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# Treat our medical workers better or risk a collapsed healthcare system

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AUGUST 16 saw the resignation of prime minister Muhyiddin Yassin and his cabinet, including health minister Adham Baba. Amid the political drama, we have to be reminded that Malaysia has recorded almost 1.5 million Covid cases and more than 12,000 deaths from infection.

Although areas with high vaccination rates such as the Klang Valley have started to show declining rates of infection and death, Malaysia is not out of the woods. Our healthcare system is still under great pressure.

A nationwide strike among government medical contract doctors on July 26 exposed the “dark side” of the contract doctor profession in Malaysia. Introduced in 2016, the contract healthcare workers’ system was meant to limit housemanships and provisionally registered pharmacists due to excessive supply of medical and pharmacy graduates. A new contract imposed on junior healthcare workers, especially doctors has led to an unprecedented dispute. The key issue is the unfair contract system, which creates uncertainties in job security. Holding a contract status is limiting their options and the government is well apprised of how this is detrimental to their career progress. Such limited employment prospects represent a threat to doctors’ wellbeing. The situation leads to workers’ attrition and brain drain in the long run.

The Malaysian Medical Association in August reported that 400 contract doctors had resigned since January. In addition, a study by the World Bank reveals that one in 10 skilled Malaysians choose to leave the country and the number is growing. Malaysia will lose more talents, especially doctors, if such issues as discrimination in employment are not being properly addressed. Approximately 10% of healthcare workers will leave the public sector to serve in the private sector or move abroad, especially to neighbouring Singapore.

Malaysia is not alone in facing a healthcare workers’ employment crisis which has been exacerbated by the Covid-19 pandemic. Globally, doctors have been feeling the pinch in which their working conditions deteriorated while their workloads increased tremendously. The Doctors’ Association UK, for example, has called for a strike due to a minimal 3% increment in

doctors' salaries in a country that with a 3.7% inflation rate. The increment also excludes junior doctors who make up the majority of the National Health Service workers.

In Nigeria, doctors have been on an indefinite strike beginning August 2 to professionals who work under immense pressure with little resources and support. In August, South Korean doctor went on strike to oppose medical reform which includes increasing the number of medical graduates instead of improving conditions for doctors and encouraging more doctors to move out of the capital. Workers constantly face detrimental working conditions in a challenging and competitive environment.

The medical sector is not the only sector affected with the deteriorating benefits and increasing workload. As part of public service administrative reform, the new public management model has been a pertinent feature of Malaysian bureaucracy. This has led to the emphasis to improve service delivery to the public by adopting private organisations practices including optimisation of resources measured through various methods including performance based systems.

In 2008, the government introduced a contract for service scheme for civil servants of various service groups including UD (medical doctors), UG (dentists), and UF (pharmacists) nationwide, at local, state and federal levels in the pursuit of efficient and effective spending of public funds. This put an end to the traditional approach in which public service employment was often associated with career stability and steady income.

In the past, when people talked about employment and compensation practices most concerns were devoted to finding equilibrium between salary and cost of living, as well as establishing salary levels that commensurate with duties and qualifications. This can be seen in the series of salary revisions from the Trusted Commission in 1947 to the Special Cabinet Committee in 1976.

Nowadays, fair employment practices including promotion and career development are among the major issues in employment. Embedded in the performance management system, career development is largely tied to employees' performance and this practice has become prominent in public personnel management since the late 1990s.

Practically, performance of the profession serves as a yardstick for contract doctors to gain permanent employment which allows them to enjoy most of the benefits as civil servants. However, this has not been the case when only 790 out of 23,000 contract doctors received permanent positions since 2016. They have been left with no choice but to stay as contract doctors, despite outstanding performance. Performance factors that are associated with promotion seemed oblivious in selection for permanent position. This competitive spot is another key factor in the dispute, thus raising questions on selection criteria and specific standards followed in the appointment process.

From observation, what has been lacking are political will and adequate policy responses in expanding benefits for 23,000 contract doctors. The fulfilment of these expectations remains however the current debate seems to be more clearly centred in the political arena. Recent moves by the government to expand the benefits with a two-year contract extension is much too little. The extension is not enough as the journey to specialisation requires holistic support system including open and transparent selection process. As such it is unreasonable and unjust to expect these young doctors to ignore the consequences. Justice in the context of employment practices is important and equitable treatment is one of them.

According to equity theory, equal rewards shall be given to employees when they perform a given task. This has not been the case for contract doctors. Working on a contract basis precludes massive opportunities and hinders better career progress compared to those who enjoyed permanent status. Such apprehension is logical given the same amount of workload and environmental hazard they were facing in the age of pandemic. As dedicated as they want to be, this situation would break their spirit and demotivate them in the long run.

A contract system is related to remuneration policy and this serves as a framework in public personnel management. The policy covers a range of personnel matters from salary components, annual leave, promotion, to performance appraisal. A good policy must anchor on three important factors, namely equity, beliefs about the system, and fair rewards under the system. This would bring many positive outcomes. Research has shown that job performance and work motivation are much influenced by fair employment practices, rewards and leadership. Fair employment practices include monetary rewards, promotion, study leave opportunities and fair performance assessment. In this context, justice is served when contract doctors are entitled to the same benefits as their “permanent” colleagues.

Quality healthcare is a basic human right. Encapsulating the terms of our healthcare workers’ employment with others’ may hamper the objective to achieve a healthy society that has equal access to quality healthcare.

The Health Ministry should not be subjected to the same rigid career structure of the civil service and should be allowed to explore different schemes that suit the needs and the career paths of our healthcare workers as they are the asset of the country in achieving Shared Prosperity Vision 2030 which includes enhancement of the health delivery system. In the process of streamlining and improving the efficiency of public service delivery.

The government should rationalise spending through fiscal redistribution, reduction of financial leakages, increase transparency in order to increase public expenditure efficiency. Healthcare workers should not be the victims of government expenditure rationalisation as it will further cripple the health sector.

The Covid-19 pandemic has highlighted the important role of our healthcare workers especially if the crisis is not to be the last public health threat and we have to prepare for a more challenging time in the future. If we do not protect their interests by providing them with fair and equal treatment, we will pay the price in the future, marked by declining quality of the public healthcare system due to lack of specialists to treat different diseases and illnesses.

The new leadership of the country must make improving healthcare workers’ working conditions its priority. Malaysia is becoming an ageing nation and we definitely need to invest more in our healthcare infrastructure especially in the human talents who man the service. – August 25, 2021.

*\* Rabi’ah Aminudin and Norhaslinda Jamaiudin read The Malaysian Insight.*

*\* This is the opinion of the writer or publication and does not necessarily represent the views of The Malaysian Insight.*


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