK service be improved?

The audio recordings were transcribed and checked. Then, the contents of the seven group discussions were analysed by the Graduate Research Assistant (GRA) and checked by the team member and project Leader for inter-rater reliability (higher than 80%).

4.0 Findings

The findings from this exploratory qualitative research suggested that there are six key dimensions for rehabilitation service excellence culture at community-based rehabilitation centres (see Table 1). The service attitudes and behaviours of the managers and employees of different functions in the CBR centres are imperative for rehabilitation service excellence (e.g., Voon et al., 2022). Among the dimensions are: Trainee Orientation, Competitor Orientation, Inter-Functional Coordination, Excellence-Driven, Long-Term Focus, and Employee Orientation.

The first dimension, Trainee Orientation, emphasizes the importance of meeting the needs of trainees. This includes constantly checking their level of commitment, understanding their needs, showing love and patience, assessing their satisfaction, knowing their preferences, and providing excellent after-training service. The second dimension, Competitor Orientation, focuses on responding quickly to competitors' actions, continuously learning from other rehabilitation centres, and aiming to be different and better than other CBR Centers. Collaboration with other centres and counterparts is also encouraged.

The third dimension, Inter-functional Coordination, emphasises effective communication and coordination among different departments within the Center, as well as collaboration with external organizations and individuals to improve performance. This was followed suit by Excellence-driven, which highlights the Center's commitment to delivering excellent rehabilitation services. It involves striving for service excellence, measuring and monitoring service performance, and providing resources to enhance trainers' abilities. The Center aims to be an excellent CBR (Community-Based Rehabilitation) Center.

The fifth dimension, Long-term Focus, underscores the Center's investment in providing excellent services, implementing changes for long-term care, emphasising survival and continuous improvement, and having long-term plans and a focus on service excellence. Generating income for sustainability is a key aspect. This set of findings was followed through by Employee Orientation which highlights the importance of well-trained employees who are motivated and joyful when interacting with trainees. It emphasises having sufficient staff, selecting suitable individuals for trainee interactions, motivating trainers to care for trainees, and encouraging employees to build good relationships with parents or guardians.

This service excellence culture emphasizes the love and care service which are ideally co-created with the various stakeholders (i.e., managers, trainers, trainees, parents/guardians, external stakeholders) for inclusive service and sustainability of the community-based rehabilitation. The excellence orientation and long-term focus are imperative for sustainability.

5.0 Discussion

The six dimensions offer a holistic approach to addressing the challenges CBR Centres and the trainees face. The trainee orientation dimension highlights the importance of tailoring rehabilitation services to the specific needs of people with disabilities. It ensures that services are individualized to suit the trainee's needs, and helps to build the trainees' goals. According to (Nurhilalia et al., 2019),

organisations use competitor orientations to thoroughly evaluate current and potential competitors to effectively overcome competitive forces. Competitor orientation will lead to better service quality of the CBR and implement more effective rehabilitation programs. Meanwhile, inter-functional orientation encourages collaboration among various stakeholders for a more comprehensive support system for trainees and the centre (Svanholm et al., 2022). Furthermore, excellence-driven and long-term focus dimensions will promote sustained service quality and improvement commitment. This is to ensure consistency and effectiveness in rehabilitation efforts. Lastly, employee orientation is essential to ensure that trainers are adequately trained and motivated, which directly impacts the quality of services provided. In summary, these dimensions enhance the accessibility, quality, and long-term sustainability of rehabilitation services for people with disabilities. Nevertheless, the relative importance of these dimensions and their impacts on other variables such as the performance of PwDs were not investigated. The future quantitative questionnaire survey research will address these limitations.

Table 1: Dimensions and Items of Rehabilitation Service Excellence

<p>1) Trainee Orientation</p> <ol style="list-style-type: none"> 1. Constantly check the level of commitment to serve the trainees' needs. 2. Care for the trainees based on a good understanding of the trainees' needs. 3. Love and be patient with every trainee. 4. Regularly understand the trainees' satisfaction. 5. Know the changes in the trainees' preferences. 6. Excellent after-training service for trainees. 	<p>4) Excellence-driven</p> <ol style="list-style-type: none"> 19. The Centre strives for service excellence. 20. Top management is committed to delivering excellent rehabilitation services. 21. Systematically and regularly measures its service performance. 22. Seriously monitors its rehabilitation service performance. 23. Provide resources to enhance trainers' ability to provide excellent service. 24. Aiming for being an excellent CBR Centre.
<p>2) Competitor Orientation</p> <ol style="list-style-type: none"> 7. Respond quickly to competitors' actions that may threaten the Centre. 8. Continuously knowing the competitors to provide better service. 9. The target for trainees that the Centre can serve better than its competitors. 10. Always learn from other rehabilitation centres to care for the trainees. 11. Always try to be different and better than other CBR Centres. 12. Work with other CBR Centres and counterparts. 	<p>5) Long-term Focus</p> <ol style="list-style-type: none"> 25. Invest to provide excellent services to the trainees (e.g., facilities). 26. Implement changes to care for the trainees in the long term. 27. Emphasize the Centre's long-term survival. 28. Emphasize continuous improvement in managing its services/products. 29. The Centre has long-term plans in service. 30. Consider serving the trainees well as a worthwhile long-term investment. 31. The Centre consistently emphasizes service excellence. 32. Generate income for sustainability.
<p>3) Inter-functional Coordination</p> <ol style="list-style-type: none"> 13. The employees communicate and "talk" about how to care for the trainees better. 14. Information on trainees is freely distributed in the Centre (e.g., notices). 15. The employees of different departments in the Centre have good relationships. 16. During any activity involving various departments, there is good coordination. 17. There is good communication between the different departments/units in the Centre. 18. Work with external organizations and individuals for better performance. 	<p>6) Employee Orientation</p> <ol style="list-style-type: none"> 33. The employees of the Centre are well trained. 34. The employees who interact with the trainees are always motivated or joyful. 35. The Centre have sufficient staff for delivering quality service. 36. The Centre chooses suitable staff to interact or deal with the trainees. 37. Motivate trainers to love and care for the trainees. 38. Encourage employees to have good relationships with parents/guardians.

6.0 Conclusion

This exploratory qualitative research has discovered many potential measurement items for sustainable rehabilitation service excellence. It is empirically found that persons with disabilities continuously require consistently loving and good healthcare services and humanity service from the numerous related stakeholders to leverage their socio-economic well-being. The humanistic healthcare and educational services rendered by community-based rehabilitation (CBR) have helped needy special children to live productively and happily. Nevertheless, there are always unresolved challenges in terms of facilities, human resource management, financial support, technology, and sustainability. The findings suggested that the Community-based rehabilitation service programmes consistently and continuously require the trainee-focus, good coordination among different functions, and service value co-creation for sustainable service excellence.

The findings from this study emphasise the importance of trainee-oriented rehabilitation services and the need for service providers to understand and meet the dynamic needs of stakeholders (e.g., Freeman et al., 2022), which include parents/guardians, managers, and employees of the CBR centres. Customer service experience also plays a crucial role in service success, fostering effective inter-functional coordination within CBR centres. At the same time, authentic and emotional service encounters also play a pivotal role in distinguishing the quality of services, while better aligning itself with the drive for excellence within CBR centres. Factors such as the physical environment, employee attitudes, and service reliability significantly influence the pursuit of excellence in CBR centres. Such servicescape attributes also significantly impact PwDs' well-being, with an emphasis on service quality and interactions with stakeholders. Findings from the study also further highlight the importance of understanding trainees' needs through empathy and continuous improvement. Future research can be quantitative in nature and the survey research can investigate the relative importance of the dimensions as well as their impacts on other important variables such as the attitudinal and satisfaction aspects of the parents/guardians, PwD performance. The relationships among the variables also need to be investigated.

Acknowledgements

We would like to thank the support from Universiti Teknologi MARA (UiTM) and the management of the Universiti Teknologi MARA Sarawak Branch. Our sincere thanks to the participants of the Focus Group Discussions. This research is supported by the Fundamental Research Grant Scheme (FRGS) of the Malaysian Ministry of Higher Education with reference numbers FRGS/1/2022/SS02/UiTM/01/1 and RMC file no. 600-RMC/FRGS 5/3 (014/2022).

Paper Contribution to Related Field of Study

This paper contributes to the field of service management and public health for rehabilitation. The findings of the measurement will be useful for sustainable development.

References

- Bazant, E.S., Himelfarb Hurwitz, E.J., Onguti, B.N., Williams, E.K., Noon, J.N., Xavier, C.A. (2017). Wheelchair services and use outcomes: A cross-sectional survey in Kenya and the Philippines. *African Journal of Disability* 6, a318. <https://doi.org/10.4102/ajod.v6i0.318>.
- Beck, E.J., Mandalia, S., Yfantopolos, P., Jones, C.I., Bremner, S.A., Whetham, J., Etcheverry, F., Moreno, L., Gonzalez, E., Merino, M.J., Leon, A., & Garcia, F. (2021). Efficacy of the EmERGE pathway to provide continuity of care for Spanish people living with medically stable HIV. *Enfermedades Infecciosas Microbiología Clínica*. DOI: 10.1016/j.eimc.2020.11.018
- Catchpole, K., Bowie, P., Fouquet, S., Rivera, J., & Hignett, S. (2021). Frontiers in human factors: embedding specialists in multi-disciplinary efforts to improve healthcare. *International Journal for Quality in Health Care*, 33, Issue Supplement_1, January 2021, 13–18. DOI: 10.1093/intqhc/mzaa108.
- Clarke, D., Gombert-Waldron, K., Honey, S., Cloud, G. C., Harris, R., Macdonald, A., McKeivitt, C., Robert, G. & Jones, F. (2021). Co-designing organisational improvements and interventions to increase inpatient activity in four stroke units in England; a mixed-methods process evaluation using Normalisation Process Theory. *BMJ Open*, 26-1-2021. DOI: 10.1136/bmjopen-2020-042723
- Department of Statistics Malaysia (2018). Social Statistics Bulletin Malaysia, 2018. Social Indicators. Department of Statistics Malaysia Official Portal. Retrieved on March. 7, 2021 from https://www.dosm.gov.my/v1/index.php?r=column/cthemebycat&cat=152&bul_id=NU5hZTRkOS0RVZwRytTRE5zSitLUT09&menu_id=U3VPMdoYUxzVzFaYmNkWXZteGduZz09
- Freeman, S., Pelletier, C., Ward, K., Bechard, L., Regan, K., Somani, S., & Middleton, L. E. (2022). Factors influencing participation in physical activity for persons living with dementia in rural and northern communities in Canada: a qualitative study. *BMJ open*, 12(6), e060860. DOI: <http://dx.doi.org/10.1136/bmjopen-2022-060860>
- Jones, F., Gombert-Waldron, K., Honey, S., Cloud, G. C., Harris, R., Macdonald, A., McKeivitt, C., Robert, G. & Clarke, D. (2021). Addressing inactivity after stroke: The Collaborative Rehabilitation in Acute Stroke (CREATE) study. 3 Nov 2020. In: *International Journal of Stroke*. DOI: <https://doi.org/10.1177/1747493020969367>
- Krug, E., & Cleza, A. (2019). Strengthening health systems to provide rehabilitation services. *Neuropsychological Rehabilitation*, 29(5), 672-674. DOI: <https://doi.org/10.1080/09602011.2017.1319391>
- Lam, T. (2020). 35,000 Disabled Registered in State. *New Sarawak Tribune*. Dec. 3, 2020. Retrieved on Dec. 19, 2020 from <https://www.newsarawaktribune.com.my/35000-disabled-registered-in-state/>
- Moritz, G.R., Pizutti, L.T., Cancian, A.C.M., Dillenburg, M.S., Schuster de Souza, L.A., Lewgoy, L.B., Basso, P., Andreola, M.M.P., Bau, C.H.D., Victor, M.M.Teche, S.P., Grevet, E.H. (2021). Feasibility trial of the dialectical behaviour therapy skills training group as an add-on treatment for adults with attention-deficit/hyperactivity disorder. *Journal of Clinical Psychology*, 77(3), 516-524. DOI: <https://doi.org/10.1002/jclp.23049>
- Naylor, R., Jones, C., & Boateng, P. (2019). Strengthening the education workforce. *Education Commission*. <https://educationcommission.org/wp-content/uploads/2020/02/strengthening-the-education-workforce.pdf> (details).
- Nurhilaila, Kadir, Abd. R., Muis, M., & Jusni. (2019). Strategy Orientation Transformation from Market Orientation to Innovation Orientation and the Effect on Marketing Performance of Woven Industry in Wajo District, South Sulawesi Province. <https://doi.org/10.2991/icame-18.2019.73>
- Puspitosaria, W. A., Wardaningsih, S., & Nanwani, S. (2019). Improving the quality of life of people with schizophrenia through community-based rehabilitation in Yogyakarta Province, Indonesia: A quasi experimental study. *Asian Journal of Psychiatry*, 42 April, 67-73. DOI: <https://doi.org/10.1016/j.ajp.2019.03.022>
- Seymour, N., Geiger, M., & Scheffler, E. (2019). Community-based rehabilitation workers' perspectives of wheelchair provision in Uganda: A qualitative study. *African Journal of Disability (online)*, 8. <http://dx.doi.org/10.4102/ajod.v8i0.432>
- Svanholm, F., Liedberg, G. M., Löfgren, M., & Björk, M. (2022). Stakeholders' experience of collaboration in the context of interdisciplinary rehabilitation for patients with chronic pain aiming at return to work. *Disability and Rehabilitation*, 44(26). <https://doi.org/10.1080/09638288.2021.2018051>
- Vargo, S.L., Wieland, H. & Akaka, M.A. (2016). Innovation in Service Ecosystems. *Journal of Serviceology*, 1(1), 1-5. DOI: https://doi.org/10.24464/jserviceology.1.1_1
- Voon, B.H., Firdaus, A., Lee, N & Kueh, K. (2014). Developing a HospiSE scale for hospital service excellence. *International Journal of Quality & Reliability*, 33(3), 280-296. DOI: 10.1108/IJQR-10-2012-0143
- Voon, B.H., Jamil, H., Patricia, M.J., Teo, A.K. & Agnes, K. (2016). Socio-environmental Measurement for Tourist Service Experience. Proceedings of Second International Conference on Science, Engineering & Environment (SEE 2016), 21-23 November, Osaka, Japan. DOI: <http://dx.doi.org/10.21660/2017.34.2712>

Voon, B.H., Jee, T.W, Joseph, C., Hamzah, M.I., Jussem, P., & Teo, A.K. (2022). Homestay Service Experience for Tourist Satisfaction and Sustainability Amidst COVID-19 Challenges. *International Journal of Business and Society*, 23(2), 1127-1146. DOI: <https://doi.org/10.33736/ijbs.4861.2022>

Voon, B.H. & Ng, K.C (2013). Leveraging Service Quality for Special Children: Insights from CBR Centres, Proceedings of 1st Asia Pacific Conference on Dyslexia and Other Learning Disabilities (APCoLD), BCCK, Kuching, 24-27 June 2013. DOI:

World Health Organization. Regional Office for South-East Asia. (2020). Whose Life Matters? Challenges, barriers and impact of COVID-19 pandemic on persons with disability and their caregivers. World Health Organization. Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/336569>.

Zaccagnini, M. & Pechacek, J.M. (2019). The Doctor of nursing practice essentials: new model for advanced practice nursing. 4th Edition, Burlington: Jones & Bartlett Learning, Burlington, USA. DOI: https://www.google.com.my/books/edition/The_Doctor_of_Nursing_Practice_Essential/_8enDwAAQBAJ?hl=en&gbpv=1&printsec=frontcover