

ADJUSTING TO LEGAL CHANGES BY FAMILY FIRMS: THE CASE OF MALAY  
TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM) PRACTITIONERS

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To my beloved mother, sisters, brother, uncles, and wife

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## ABSTRACT

The Malaysian National T&CM Policy (2007) requires changes in traditional and complementary medicine (T&CM) practices for integrating T&CM into national health care system. This dissertation attempted to explore how Malay T&CM practitioners, whose practices are organized in the form small family enterprise, are responding and adapting to the required changes. Qualitative approach of investigation was used to explore this. Ten (10) Malay practitioners from Kuala Lumpur, Selangor and Johor were interviewed face-to-face. The interviewed practitioners where either *tabib* or *dukun*; *pawang* and *bomoh* were excluded. It has been discovered that for small practitioners, two things are mainly subject to regulation: practice, and education and training. The interviewed practitioners in general show *readiness to adjust* to change regarding practice while they appear to have *reluctance to respond* towards meeting the requirements for education and training. These apparently contradictory responses towards change are due to their understanding of the likely effect of T&CM integration initiative on them. By and large, they believe regulation of their practice is for the promotion and development of their T&CM business or earning potential. So they are either making changes or ready to change or will be ready to bring about changes in their practices in line with the integration policy initiative. However, the vast majority of the practitioners are not bent towards formal-institutional learning which is required under the integration initiative. Among the reasons for discomforting feeling or reluctance towards such learning include perceived barrier to professional development, unsatisfactory experience of attending official T&CM training, age factor, uniqueness of own practice and “know enough” attitude. The family involvement was explored as a contributory factor in making necessary adjustment to the change. Family’s supportive roles mainly manifested through spousal direct participation in the practice, supply of capital, source of motivation and inspiration, customer service and networking.

## ABSTRAK

Dasar T&CM Malaysia (2007) memerlukan perubahan dalam amalan perubatan tradisional dan pelengkap (T & CM) bagi mengintegrasikan T & CM ke dalam sistem kesihatan negara. Disertasi ini cuba untuk meneroka bagaimana pengamal perubatan T&CM Melayu, yang menjalankan perniagaan keluarga secara kecil-kecilan, bertindak balas dan menyesuaikan diri dengan perubahan yang diperlukan. Pendekatan penyiasatan kualitatif telah digunakan untuk meneroka perkara ini. Sepuluh (10) pengamal T&CM Melayu dari Kuala Lumpur, Selangor dan Johor telah ditemuramah. Hanya pengamal T&CM Melayu dalam kategori tabib dan dukun dipilih dan ditemuramah manakala pengamal – pengamal dari kategori pawang dan bomoh dikecualikan. Ia telah mendapati bahawa mereka tertakluk kepada peraturan dalam amalan T&CM, dan pendidikan dan latihan formal- institusi. Secara umumnya, pengamal – pengamal yang ditemuramah sedia untuk menyesuaikan diri dengan perubahan mengenai amalan perubatan T&CM mereka tetapi kelihatan mempunyai keengganan untuk bertindak balas ke arah memenuhi keperluan untuk pendidikan dan latihan. Tindak balas ini nampaknya bercanggah terhadap perubahan disebabkan oleh pemahaman mereka tentang kesan yang mungkin ditimpa daripada inisiatif integrasi T&CM ke atas mereka. Secara keseluruhannya, mereka percaya peraturan amalan T&CM mereka adalah untuk promosi dan pembangunan perniagaan atau untuk potensi pendapatan mereka. Jadi, mereka sama ada membuat perubahan atau bersedia untuk berubah atau akan bersedia untuk membawa perubahan dalam amalan mereka selaras dengan inisiatif dasar integrasi. Walau bagaimanapun, majoriti pengamal menunjukkan tanda negatif ke arah pembelajaran formal - institusi yang dikehendaki di bawah inisiatif integrasi. Antara sebab-sebab perasaan keengganan terhadap pembelajaran itu ialah, ia dilihat sebagai halangan untuk pembangunan profesional, pengalaman menghadiri latihan T&CM rasmi yang tidak memuaskan, faktor usia, keunikan amalan sendiri dan sikap "tahu semua". Penglibatan keluarga telah diterokai sebagai faktor penyumbang bagi pengamal T&CM untuk menyelaras inisiatif T&CM dalam perusahaan perniagaan kecil terutamanya melalui penyertaan secara langsung isteri dalam amalan, bekalan modal, sumber motivasi dan inspirasi, perkhidmatan pelanggan dan rangkaian.

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## LIST OF ABBREVIATIONS

BCIC	Bumiputera Commercial And Industrial Community
BPFK/NPCB	Biro Pengawasan Farmaseutikal Kebangsaan/ National Pharmaceutical Control Bureau
CAM	Complementary and Alternative Medicine
GAPERA	Gabungan Pertubuhan Pengamal Perubatan
IK	Indigenous Knowledge
MARA	Council Of The Trust Of Indigenous Or Bumiputera Of Malaysia
MOH	Ministry of Health
NDP	National Development Policy
NEP	New Economy Policy
NKEA	National Key Economic Areas
SFBT	Sustainable Family Business Theory
SME	Small And Medium Enterprise
T&CM	Traditional And Complementary Medicine
T&CMD	Traditional And Complementary Medicine Division
WHO	World Health Organization

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## **CHAPTER 1**

### **INTRODUCTION**

#### **1.1 Background of the Study**

Health is the core asset of human life. Human's functions, actions, ability, and mobility rely on their physical and mental strength. History reveals that from the ancient time until now human health and health care have always been a major concern. Healthcare system takes various forms based on people's preference, modes of survival, and quality of life. Health is the core asset of human life. Human's functions, actions, ability, and mobility rely on their physical and mental strength. Healthcare system takes various forms based on people's preference, modes of survival, and quality of life.

According to Ismail (2002), in the early days the treatments were based on natural sources. A great variety of therapies was practiced by communities in different geographical areas. Indigenous knowledge about the natural sources of medicine and therapies was transferred from one generation to the next to improve wellness. This nature-based community-centric ways of treatment is today known as traditional medicine.



According to Ismail (2002), before 18<sup>th</sup> century, every community or ethnic group has its own way of medicine preparation and treatment which evolved keeping deeply rooted connection with belief, faith, and unique characteristics that the community of group possessed. The source of ingredients for this traditional medicine is primarily herbal plants and selected animals. In the 19<sup>th</sup> century, when the science played vital role in many systems, the modern medicine became dominant mainly because it is easy to take and it brings quick results. After almost two hundred years of dominance of the modern medicine, traditional medicine has started to gain back its popularity partly because of the side effects of modern medicine. In the 21<sup>st</sup> century, many countries facing challenges to handle huge health care demand and to control the expenditure of health care system. Integration of Traditional and Complementary medicine (T&CM) and modern medicine is now being considered by many countries as a potential solution to this enormous challenge. This integrated medicine effort from the government is highly likely to fulfill the people who show heterogeneity in terms of needs and preferences for medicine.

With the advancement of science, health care therapies and treatments have emerged which brought health care system a new image. Since the last century or so, modern medicine (conventional medicine) has been dominant and main source of solution for health care issues, but it has not been overwhelming enough to replace or dislodge the traditional medicine completely. There are drawbacks or negative effects of modern medicine which reduced the magnitude of its dominance on the other forms of medicine. People all over the world are now considering a proper and complete health care system to enhance their physical and mental wellness to live a healthier life. This shift in attitude means newer and greater demand for traditional medicine. In fact, integration of traditional medicine and modern medicine, which is called integrated medicine, is the better solution to meet the people's needs and demand. In fact, a few modalities of T&CM treatments are already made available in some Malaysian government hospitals.

## 1.2 The Vision for Integration

World Health Organization (WHO) encourages both developing and developed countries to support T&CM by drafting national policies and set of rules and regulations apt to the country's health care system. Large proportion of the population benefits from T&CM's role as preventive, promotive, and curative elements of health. In Malaysia, natural resources from tropical biodiversity promote herbal health products. The richness of herbal plants influences government to optimally utilize the available sources.

According to the statistics from WHO (2002), about two-third population of developing countries and about 50% of developed countries are regular users of T&CM. Modern medicine is the primary source of health care service provided to public by the Malaysian Ministry of Health since Malaysia's independence. The increasing demand of T&CM triggers the inclusion of T&CM in the mainstream health care system. It is called integrated medicine. Ismail (2002) quoted Jack Czauderna's words, who is from Centre for Institute of Integrated medicine Sheffield, "Integrated medicine is an attempt to combine the best of both systems, but it is not just about adding a bit of Acupuncture to the aspirin; it is about restoring and understanding of the patient, his or her attitudes, belief, personal, history, and life situation to health care".

Vision 2020 of Malaysia has nine (9) challenges to overcome for becoming a developed country. The vision of transforming Malaysia as an industrial nation requires safe, quality, acceptance, and effectiveness in the entire sector's performance. One important challenge is "establishing a prosperous society with an economy that is fully competitive, dynamic, robust, and resilient". This indicates the health of the public is the biggest concern of the Malaysian government to reach Vision 2020. According to T&CM Division, Ministry of Health Malaysia (2007), T&CM shall be an important component of the health care system. It will co-exist with modern medicine and contribute towards enhancing the health and quality of life of all Malaysian. The role of government in improving the T&CM is to facilitate the development of T&CM in the country and ensure the quality, safe practices, and safe products of T&CM.

## **1.3 T&CM Definitions and Demand**

### **1.3.1 Defining T&CM**

T&CM has many definitions from many authors and organizations. Significantly, the definitions vary from nation to nation. Definitions of T&CM from World Health Organization (2002) and T&CM Division, Ministry of Health Malaysia (2007) are the signifying definition for this study.

According to WHO (2002), T&CM is “sum of all knowledge, skills, and practices based on theories, belief, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, and elimination or treatment of physical, mental, or social imbalance”. This relies exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. Traditional Medicine might also be considered as solid amalgamation (combining multiple entities in one form) of dynamic medical know-how and ancestral experience (inherited or derived from ancestors).

According to WHO (2002), traditional medicine is defined as “diverse health practices, approaches, knowledge, and belief incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness”. Yet in 2005, WHO defines complementary and alternative medicine as “a broad set of health-care practices that are not part of a country’s own tradition and not integrated into the dominant health-care system”. Other terms are sometimes used to describe these health care practices which include ‘natural medicine’, ‘non-conventional medicine’, and ‘holistic medicine’.

According to T&CM Division, Ministry of Health Malaysia (2007), Malaysian Medical Council takes T&CM practice together, to describe them as “a practice other than the practice of medicine or surgery by registered medical practitioners as defined in Medical Act 1971”. According to ASEAN Consultative Committee Standards and Quality (ACCSQ) (2006), definition for traditional medicine in Malaysia is “any product used in the practice of indigenous medicine in which the drug consists of solely or one or more naturally occurring substance or a plant, animal, or mineral, or parts of an extracted, or crude extract form and a homeopathic medicine”.

According to T&CM Division, Ministry of Health Malaysia (2007), traditional and complementary medicine is “a form of health related practice designed to prevent, treat, manage, and preserve mental and physical well-being of individuals including such practices as Traditional Malay Medicine, Traditional Chinese Medicine, Traditional Indian Medicine, Homeopathy, and Complementary Therapies excluding medical or dental practices of registered medical or dental practitioners”. As regards T&CM practitioners, WHO (2002), takes them to be as “all persons who provide TM/CAM (complementary and alternative medicine) services to treat, diagnose, or prevent any disease or disorder”.

### **1.3.2 Demand of T&CM**

Demand of T&CM is on the rise. According to Abduweli et al., (2010), 30% to 50% of total medicine taken by people in China is T&CM. In Hong Kong, about 60% people have consulted traditional practitioners one time or more. Government’s expenditure on T&CM also indicates the people’s preference for traditional and complementary medicine. According to Dolan and Lewith (1999), British government in the year 1994 spent more than 60 million pound on T&CM. According to World Health Organization’s worldwide studies on T&CM, 40% population of many countries uses T&CM for their healthcare. Abduweli et al., (2010), quoted that people using T&CM in few selected countries in Western Pacific Region range from 45% up to 90%.

Usage of T&CM in both developed and developing countries increases over time. World Health Organization (2002), statistics show that 70% Canadian used CAM (complementary and alternative medicine) for their illness services, whereas in Ethiopia 90% people use T&CM. Malaysia offers similar statistics. Nationwide survey on T&CM utilization by Malaysian people (2004) in T&CM Division, Ministry of Health Malaysia (2007), revealed nearly 70% Malaysian have used T&CM at least once in their lifetime, and 55% of them used T&CM within 12 months period at the time of the survey.

Table 1.1 Percentage of people use T&CM in Developed and Developing Countries

Developed countries	Developing countries
United states 42%	China 40%
Australia 48%	India 70%
France 49%	Chile 71%
Canada 70%	Colombia 40%
	African countries 80%

Source: World Health Organization (2002)

Certain advantages of T&CM explain why demand for T&CM among public is on the rise. T&CM has the capacity to meet the need of people who prefers wellness services along with illness services. Abduweli et al. (2010), stating the factors favoring T&CM includes:

1. Less side effects than modern medicine
2. Conventional medicine is expensive
3. Modern medical practitioners generally do not take enough time for patient consultation
4. Traditional medicines are based on natural products
5. It allows control of illness
6. Traditional medicine is simple, and relatively cheap
7. Requires diet and exercise

There are few types of illness/diseases that can be treated by T&CM such as:

1. Chronic disease – cancer, diabetes, HIV
2. Pain management – Arthritis
3. Asthma/vomiting
4. Smoking cessation (termination )

### **1.3.3 Herbal Industry and Malaysia**

According to the WHO (2002) herbal treatments are most popular form of the traditional medicine, and global market for herbal industry stands at over US\$60 billion annually. Abduweli et al., (2010) states that T&CM global market expected to reach 55 trillion US dollars by 2050. Malaysia, the possessor of the world's oldest rainforest, has immense potential to develop into a world class herbal industry. In fact, Malaysian Third National Agriculture Policy (1998-2010) has identified herbal industry as a new and future industry group with an estimated market value at RM7.97 billion in 2005 (Azman, 2007). Azman (2007) stated that Malaysian Agricultural Research Institute (MARDI) predicted 15% annual growth of the need and utilization of popular herbs.

According to Jayaraj (2010), from 2000 to 2005 annual sales for traditional medicines increased from US\$385 million to US\$1.29 billion in Malaysia. According to Yakcop (2011), the herbal industry in Malaysia is estimated to grow at the rate of 15% per annum, with the market value rising from RM7 billion in 2010 to some RM29 billion in 2020.

### 1.3.4 T&CM Practices in Malaysia

Malaysia is rich in herbal plants and other natural resources which offer a good supply base for the T&CM raw materials. This fact has favored T&CM practices in Malaysia for centuries. Malaysian T&CM practices are uniquely marked by many modalities. The diversity of the people of Malaysia is favoring different modalities of T&CM. The unity among them promote acceptance of different modalities of T&CM. The Malaysian T&CM practices are mainly categorized based on the ethnicity of people. There are few cases where different ethnic groups also practicing others T&CM modalities which do not belong to their own ethnic traditions.

According to Pillay (2006) and Mohd Hadi (2010), T&CM in Malaysia can be categorized into five (5) types as shown in the following table. T&CM Division, Ministry of Health Malaysia included the Islamic medicine in T&CM in 2011.

Table 1.2 Type of T&CM practices in Malaysia

Type	Description	Examples
Malay traditional medicine	Originated in Indonesia	Traditional massage, herbal treatment, post-natal treatment, “bekam”
Chinese traditional medicine	Brought in from China and Korea and practiced in Malaysia since 18 <sup>th</sup> century	Tuinalogy, acupuncture, moxibustion, cupping, herbal medicine
Indian traditional medicine	Brought in from India, Pakistan, Bangladesh and Sri Lanka, and practiced in Malaysia since 19 <sup>th</sup> century	Ayurveda, siddha, unani
Complementary medicine	brought in from India, Sri Lanka and the west, and practiced in Malaysia since 19 <sup>th</sup> century	Chiropractic, naturopathy, reiki, color vibration, yoga, tai chi
Homeopathy	Brought in mainly from Sri Lanka and practiced in Malaysia since 19 <sup>th</sup> century	Homeopathy
Islamic medical practice	Practiced in Malaysia since 15 <sup>th</sup> century	Ruqyah

Source: T&CM Division, Ministry of Health Malaysia, 2011

Ministry of Health (MoH) oversees the health care services provided to the public in Malaysia. The ministry is accountable for the treatments and practices related to health care services in Malaysia. The diversity of T&CM practices in Malaysia and public demand for safer and natural alternatives reinforced MoH's initiative for the development and formalization of T&CM. After successive reading of the draft T&CM Bill during June 2012 and September 2012 Parliament sessions, the draft was eventually approved as T&CM Bill on 27<sup>th</sup> of September 2012.

According to T&CM Division (2011), currently there are eight (8) T&CM confederations or umbrella bodies assisting the formalization and standardization of T&CM practices and functioning as mediators between T&CM Division and T&CM practitioners. The PUTRAMAS, the former Malay practitioner's body, was abolished in year 2010 and replaced by Gabungan Pertubuhan Pengamal Perubatan Malaysian (GAPERA) from 28<sup>th</sup> June 2010.

Table 1.3 Eight (8) umbrella bodies and the number of their registered members

<b>Associations</b>	<b>Registered Members</b>
PEPTIM (Malaysian Association of traditional Indian Medicines)	92
MPHM (medical Homeopathy Council of Malaysia)	896
MCMA (Malaysian Chinese Medical Association)	934
MSCT (Malaysian Society for Complementary Medicines)	1322
FCPAAM (Federation of Chinese Physicians & Acupuncturist of Malaysia)	2272
PUTRAMAS (Malaysian Association of Malay Traditional Medicines)	3722
FCPMDAM (Federation of Chinese Physicians and Medicines Dealer Association of Malaysia)	4161
<b>Total</b>	<b>13399</b>

Source: Mohd Hadi (2010)

The T&CM Division has listed the following list of permitted and prohibited T&CM medical practices as listed in table 1.4:



Table 1.4 Permitted and prohibited T&amp;CM medical practices in Malaysia

Type of practice	Permitted Practices	Prohibited practices
Islamic medical practice	Islamic medical practice (Ruqyah) - Based on Al-Quran	Misuse of the Holy Quran (physically and Quranic verses)  1. Bedah batin (virtual surgery) 2. Use of azimat (amulet), tangkal (talisman), susuk (charm needles) 3. Use of black magic
Traditional Malay Medicine	Herbal Medicine	Misuse of the Holy Quran (physically and Quranic verses)  1. Bedah batin (virtual surgery) 2. Use of azimat (amulet), tangkal (talisman), susuk (charm needles) 3. Use of black magic
	Urut Melayu (Malay Massage), Indigenous Massage	
	Bekam (Cupping)	Bekam Lintah (Leech Therapy)
Traditional Chinese Medicine	1. Acupuncture and Moxibustion 2. Herbal Medicine 3. Tuinalogy 4. Cupping	Acupuncture using gadgets
Traditional Indian Medicine	1. Ayurveda 2. Siddha 3. Unani 4. Yoga	Yoga cannot be practiced by Muslim as it is prohibited by the religion (refer to Fatwa Majlis Kebangsaan Bagi Hal Ehwal Ugama Islam Malaysia Kali Ke-83)
Homeopathy	Homeopathy	

Complementary Medicine	<b>Manipulative Therapy</b> 1. Chiropratic 2. Reflexology 3. Osteopathy 4. Massage: Therapeutic, Swedish, Thai, Balinese/Javanese, Shiatsu	
	<b>Energy Medicine</b> 1. Reiki 2. Aura metaphysics 3. Colour vibration therapy 4. Crystal healing 5. Bach flower 6. Raoha	
	<b>Biological based</b> 1. Aromatherapy 2. Nutritional therapy	
	<b>Mind-body therapy</b> 1. Hypnotherapy 2. Psychotherapy 3. Meditation	
	<b>Others</b> Chelation & Ozone Therapy is only for practitioners with medical degree (allopathic medicine)	

Source: T&CM Division official website, <http://tcm.moh.gov.my>

According to Health Informatics Centre, MoH Malaysia (2010), there were approximately 11,691 T&CM practitioners all over Malaysia. Loh Foon Fong (2011, July 3), states that the number of T&CM practitioners has increased to 15,000 approximately.

#### 1.4 Malay T&CM and Practitioners

In Globinmed (2010), traditional Malay medicine is described as “a field of knowledge and practices which are indigenous to the Malay culture that covers aspects of health and healing which was practiced from generation to generation. It is inherited through oral traditions, written forms, and practices, and belief of Malay race”. Globinmed (2010) describes Malay traditional medicine as “the distillation of vast historical experience dating back more than 1000 years. It is often based upon observation, clinical trials, and experiments”. Globinmed (2010), defines Malay traditional medicine as “a cultural system based on beliefs, knowledge, and practices related to well-being, ill health and indispositions”. Both of them clearly mention that Malay traditional medicine is a body of indigenous knowledge of Malay ethnic community, practiced from generation to generation, and the form of knowledge transfer basically through informal learning.

According to Globinmed (2010), three “worlds” form the basis of Malay Medicine – the mystical or supernatural world, the world of animals, and the world of plants. Spiritual and empirical are two aspects in the Malay traditional medicine knowledge. The knowledge that entails *shamanism*, magic, and religious sources is in the category of spiritual aspect of treatments. This aspect of treatments has no logical explanation, no scientific experimentation, and no proven evidence of effectiveness. Islamic medical practice is mainly considered as spiritual based treatments.

T&CM Division, Ministry of Health Malaysia (2011) describes Islamic medical practice as “the effort of seeking treatment for physical and spiritual ailments; done by a Muslim who is knowledgeable and skilled in treatment methods using Quranic verses, Hadith, the practices of the pious and righteous scholars, and of the venerated religious teacher; and also skilled with the use of methods and materials permitted by the Islamic law”. According to Globinmed (2010), Malay T&CM practitioners use spiritual healing, recitation of Quranic verses and supplication (Doa) besides providing herbal based treatments. This scenario is very usual or familiar and shows that the practitioners believe that they just provide treatments; the illness is cured only by Allah.

Areas that utilize scientific research are under empirical aspects such as animals, plants, and minerals which are natural resources for traditional medicine and treatments. According to Globinmed (2010), Malay practitioners have the belief that “Allah is the creator of nature, including vegetarian and animals, all of which is for the benefit of mankind”. According to Globinmed (2010), there are fourteen (14) modalities of Malay traditional medicine as listed below:

1. Traditional Malay Herbal Medicine
2. Traditional Malay Massage
3. Traditional Bone Setting
4. Traditional Malay Post-natal care
5. Male Vitality Treatment
6. Female Health Treatment
7. Traditional Malay Exercises
8. Traditional Malay Blood Cupping
9. Traditional Sinus Treatment
10. Shingles
11. Hernia
12. Treatment for Cancer
13. Spiritual Healing
14. Massage foe Stroke (Angin Ahmar)

Malay traditional medicine practitioners are classified in four hierarchical categories based on their roles. According to Sanusi and Werner (1985), “Malay medical practitioners or the medicine men are known in Malay terms as pawang, dukun, bomoh, and tabib”. According to Razali (1995), “the indigenous Malay medicine men are called bomohs”. There are four levels of positions or hierarchy for Malay T&CM practitioners, as shown in table 1.5:

Table 1.5 Hierarchy for Malay T&amp;CM practitioners

<b>Position</b>	<b>Description</b>
1. Tabib	Similar as doctor who prescribe medicines
2. Dukun	Practitioners who utilize traditional ways to treatments like massage for bone fracture and joint twist (sprain)
3. Bomoh	These two lower levels of practitioners are more close to superstitions. Islamic Council or Islamic religious bodies regulate and supervise them to ensure that their practices do not involve any “syirik” and remain within limits acceptable according to the precepts of Islam.
4. Pawang	

Source: Globinmed (2010), [www.globinmed.com](http://www.globinmed.com)

Malay T&CM practitioners are a branch of Malay entrepreneurs. Their practices are mostly organized in the form of family enterprise. According to Davis and Tagiuri (1985), a family firm is “a business in which two or more extended family members influences the direction of the business”. Chua et al., (1999) define family firm as “a business governed and/or managed with the intention to shape and pursue the vision of the business held by a dominant coalition controlled by members of the same family or a small number of families in a manner that is potentially sustainable across generations of the family or families”. Like any other forms of economic organizations, family enterprises of Malay T&CM practitioners are subject of change. They have been exposed to the changes in Malaysian national health care policy. They are expected to respond to the changes to sustain and excel in current competitive business market.

### **1.5 Problem Statement**

The existence of traditional and complementary medicine (T&CM) is an undeniable reality in the Malaysian healthcare system. Having nearly 15000 practitioners of different ethnic denominations, T&CM in Malaysia is quite diverse and rich. The officially organized efforts for the development of T&CM has started back in 1992 and Malaysia, by its national 2020 vision, is committed to see T&CM fully integrated into the nation’s healthcare system. The 2001 national T&CM policy, which envisions this integration, has strategic implications for T&CM practitioners in

Malaysia. The integration policy makes these practitioners subject to more systematic and systemic regulation in terms of their practice, product and training. The response of T&CM practitioners to the changes in regulatory environment (i.e. external disruptions) is an interesting research issue particularly from the development and change perspective.

The term *disruption* as used in the sustainable family business model (Stafford *et al.*, 1999; Danes *et al.*, 2008) corresponds to the concept of *transition* as can be seen in the family embeddedness perspective on new venture creation (Aldrich and Cliff, 2003). For family businesses, disruptions are change triggers which may originate in the business-owning families like marriage, birth, death and divorce of family members or in outside sources like public policy changes, economic upheavals, and technological innovation. According to this model, at the interface of the family and business systems, both the family and the business respond to disruptions in their regular transaction pattern (Stafford *et al.*, 1999).

T&CM practices of the Malays are mostly, if not fully, organized in the form of family business. A family firm – being a complex of the owning families and the business itself –brings and meshes together values, norms and principles of a family system and those of a business system. The incongruence and incompatibility of these norms and principles in a family business represents a unique problem which Lansberg (1983) calls the problem of *institutional overlap*, i.e. overlap between the family and the business. He examines four broad human resource management problems of family firms rooted in the institutional overlap. The proposed research intends to examine how Malay T&CM practitioners facing disruptions in the regulatory environment cope with the problems of institutional overlap and manage the disruptions in their efforts towards securing business and family achievements and thereby sustainable family businesses.

## **1.6 Research Questions**

Following the problem statement, the study sought answers of the research questions as shown below.

1. What are the legal changes that have potential impacts on medical practices of Malay T&CM practitioners?
2. How Malay T&CM practitioners perceive and react to the changes?
3. What are the learning traditions among Malay T&CM practitioners pertaining to their medical craft?
4. How are the practitioners' families involved in their T&CM practice for its sustainability?

## **1.7 Research Objectives**

The examination as mentioned in the research questions will be carried by addressing the following research objectives:

1. To analyze legal changes that have potential impacts on medical practices of Malay T&CM practitioners;
2. To explain how Malay T&CM practitioners perceive and react to the changes
3. To explore and discuss the learning traditions among Malay T&CM practitioners pertaining to their medical craft;
4. To examine the nature and extent of the involvement of the practitioners 'families for the sustainability of their T&CM practices;

### **1.8 Significance of the Study**

The proposed research is significant by its approach of investigation of family firms. Zachary (2011), notes that most researchers overlook the family system in the pursuit of family business studies and research. This negligence is not accidental; it is rather consciously grounded on the assumption that families and businesses are two “naturally separate” institutes or systems where the family is emotion oriented and irrational and the business is results oriented and objective (Ibrahim and Ellis, 1994).

Moreover, the family influences are considered harmful for a business and deterrent for it to be managed in a professional manner (e.g., Hollander and Elman, 1988). This view of family-business separation is prevalent in the research studies on Malaysian SMEs which invariably keep the family system out of investigation. In reality, however, a family business and its owning family are inseparable and they are best represented as overlapping systems (Lansberg, 1988; Taguiri and Davis, 1996).

As family businesses are founded by families to support families, not the other way round (Stafford *et al.*, 1999), the dynamics of family business can never be fully understood if the family is kept out of sight. Taking sustainable family business model (Stafford *et al.*, 1999) as a guiding research framework, the study in hand seeks to understand the family businesses of Malay T&CM practitioners, which are exposed to critical disruptions in the regulatory environment, in a more comprehensive manner. Apart from this methodological approach, the proposed study is significant because research on Malaysian, particularly Malay, T&CM practitioners from organizational change perspective is evidently wanting.



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