



UNIVERSITI PUTRA MALAYSIA

***CLINICAL WASTE MANAGEMENT PRACTICES IN PRIVATE CLINICS
IN SELANGOR, MALAYSIA***

GOLYASAMIN KHANEHZAEI

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IN SELANGOR, MALAYSIA**

By

GOLYASAMIN KHANEHZAIE

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia,
in Fulfillment of the Requirement for Degree of Doctor of Philosophy**

May 2017

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DEDICATION

This research work is dedicated to my beloved parents, my dear late uncle, Seyed Mohammad and Grandfather Hj Mousa and all my family members, who have firmly stood by me and their support, love and prayer made me able to continue this path.



Abstract of the thesis presented to the Senate of Universiti Putra Malaysia in
fulfilment of the requirement for the Degree of Doctor of Philosophy

CLINICAL WASTE MANAGEMENT PRACTICES IN PRIVATE CLINICS IN SELANGOR, MALAYSIA

By

GOLYASAMIN KHANEHZAIE

May 2017

Chairman : Associate Professor Mohd Bakri Bin Ishak, PhD
Faculty : Environmental Studies

Most research findings on clinical waste in developing countries acknowledge that even though good policies and regulations exist, the clinical waste is a threat to public health and the environment due to the lack of knowledge and awareness, budget constraints, and lack of enforcement. A study on clinical waste management (CWM) was conducted among private clinics in Selangor, Malaysia to assess current management practices, the legal approach and enforcement and factors in relation to sustainability. There were 295 private clinics that participated in the questionnaire survey, from which, 57.6% were medical clinics and 42.4% were dental clinics. Semi-structured interviews and observations were also carried out among 3 medical clinics, 3 dental clinics and 6 clinical waste management organisations. A pairwise comparison survey was also conducted among clinical waste experts from related organizations. The data from the questionnaires were tabulated and analysed using descriptive statistics, cross-tab, Kruskal Wallis test, Mann-Whitney U test and factor analysis. The qualitative data from the semi-structured interviews were analysed in terms of the transcription and theme formation. Observations were also made to further address the issue of CWM. An analytic hierarchy process (AHP) was utilised to analyse expert opinions using the pairwise comparison survey.

The assessment of legislative approach and enforcement shows that there is a gap in the laws and its management practice in reference to the needs of private clinics regarding effective clinical waste management. Based on the results of AHP, water quality with the weight 0.386 was the most important in the top priority. Air quality, management and resources conservation are in the second, third and fourth ranks with weights 0.127, 0.121 and 0.080. Inconsistency rate of pairwise comparison is equal to 0.08 and it is acceptable as it is lower than 0.10. A policy recommendation was made based on the results of the semi-structured interviews using SWOT and TOWS analyses. Some of the recommendations were to connect and strengthen the political and economic will towards the development and implementation of a robust

policy on efficient clinical waste management. Others included the involvement of all stakeholders in the policy making process, the promotion of research and the generation of reliable data in the area, the attracting of international technical and financial aid, and the promotion of training and awareness campaigns in the sector. Additionally, promulgating good governance, improving knowledge and skills, establishing benchmark to facilitate monitoring and initiating information and clinical waste data tracking system were also among the recommended policies. The findings of this study can be utilised by both private clinics and relevant clinical waste management organizations in Malaysia to improve clinical waste management practices in order to achieve a more sustainable clinical waste management system.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

AMALAN PENGURUSAN SISA KLINIKAL DI KLINIK SWASTA DI SELANGOR, MALAYSIA

Oleh

GOLYASAMIN KHANEHZAIE

Mei 2017

Pengerusi : Profesor Madya Mohd Bakri Bin Ishak, PhD
Fakulti : Pengajian Alam Sekitar

Kebanyakan hasil penyelidikan mengenai sisa klinikal di negara membangun mengakui bahawa walaupun dasar dan peraturan yang baik wujud, sisa klinikal tersebut merupakan ancaman terhadap kesihatan awam dan alam sekitar kerana kekurangan pengetahuan dan kesedaran, kekangan bajet, dan penguatkuasaan yang lemah. Satu kajian mengenai pengurusan sisa klinikal (CWM) telah dijalankan di kalangan klinik swasta di Selangor, Malaysia untuk menilai amalan pengurusan semasa, pendekatan undang-undang, dan faktor-faktor yang berkaitan dengan kemampanan. Berdasarkan 295 klinik swasta yang mengambil bahagian dalam kajian soal selidik ini, 57.6% adalah klinik perubatan dan 42.4% adalah klinik pergigian. Temu bual separa berstruktur dan pemerhatian juga dijalankan di kalangan 3 klinik perubatan, 3 klinik pergigian, dan 6 organisasi pengurusan sisa klinikal. Satu kajian perbandingan dari segi pasangan juga telah dijalankan di kalangan para pakar sisa klinikal dari organisasi yang berkaitan. Data yang diperolehi daripada soal selidik telah dijadualkan dan dianalisis dengan menggunakan statistik deskriptif, Crosstab, ujian Kruskal Wallis, ujian U Mann-Whitney, dan analisis faktor. Data kualitatif daripada temu bual separa berstruktur dianalisis dari segi pembentukan transkripsi dan tema, dan pemerhatian juga dibuat untuk menangani isu CWM dengan lebih lanjut lagi. Proses hierarki analitik (AHP) telah digunakan untuk menganalisis pendapat para pakar melalui kajian perbandingan dari segi pasangan.

Penilaian pendekatan undang-undang menunjukkan bahawa terdapat jurang dalam pendekatan undang-undang penguatkuasaan dan amalan dan berkaitan pengurusan sisa klinikal yang berkesan. Berdasarkan keputusan AHP, kualiti air dengan berat 0.386, merupakan faktor yang paling utama, manakala kualiti udara, pengurusan, dan pemuliharaan sumber-sumber berada di tahap kedua, ketiga dan keempat, masing-masing dengan berat 0.127, 0.121 and 0.080. Kadar ketidakselarasan untuk perbandingan dari segi pasangan adalah 0.08, dan nilai ini boleh diterima kerana ia adalah lebih rendah daripada 0.10. Satu cadangan dasar telah dibuat berasaskan

keputusan temuduga separa berstruktur dengan menggunakan analisis SWOT dan TOWS. Beberapa cadangan tersebut adalah bertujuan menyambung dan menguatkan kehendak politik dan ekonomi ke arah pembangunan dan pelaksanaan dasar yang kukuh mengenai pengurusan sisa klinikal yang cekap. Cadangan yang lain bertujuan melibatkan semua pihak yang berkepentingan dalam proses penggubalan dasar, menggalakkan penyelidikan dan penjana data yang boleh dipercayai dalam bidang tersebut, menarik bantuan teknikal dan kewangan antarabangsa, dan menggalakkan latihan dan kempen kesedaran dalam sektor tersebut. Di samping itu, mengisytiharkan tadbir urus yang baik, meningkatkan pengetahuan dan kemahiran, mewujudkan penanda aras untuk memudahkan pemantauan dan memulakan sistem pengesanan data sisa dan klinikal juga merupakan antara dasar yang disyorkan. Hasil kajian ini boleh digunakan oleh kedua-dua klinik swasta dan organisasi pengurusan sisa klinikal yang berkenaan di Malaysia untuk meningkatkan amalan pengurusan sisa klinikal untuk mencapai sistem pengurusan sisa klinikal yang lebih mampan.

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Furthermore, I would like to also thank my friends, colleagues and all those who have helped me in completion of my thesis.



I certify that a Thesis Examination Committee has met on 19 May 2017 to conduct the final examination of Golyasamin Khanehzaei on her thesis entitled "Clinical Waste Management Practices in Private Clinics in Selangor, Malaysia" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

Members of the Thesis Examination Committee were as follows:

Ramdzani bin Abdullah, PhD

Associate Professor
Faculty of Environmental Studies
Universiti Putra Malaysia
(Chairman)

Zelina Zaiton Ibrahim, PhD

Associate Professor
Faculty of Environmental Studies
Universiti Putra Malaysia
(Internal Examiner)

Shaufique Fahmi bin Ahmad Sidique, PhD

Associate Professor
Faculty of Economics and Management
Universiti Putra Malaysia
(Internal Examiner)

Rajib Shaw, PhD

Professor
Kyoto University
Japan
(External Examiner)



NOR AINI AB. SHUKOR, PhD

Professor and Deputy Dean
School of Graduate Studies
Universiti Putra Malaysia

Date: 28 September 2017

This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

Mohd Bakri Ishak, PhD

Associate Professor
Faculty of Environmental Studies
Universiti Putra Malaysia
(Chairman)

Ahmad Makmom Hj Abdullah, PhD

Associate Professor
Faculty of Environmental Studies
Universiti Putra Malaysia
(Member)

Latifah Abd Manaf, PhD

Associate Professor
Faculty of Environmental Studies
Universiti Putra Malaysia
(Member)

ROBIAH BINTI YUNUS, PhD

Professor and Dean
School of Graduate Studies
Universiti Putra Malaysia

Date:

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Signature: _____ Date: _____

Name and Matric No: Golyasamin Khanehzaei GS29015

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Signature: _____

Name of

Chairman of

Supervisory

Committee: Associate Professor Dr. Mohd Bakri Ishak

Signature: _____

Name of

Member of

Supervisory

Committee: Associate Professor Dr. Ahmad Makmom Hj Abdullah

Signature: _____

Name of

Member of

Supervisory

Committee: Associate Professor Dr. Latifah Abd Manaf

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LIST OF ABBREVIATIONS

CW	Clinical Waste
CWM	Clinical Waste Management
WHO	World Health Organization
MOH	Ministry of Health
DOE	Department of Environment



CHAPTER 1

INTRODUCTION

1.1 Background of study

Clinical waste generates from numerous bases, including hospitals and clinics, medical and dental operations, veterinary practices, medical centres, medical research laboratories, and nursing homes (Bendjoudi, Taleb, Abdelmalek, & Addou, 2009; Da Silva, Hoppe, Ravanello, & Mello, 2005; Marinković, Vitale, Holcer, Džakula, & Pavić, 2008). Public health laboratories, blood donation places as well as blood banks, vaccination/immunization clinics and services associated to mental health and learning disabilities are amongst the related bases of clinical waste (Hagen & Blake, 2001; Marinković *et al.*, 2008). Clinical waste is potentially hazardous as it might contain infectious agents such as bacteria, virus, fungi and protozoans. Needle and sharps are likewise potentially hazardous content of clinical waste. Moreover, clinical waste which contain human body parts could be harmful in nature. Thus, it is significant to practice special attention for handling and management of clinical waste in order to minimize its potential hazard to public health or environmental pollution.

In the recent years, human actions and changes associated with life routines and consumption patterns caused vast amounts of several kinds of wastes (Oweis, Al-Widyan, & Al-Limoon, 2005). Furthermore, inadequate clinical waste management is causing both health hazards and environmental contamination and pollution (Bdour, Altrabsheh, Hadadin, & Al-Shareif, 2007; Coker, Sangodoyin, Sridhar, Booth, Olomolaiye, & Hammond, 2009). Several types of illnesses like infection of the skin, and infectious hepatitis might extent in epidemic manner because of the problems in managing the clinical solid waste (Coker *et al.*, 2009). Therefore, identifying suitable approaches regarding the safe management of clinical waste is a crucial necessity.

Numerous researchers in developing countries have examined the current clinical waste management practices in certain health care establishments of their countries (Bdour *et al.*, 2007; Coker *et al.*, 2009; Hassan, Ahmed, Rahman, & Biswas, 2008; Marinković *et al.*, 2008). According to these researchers, insufficient financial support, limitation of awareness and operational control, limitation of trained and skilled clinical staffs in the waste management framework are the causes of inappropriate clinical waste management practices in their regions. Safe and secure management of medical and health-care waste might be confirmed by adopting the management practices that are established on clear strategies and strategies which offer constant improvement. These practices should be combined with routine worker preparation and training, ongoing education, and management assessment procedures for organizations and staffs' (Da Silva *et al.*, 2005). Unsuitable management practices and lack of awareness regarding the threats to well-being from clinical waste are among the most important matters about the health-care

waste. Additionally, the significance of management and disposal of clinical waste was ignored in several developing countries due to budget limitation.

Healthcare waste in Malaysia contains general waste, clinical waste, pharmaceutical waste, hazardous chemicals, and radioactive waste (where 75 to 90 percent are general waste), and the remaining 10 to 25 percent of the wastes are hazardous (Omar, Nazli, Subramaniam, & Karuppannan, 2012; MOH, 2009). In term of the disposal of the clinical waste, incineration is the main strategy in discarding clinical waste used in Malaysia (Zaimastura, 2005). According to Ambali, Bakar, & Merican, (2013) five incinerators with the capacity of 20-500kg every hour were developed for handling clinical waste. In addition, some higher capacity incinerator with the limit of 200kg/hour is in progress but yet to be built because of some problem in siting and local's approval. Furthermore, RM17 million was spent by the government to develop seven more mini-incinerators that have a limit of 5 to 20 ton each day in islands of Langkawi, Labuan, Tioman and Pangkor (Ambali, *et al.*, 2013; Consumers' Association of Penang (CAP), Malaysia Country Report, 2001). Before the year ended in 2013, three more giant incinerators were developed across the country that could handle waste materials. Malacca, Bukit Payong in Johor and Taman Beringin in Kuala Lumpur are the potential locations proposed for these incinerators. However, civic is more receptive of sanitary landfill compared to incinerator as an outcome of a study that was carried out back in 2010. The impression of the general population is that sterile landfills are less harmful to the environment and poses less hazards to human than incineration plants. Relentless effort needs to be done to have the general population educated and to correct this misconception (Chuen-Khee & Othman, 2010, p.910).

The main sources of clinical waste generation (DOE, 2009) in Malaysia are healthcare establishments which have been grouped as, large, medium and small source. Large sources are including: University hospitals and clinics; Maternity hospitals and clinics and General hospitals. Medium sources are including: Medical centres; Out-patient clinics; Mortuary/autopsy facilities; Farm and equine centers; Hospices; Medical laboratories; Medical research facilities; Animal hospitals; Blood banks and transfusion centres and Emergency services. Small sources are including: General medical practitioners; Convalescent homes; Nursing and remedial homes; Medical consulting rooms; Dental practitioners; Animal boarding and hunt kennels; Tattooists; Acupuncturist; Veterinary Practitioners; Pharmacies and Cosmetic piercers.

Healthcare facilities in Malaysia are growing annually specially the private clinics especially in Selangor state (study location) which is considered as the most developed city of Malaysia which has the largest population in Malaysia. Thus, proper clinical waste management is very important to be practice in all sources of the clinical waste generation from large source to small source. In private clinics, however small in size and with the small amount of clinical waste generation, it is very important to manage and segregate the clinical waste fully and according to the guidelines as improper management of clinical waste and mixing these waste with general waste will cause the general waste to become clinical waste.

1.2 Problem statement

Clinical waste management issues created many concerns for decision makers in the recent past years. Clinical waste could threaten not only the environment but also public health by exposing the human population to blood infections such as hepatitis B, hepatitis C and HIV. Clinical waste contains wide range of biohazards like sharps, infectious, pathological, and genotoxic waste and many other hazardous elements. Medical demands had been raised due to global increase in population especially in developing countries, which caused a significant rise in clinical waste generation. Population increase, along with growth in healthcare sector as well as great tourist influx has increased the clinical waste generation in Malaysia (Chee, 2007). According to the report released by Malaysian Department of Environment, 8000t of pharmaceutical and clinical waste is produced in Malaysia (Razali & Bakri, 2010).

Based on the researches that were conducted in this field, several gaps have been identified in the management of clinical waste in Malaysia and other parts of the world. According to the Ministry of Health Report (MOH, 2007) it was found out that clinical waste was mixed with daily general waste, for example sharp waste were not separated and disposed in sharps bin. In addition to that, yellow containers were also found in unhygienic conditions posing risks to healthcare employees and general public. The principle purpose of the Department of Health is to give safe healthcare services to patients who are also involved in the segregation of waste. The lack of knowledge and instructions amongst patients and healthcare providers can cause risks on the well-being of the general public and the environment. In any country it is the responsibility of the national government to manage the waste. The clear vision of the characteristics and quantities of the clinical waste generated is the main factor for development of the cost effective management strategies of the clinical waste.

In Malaysia, characteristic and quantification of the clinical waste forms the basic requirements for managing this types of the wastes by the government and other relate agencies (DOE, 2009). Clinics and medical health centers in Selangor Malaysia are continually growing. The amount of clinical waste generated from the healthcare facilities is increasing with the growing demand of the medical services of Malaysia (Ambali, *et al.*, 2013). The number of foreign patients who come to be treated in Malaysia clinics is increasing every year and makes an increasing amount of hospital and clinical waste (Chee, 2007; Pocock & Phua, 2011). In Malaysia most of the clinical waste management studies were focused on hospitals, therefore private clinics which are more neglected in previous researches (Hamadan *et al.*, 2012; Omar *et al.*, 2012; Razali & Bakri, 2010), were chosen as the sample of the current study. It is to fill the gap by determining present status of the clinical waste management practice in a number of private clinics.

1.3 Significance of the study

This study emphasized the obstacles and significance of handling clinical waste in sustainable way. For ensuring the sensible assessment and analysis of management system, current clinical waste management system in selected private clinics is assessed in this study. Finding and outcomes of this research study will have contributions for the Malaysian government, local authorities, private health-care facilities, as well as researchers and current body of knowledge. The recommendation driven from the research outcomes and results will sensitize and enlighten relevant authorities in this regard and it would assist the policy makers on their upcoming plans. This would take into perspective the efficiency of the present practices of clinical waste management and offer some recommendations based on the results of this research study with the purpose of moving towards sustainability. The recommendations and the results might be beneficial for ensuring the effectual management of clinical waste in private clinics.

The results of the current study would be particularly supportive as a guideline for developing and enhancing the clinical waste management standard principles in the Malaysia for efficiency and effectiveness for the forthcoming years. The recommendation would contribute toward improving a more operative and suitable clinical waste management. The findings could be useful as a reference for the future and it can suggest appropriate explanations for improving the situation within the existing clinical waste management system. This study would help to bridge the gap in the body of knowledge regarding the clinical waste management by assessing the present situation of clinical waste management in private clinics which have been neglected in past researches. The outcomes of this research study could be used as a primary framework for modifying the system and by providing the recommendations will help in improving the concept of sustainable development for clinical waste management with the focus on private clinics.

1.4 Objectives of the study

The main objective of this study is to assess the clinical waste management practices in private clinics located in Selangor, Malaysia.

Following are considered as the objectives of the study:

1. To determine and compare the existing status of clinical waste management in private clinics located in Selangor, Malaysia
2. To determine the perspective of private clinics about efficiency of legislative approach and enforcement with regards to clinical waste management in private clinics located in Selangor, Malaysia
3. To identify and select the most significant factor for sustainable clinical waste management by means of Analytical Hierarchy Process (AHP) method
4. To recommend the strategies for improvement of the clinical waste management practices in private clinics based on SWOT and TOWS analysis

1.5 Research questions

This research contains the management features of clinical waste in Malaysia and the level of efficacy of clinical waste management systems operating in private clinics situated in Selangor. Are they following the proper standards? The research questions designed a framework for the variables. The methodology was directed by the nature of research questions that likewise identified the required instruments for the data analysis.

1. How is the current practice of clinical waste management in private clinics?
2. How effective is the current legislative approach and enforcement towards clinical waste management in private clinics?
3. What are the most significant factors for sustainable clinical waste management practice in private clinics?
4. What are the best strategies for improvement of clinical waste management practices in private clinics?

1.6 Scope of study

Current study emphasizes on developing the clinical waste management system in private clinics of the main populated state of Malaysia, Selangor. The scope of this research is private clinics situated in this state. Primary data of the current study is gathered through the questionnaire. The researcher used simple random sampling method for the sampling procedure of the study. The field survey was inclusive of all areas within the scope of this research.

1.7 Limitation of study

Lack of comprehensive data on current clinical waste situation in private clinics was considered as one of the most important limitations of this research. According to the literature review that was done by the researcher, the number of studies conducted on clinical waste from the private clinics in Malaysia (Tiong, Latif, & Karuppannan, 2012) was very limited. The studies in this regard, did not have the actual quantitative data and available data were not appropriate and applicable for the aims of the current study.

Furthermore, the data collection procedure of the study was very time-consuming as most of the respondents were not willing to give the detailed information of their clinical waste management practices because of its hazardous nature and significance of the appropriate handling. It should be noted that the researcher had access to limited information during the data collection procedure. As, some documents regarding the clinical waste from relevant organizations had no authorization and permission to use the data and therefore specific and detailed information was limited and confidential that could not be accessed by the researcher.

1.8 Organization of the thesis

This thesis includes five chapters that were organized in the following order:

Chapter two presents to the literature review of the study that were based on the previous researches that were related to the area of the current research. The researcher tried to highlight and present an overview regarding the clinical waste management in several countries of the world and Malaysia. Several research instruments that were applied in previous studies will be discussed as well. The legislative framework regarding the clinical waste management would be likewise highlighted.

Chapter three relates to the methodology that has been used in the current study. Data collection process and analytical framework will be presented in chapter three as well. The background of the case study will be discussed with detailed description of the research design. The instruments that were used for the data collection procedure will be explained, additionally, the reliability and validity examination of the research instrument is also discussed in chapter three.

Chapter 4 comprises the outcomes, results and discussion of this study for evaluating several factors particularly the system elements of the clinical waste management in private clinics. The flow of this chapter is established to highlight the demographic evaluation based on the research questions, following by each research objective. The investigation of each research question is necessary in order to fulfil the objectives of this research.

Chapter 5 of the current study presents the summary, conclusion and recommendations according to the overall findings of the research and the recommendation addressing the issues of the current clinical waste management system and the other potential areas for further research in future.

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