



Environmental Health Delivery in Malaysia: Staff Competencies and Workloads

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INTRODUCTION

The proliferation of the emerging or re-emerging communicable diseases is one of the issues plaguing mankind. The World Health Organization declared COVID-19 as a global pandemic as the coronavirus rapidly spreads across the world. More than 4 million COVID-19 cases with fatality cases had been detected with more than 200 thousand deaths reported up till 14th of May 2020. The alarming levels of spread and severity of COVID-19 can be seen as a test for healthcare and environmental health delivery. Environmental health practitioners are one of the frontline agencies involved in managing the outbreak. EH professionals form a key component of the delivery system for public health where they are regularly providing support to prohibit significant health effects and to prepare for, react appropriately to, and bounce back from disease outbreaks and natural or anthropogenic disasters (Brooks et al., 2019).

Environmental Health encompasses both external physical, environmental, and biological factors and all related behavioural factors. It involves assessing and monitoring any environmental factors which could possibly impact wellbeing. It is aimed at the prevention of disease and the development of environments which support health (National Environmental Health Action Plan, n.d.). In Malaysia, there is approximately 5,000 environmental health officers (*Pegawai Kesihatan Persekitaran*) and assistant environmental health officers (*Penolong Pegawai Kesihatan Persekitaran*) serving in the government agencies namely the Ministry of Health (MOH), Ministry of Housing and Local Government (MHLG) and Local Authorities (LA) (Malaysiagazette, 2020). In general, this profession plays a prominent role in the area of environmental health, and its key duty is to prevent environmental health problems, enhance and secure public health and the environment in the following areas; disease control, hygiene and food safety, housing and environmental health, vector

control, drinking water quality, water sanitation, emergency preparedness and the enforcement of public health law in accordance with the roles and functions as prescribed by the Expert Committee to the World Health Organization (Musoke et al., 2016). EH practitioners are facing some challenges in the context of professional competency and training; efficient workloads management; technology update; and attitudes and perceptions of environmental health professionals. This paper aims to explore and provide overview of environmental health delivery services in Malaysia on staff competencies and workloads they faced.

EFFICIENT WORKLOADS MANAGEMENT

Environmental health sits at the intersection between environmental factors and health impacts. It is concerned with how both the natural and built environment can impact on public health. Assistant Environmental Health Officers (AEHO) and Environmental Health Officers (EHO) also known as the "Health Inspector" is a civil servant responsible for protecting members of the public from disease and investigating hazards to health and the environment in a variety of different locations, and then taking action to minimize and eliminate hazards. Career as Assistant Environmental Health Officers covers aspects of prevention and law enforcement in general health activities such as food quality control and infectious disease control as well as control of vector borne diseases, healthcare workers, international health, environmental hygiene and other related activities.

Environmental Health Officers are also responsible for monitoring and enforcing health and hygiene legislation. They advise and educate organisations on how to meet regulations and make sure that they are enforced. They also investigate when there is an incident, such as pollution, pest infestation or an outbreak of food poisoning. They are likely to spend time in the community they serve inspecting

premises, collecting evidence from incidents and providing advice. Table 1 shows the departments and job scopes of EHOs in Malaysia taken from Service Bills 11 Year 2005 (Malaysia Public Service Department, 2020).

Table 1: Departments and job scopes of EHOs in Malaysia

Department	Job scopes
Disease Control (Communicable Disease, Non-Communicable Disease, Vector Diseases Control)	a. Monitoring and data collection. b. Investigation of outbreaks. c. Control and prevention measures. d. Enforcement of public health law. e. Health promotion. f. In-situ analysis. g. Environmental and occupational health.
Food Safety and Quality	a. Food sampling. b. Inspection of food premises. c. Preparation of reports and recommendations for follow-up. d. Control of food imports. e. Control of food exports. f. Law enforcement. g. Monitoring and collection of statistics.
Water Supply and Environmental Cleanliness	a. Implementing the rural community water supply project. b. Performing logistics procurement. c. Inspection and monitoring of wastewater disposal projects. d. Maintenance and calibration of test equipment. e. Maintenance of Water Supply and Environmental Sanitation projects.
Drinking Water Quality Control	a. Provision of sampling program and schedule. b. Performing sampling and analysis in the field. c. Take action to improve the quality of the water sample. d. Maintenance and calibration of test equipment.
International Entry Point (Airport, Port and Land)	a. Ship inspection for Ship Health Clearance Certificate. b. Examination of Deratting Certificate / Deratting Exemption Certificate ship. c. Sanitary Airport / Sea Port inspection / evaluation. d. Screening of foreign workers. e. Inspection / screening of imported food.
Legislation and Enforcement	a. Act as an investigating officer. b. Preparation of investigation paper. c. Handling of documents records and exhibits (case items). d. Be a witness in the prosecution's cases.

The skills and experience that equip AEHOs to undertake this role are embedded in their day to day activities. AEHOs must be knowledgeable in the prevention and control of infectious diseases, non-communicable diseases, vector control, food safety and quality, water supply and environmental cleanliness in accordance with established laws and regulations. AEHOs act as the frontline when an outbreak occurs. Their initial focus was on checking the status of public health infrastructure but in other circumstances, AEHO is also responsible for assisting in outbreak management. For example during the COVID-19 outbreak that hit Malaysia in late January 2020, AEHOs are the ones who were responsible for conducting health screening especially at the International Entry Point. For district level, AEHOs are responsible for conducting close contact tracing activities and issuing quarantine notice and release order for every person under investigation (PUI) and person under surveillance (PUS). It becomes a

challenging task when people are in shock and distressed. They assist (more to join forces) with police and other emergency personnel in distributing information papers, suggestions and equipment for personal safety security such as personal protective equipment (PPE), giving talks on health education regarding covid-19 and proper ways of disinfection. Apart from this, AEHOs are also involved in educating people about the dangers of toxic hazards and other hazardous substances.

PROFESSIONAL COMPETENCY AND TRAINING

A competency is the capability to apply or use the knowledge, skills, and abilities required to successfully perform a task in a defined work setting. Environmental health professionals are in a challenging field and the forerunner of public health. The field of work covers every aspect of environmental health to enhance the health and well-being of the community. Many clinical research practitioners express the insufficiency of training in their works. They also perceive that they are unable to make use of their clinical skills due to non-competency factors. The environmental health profession in Malaysia began around 1870, with the formation of the Sanitary Board and the Municipal Corporation of the Municipality Ordinance 1857, the Sanitary Board (London) Enactment 1907, the Quarantine and Disease Enactment 1937 and the Sale of Food and Drug Ordinance 1952 by the British government at that time (EHOM, 2018). Before 1954, basic training began at King Edward College of Medicine, Singapore and a position known as Sanitary Inspector, Market Inspector and Food Inspector. Later, it moved to Young Road, Kuala Lumpur in 1968, jointly managed by the Royal Society of Health London and the Ministry of Health Malaysia.

Graduates who successfully complete the above course will be awarded the Diploma Royal Society of Health for the Promotion of Health for Health Inspector (RSH) or Merinyu Kesihatan Umum. In 1986, the name was changed to Health Inspector and the training centre was at Public Health Institute, Jalan Bangsar Kuala Lumpur. Malaysian Ministry of Health (MOH) reviewed the curriculum of the Health Inspector training program in Malaysia and some changes have been made where the practice of the term system has been replaced with the semester system and there are two courses offered, namely the Certificate of Public Health Assistant and an Environmental Health Diploma. Subsequently in 2004, the training was transferred to the Allied Health Sciences College, Sungai Buloh (KSKB) now known as Malaysia Ministry of Health Training Institutes (ILKKM) and to the Public Health College, Kuching Sarawak. Following that, the Health Inspector changed its name to the AEHO and remains until now.

In Malaysia the eligibility to participate in the environmental health field begins with a formal education of diploma or degree. Advanced courses or Post Basic courses are also provided for grade U29 Assistant Environmental Health Officers who has served for more than 5 years. They are encouraged to attend the course for the purpose of specialization. Basics post courses begin at the Public Health Institute in Jalan Bangsar Kuala Lumpur. There were several courses offered including post basic in Environmental Health, Food Quality Control, Legal and Prosecution, Epidemiology, Occupational Health and Disease Control. Currently there are only two post basic courses offered at the ILKKM Sungai Buloh which are 1) Advanced course of Investigation & Prosecution of Public Health Law 2) Advanced Diploma in Applied Epidemiology & Disease Control (communicable disease). A strategic national training program has to be planned with cooperation among health agencies, academic and other organizations to meet the environmental health staff training needs. In addition, professional qualifications for environmental health professionals are crucial to improve the consistency, capability, quality and readiness of facing various challenges in environmental health (Brooks et al., 2019).

As provision for the demand for environmental health necessitates, environmental health courses are also being offered in public and private universities in Malaysia. Universiti Putra Malaysia (UPM) has been the pioneer as public universities offering Bachelor of Science (Environmental and Occupational Health) since 1998. Other public universities offering the similar programs include Universiti Teknologi MARA (UiTM), Universiti Kebangsaan Malaysia (UKM) and Universiti Sains Malaysia (USM) whereas private universities such as Kuala Lumpur University (UniKL), University Selangor (UNISEL) and MAHSA University also offers environmental health studies at diploma or degree level. Opportunities in pursuing studies in master's degree and PhD level in Environmental Health are also offered at public universities such as UPM, UKM and UiTM. Table 2 shows the training centre that provide Environmental Health course in Malaysia (Malaysian Qualification Agency, 2020).

Table 2: Training Centre for Environmental Health Courses in Malaysia

Level	Certificate	Diploma	Post-basics	Degree	Master	PhD
Institutes	<ul style="list-style-type: none"> • ILKKM Sg. Buloh • ILKKM Ulu Kinta • ILKKM Kuching 	<ul style="list-style-type: none"> • ILKKM Sg. Buloh • ILKKM Kuching 	<ul style="list-style-type: none"> • ILKKM Sg. Buloh • ILKKM Kuching 	-	-	-
Public university	-	UiTM	-	<ul style="list-style-type: none"> • UPM • UiTM • UKM • USM 	<ul style="list-style-type: none"> • UPM • UiTM • UKM 	<ul style="list-style-type: none"> • UPM • UiTM • UKM
Private university/college	-	<ul style="list-style-type: none"> • UNISEL • MAHSA University • UniKL • Jeneva College • PICOMS • City University • SEGI University • Masterskill College 	-	-	-	-

Source: Malaysian Qualification Agency

Rapid development of high-tech industries and technological advancements in healthcare public requires AEHO to expand their knowledge and skills in order to handle new emerging health issues. Thus, career opportunities in the healthcare environment are very broad and secure. Through the Service Bills 11 Year 2005 “Pekeliling Perkhidmatan Bil. 27 Tahun 2005”, EHO/AEHO Integrated Scheme, the profession grade is starting from U29, U32, U36, U41 / U42, U44, U48, U52, and U54. AEHO graduated in Diploma Environment Health and first appointed (grade U29/32/36), the rank of U41/42/44 with a Bachelor of Environmental Health degree position as EHO. Grade U44, U48, U52, and U54 is a grade offering promotion to higher position.

The biggest challenge of the profession is to enhance and develop professionalism. The three components to the pursuit of professionalism are knowledge, skills and expertise. Providing in-service training, short course, post basics course, advanced course and attachment in the universities or any other related government agencies perhaps can improve the knowledge and skills of this profession. In addition, the EHO and AEHO can be encouraged in participating in conducting research in the environmental health field. This practice may contribute to scientific and evidence-based data to the national health policy makers on issues related to epidemiological morbidity, disease mortality, public health awareness and innovation in solving EH problems (EHOM, 2018). The basic training followed by EHO and AEHO is still not enough to prepare Environmental Health practitioners to face the increasingly challenging environmental health problems in the country. The value of competence is needed to ensure that they are able to handle important meetings and be involved in the decision-making process. According to Environmental Health practitioners, our graduates possess theoretical knowledge but are still less skilled in practical fieldwork or in decision making. Training centres should have learning facilities that are in line with current needs to produce employees who are not only skilled theoretically but practically proficient. There is no doubt that experience will teach them but if given more comprehensive

continuous training will create a large group of 'competence people'. There are competency standards of EHO and AEHO which have been outlined in the Guidelines and Career Development of the EHO and AEHO Professions by MOH. In addition to basic training, there is additional training in certain areas that have been allocated for environmental health officers to improve self-competence. Table 3 shows several examples of additional training that have been designed to create expertise in a particular field. In addition, the EHO and AEHO are also encouraged to participate in conducting research in the environmental health field. This practice may contribute scientific and evidence-based data for national health policy makers on issues related to epidemiological morbidity, disease mortality, public health awareness and innovation in solving the EH problems (EHOM, 2018). To date, there is limited study and research on the environmental health profession compared to other health professions in Malaysia. Addressing this through on-going training and support from top executives may increase the competency level in this profession. Standardized frameworks should be created to ensure efficiency in their works (Faulkner-Gurstein et al., 2019; Speicher et al., 2012; Gowie et al., 2020).

Table 3: Competency Standards training for EHO and AEHO

Field of specialization	Additional training
Public health laws enforcement	<ul style="list-style-type: none"> Certificate of specialization and prosecution of public health law Law enforcement executive diploma Australian Fumigation Accreditation Scheme (AFAS)
Disease Control	Certificate in Epidemiology of disease control
International Health Surveillance	Certificate of International Health Regulation (IHR) Competency
Food hygiene and safety	Certificate of specialization in food hygiene and safety
Drinking Water Quality Control	Certificate of specialization in Environmental Health

Source: Guidelines and Career Development of the EHO and AEHO Professions by MOH.

Staff competency is a measure to ensure the quality of service among health practitioners in providing the best and sustainable quality of care for the people. In this regard, the Allied Health Professions Act (Act 774) was enacted by the government. The Allied Health Professions Act 2016 (Act 774) was passed by Parliament on 18 February 2016 and enforces starting 1st July 2020. The purpose of this act is to regulate the profession under the Allied Health Profession in all sectors, including public, private and Institutions of Higher Learning (IHL). In addition, this act was also enacted to protect the community from getting services from unqualified practitioners. With this Act, associated health practitioners and the activities carried out will be regulated by the Malaysia Allied Health Professions Council (MAHPC). There are 23 categories of allied health science professions under the Ministry of Health which include three main thrusts namely clinical, health and general laboratory services. Environmental Health Officer (EHO & AEHO) is one of the professions listed in this act. Among the provisions of this act are to supervise matters relating to the Allied Health Professions including training, competency and professional development. This act has provided continuity of professional competency and training of EHO / AEHO through the implementation of continuing professional development (CPD). Continuing Professional Development is various learning activities where health professionals maintain and develop their careers with lifelong learning for ensure that professionals can practice and provide services in a way safe and effective.

All forms of learning and training involved must be recorded into the system and credit points will be awarded according to the type of training. According to (Schostak et al., 2010) the CPD system

is very effective in career development. However, there are challenges in CPD in terms of opportunities and competition to obtain training resources. Therefore, the employer or head of department plays an important role in managing the training needs of their staff. Apart from that, as a recommendation a certification system of competencies and renewal practicing abilities for Environmental Health practitioners need to be developed to strengthen and sustain the life cycle of competencies.

ATTITUDES AND PERCEPTIONS OF ENVIRONMENTAL HEALTH PROFESSIONALS

Attitude is a complex blend of aspects of one's personality, beliefs, values, behaviours, and motivations that also influences work (Cohen et al., 2004). In other word attitude is a person's reaction to a particular situation or person according to their perception. In understanding employee's attitudes and perceptions in environmental health deliveries, many aspects have been highlighted. Ab Aziz et al. (2019) believes that in a risk management concept, communication between two parties are interrelated, whereby one of the key points is to have sense of trust, confidence and credibility to create cooperation. Information processing from the source will influence the credibility of the source, to which the source of information also has to be perceived for good intention, as the objective of the information delivery will be judged first. A person's perception in conducting environmental health delivery will be affected by their trust towards the information itself as well as the informants, especially fearing that there is lacking in information delivered as it comes from various sources. Professionals in public health sector will be attending to many functions, which may include paperwork, performance measures, additional reporting including attending meetings, adding to more task beside their routine work task where being satisfied with their job especially for younger generation can be seen to be less likely, especially researchers believe that age and job satisfaction level are associated with each other, to which as you age, you will be more satisfied with your job (Ab Rahman et al., 2019). Other than that, Bell and Healey (2006) highlighted one of the causes of safety problems are employees not following correct procedures. This situation is related to person attitudes and perceptions where one of the reasons is due to language barrier. It makes them unable to interpret the correct procedures (Trajkovski and Loosemore, 2006). If ones misperceived or misunderstood what ones may say, miscommunication might occur and lead to wrong interpretation.

Ultimately, poor attitudes such as tardiness and rumour mongering are the many few that could have detrimental effects towards an organization's working environment to uphold their objectives and goals (Othman and Suleiman, 2013). Public sector organizations have Key Performance Indicators (KPI) that they need to achieve in order to improve the performance of the whole organization and even with the on-the-job training, the lack of positive attitude and perception of the workers will backfire the organization's goals and objectives. When a person starts to feel insecure about their job status and the position they are in, it will create job stress and dissatisfaction, eventually leading to negative relationships shown between them and their work environment. Conclusively, it is apparent that the attitude and perception of staff in any organization, including in public sectors is well affected by them having a sense of security and shown being taken care of by the management, implying that them being part of the family is important to ensure smooth delivery of work. Government spends annually on training most compared to other forms of expenditure; however indeed it seems that a person's working condition affects their attitude and perspective in their everyday work tasks, ultimately affecting the quality of their output (Ismail and Zainal Abidin, 2010).

In the context of the current pandemic, whereby many environmental and public health staff is on hands on delivering their full force to fight the virus, their attitude and perception of their ad hoc task will be different completely. Research has been done to

understand the impact of the virus to public health workers, where some start to experience anxiety especially being concerned dealing with an enemy that cannot be seen with naked eyes. The workers will start to experience change in attitude, many willing to cooperate as it is their responsibility but this in turn will create higher incidence of anxiety and stress amongst the workers (Tsamakis et al., 2020). On a side note, researches have shown that work-family conflict could also be one of the many contributors to lower productivity rate and work quality. Stressors from home such as children's welfare and conflict with their spouse has the potential to create negative outcomes, leading to more physiological and psychological problems to the environmental health practitioner (Davis et al., 2017; Kan and Yu, 2016; Xu et al., 2018).

Reynolds and Wills (2012) highlights that all EHOs have a perception that their primary job revolves around legislation including inspection and education, to which their work basis also covers any problem-solving situation. Findings from previous research address one of the roadblocks to health promotion is organizational barriers, thus deterring with the workers' attitude towards their working environment. Furthermore, there are still a few that see their work scope as an EHO focuses only on standard enforcement and not beyond that which is also on workplace health and health promotion. The gap is indeed predominant where the role of EHO in an organization is affected by the perception of the officer itself in contributing to public health and environmental health deliveries to the public and even within the organization itself. Cullati et al., (2019) find that conflicts among health care professionals actually are due to disorderly manners amongst the team causing communication barriers especially when their view on a case or a problem contradicts each other. Additionally, a study in Indonesia has shown that in a healthcare setting, with different educational backgrounds and expertise, professionals tend to differ in their values, ethics. This especially can be seen when they lack understanding about their own roles and responsibilities as well as others' roles and responsibilities (Ernawati, 2020). Thus, collaborating professionals in a room to create a comprehensive organization needs thorough quality management review to disable potential disagreement and dispute especially when attitudes and perceptions are being placed on the table.

The Ministry of Health was once responsible for both environmental and public health, but in time these two professions were separated and even underwent specific training such as for sanitary or nuisance inspection and on environmental hazards. In fact, to address and tackle issues especially during outbreaks or pandemic, both Environmental Health and Public Health Medicine should value each other's perspective when it comes to public health as a whole (Cornell, 1996). "... a good leader is someone that can delegate their work, even then, they still need the skill and training to reach this point. When you talk about skills, you also touch on leadership skills and human resource management. As you see, the idea of gaining new skills is to get oneself promoted to a higher level. Therefore, they need more training to be more equipped with the responsibility that they are carrying. Other than that, there is the question of communication skill, where some are lacking, for example in terms of poor in giving supervision, poor instruction skill, poor ambiguity and poor communication flow from top-bottom and bottom-up..." (Rasdi, I., teleconference, July 13, 2020). In the context of Covid19, an Environmental Health professional are the ones that are involved in conducting onsite rapid testing for persons under investigation (PUI) and making sure that these groups of individuals comply with the Ministry of Health's instruction. Even so, they believe that all environmental health officers and assistant environmental health officers must always be able to make impromptu decisions especially in dealing with pandemic and outbreak and to be committed in doing their everyday task whether it is their routine tasks or ad hoc tasks (Lakui, Asri, teleconference, July 13, 2020).

TECHNOLOGY STANDARDIZATION AND UPDATE

Technology is used extensively to provide and deliver health care worldwide. In order to provide health care without a border, e-Health is the most significant platform that can be used parallel to the fast pace movement of technology nowadays. Application such as e-Health is seen as key to addressing the challenges faced by healthcare system's demand due to ageing and better health care and insufficient means (van Gemert-Pijnen, 2012).

Although there is general consensus on the value and prospective effectiveness of e-health, the recognition of these advantages is often weaker than expected, mainly due to implementation difficulties (Wachter, 2016). In the United Kingdom, for example, the National Health Service (NHS) has struggled to make full use of the health technology due to challenges in recognizing how full to incorporate and enforce them (National Health Service, 2014). High-profile failures in implementation continue to be recorded such as failure to integrate e-Health programs at major UK teaching hospitals (Shah, 2015). This highlights the clear need in implementing e-Health to consider the conditions and enhance the common, efficient use of e-health and to tackle the implementation barriers (Ross, 2016).

In Malaysia, the digital healthcare landscape started to take place. One of the main drivers of adoption is mobile device innovation that has radically changed how people interact with each other and how they handle their personal lives. Other reasons are aging population and high life expectancy, lack of healthcare professionals, progress in connectivity infra and technology, massive adoption of smartphones, and how industry has reached acceptance that healthcare IT can enhance healthcare delivery systems. Information and communication technology (ICT) would accelerate progress in providing healthcare for the community. Among technology that could be implemented in Malaysia healthcare is mobile diagnostics where mobile phones can be used in enabling diagnostics and enabling patients to identify and manage their health. For instance, the use of health applications such as AliveECG can assist the user to record their heart rate. Other than that, technology such as Remote Patient Monitoring (RPM), RFID tags and smart watches could also provide healthcare management. The Malaysian Communications and Multimedia Commissions (MCMC) have linked Healthcare Pilots with partners to speed up the delivery of advanced healthcare technologies and next generation communications services (Ramalingam, 2015).

In addition, the government has not only focused on comprehensive interventions, but has also introduced numerous technologies to incorporate health information systems (HIS) into local healthcare. Implementation of HIS will enhance the quality of healthcare, increase productivity and promote data collection and reporting which can assist EHO in communicating information from one area to another area efficiently. Worse still, agencies are making slow performance in implementing this need because of limitations such as the large number of failed services, financial constraints, lack of technology allies and negative views of workers on expectations towards it and acceptance of work practices using HIS (Zakaria and Yusof, 2016). In particular, other variables that can affect employee attitudes towards latest technological systems include personal demographic factors such as age, gender and computer skills, and cultural variables such as effects on workflows, system selection participation, and independence. Added supports today, such as user-machine interaction, accessibility, efficiency and security, can however affect the behaviour of consumers on using the system. Uses of e-system like eNotifikasi, myTIBI, e-measles, myNAR and etc assist environmental health practitioners in reaching the data effortlessly as it is in the tip of their finger. However, all the data must always be up-to-date and tally along the multiple resources to avoid confusion among the users. Therefore, it is crucial for environmental health professionals to optimize the use of technology in order to move forward and work at highest efficiency.

CONCLUSION

It is undeniable that environmental health professionals play a significant role in the surveillance, prevention and control of communicable, non-communicable and vector diseases, food safety and quality, water supply and environmental cleanliness, drinking water quality control, inspections at international entry points and enforcement of legislations. In pursuance of effective environmental health delivery services in Malaysia, environmental health professionals should be given a token of appreciation for the tasks and challenges they faced in this field where professional competency and training; efficient workloads management; and attitudes and perceptions of environmental health professionals and technology standardization and update. Additional professional competencies and training to recognize environmental health professionals can increase their motivations and skills in handling environmental health problems. In addition, skills in managing workloads could essentially assist them in performing their tasks. Good attitudes and perception of the environmental health professionals will positively impact on how environmental health services can be delivered and technology updated and standardization in all the states in the country should be done to ensure effective communication and information delivery services.

CONTRIBUTION STATEMENT

MAEH Focus Group Discussion 2020 was held via teleconference from 25 June - 25 July 2020. SNSM, SMY, AA, MHSA, MAB and FAS conceived the forum and drafted the first version of the discussion. SNSI, IR, KL, SNRS, MAA and NRN analysed the topic. All participants produced the article and approved the final version.

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