KERATAN AKHBAR 7/06/2026 (Ahad)

The Star M/S 5

Public feedback sought on Senior Citizens Bill

KUCHING: Stakeholders have been called to give their constructive feedback on the much anticipated Senior Citizens Bill in order to help refine the legislation, says Datuk Seri Nancy Shukri (*pic*).

The Women, Family and Community Development Minister said input from all parties would help ensure the Bill addresses the needs of senior citizens comprehensively while taking into account the views of various stakeholders.

"Do not simply oppose it without telling us what you want. That is what we want to hear so that we can assess whether the suggestions are reasonable or not.

"There is no timeline for the public consultation to close.

"What is important is that the states agree, and if they feel there are still shortcomings, we welcome any feedback," she told Bernama at the ISM@Komuniti: Healthy Ageing, Prosperous Community programme at the Kampung Telaga Air Community Hall here yesterday.

Malaysia is projected to become an aged society by 2048, when the number of people aged 65 and above will exceed 14%.

Nancy said the ongoing consultation and engagement sessions involve all states, non-governmental organisations and private institutions providing elderly care services.

She said the Bill is intended to strengthen the protection, welfare and rights of senior citizens in line with the country's ageing population, while ensuring their care receives due attention from all parties.

The draft Bill will be submitted to the Cabinet before being referred to the Attorney General's Chambers, with plans to table it in the Dewan Rakyat between September and December this year.

Falling fertility rates, smaller households and rising female labour force participation continue to drive the demand for long-term care and community-based caregiving services.

Policymakers, health experts and advocacy groups have argued that existing laws do not adequately protect older persons from neglect, abuse, financial insecurity and barriers to healthcare and social services.

Doctor shortage hits Lahad Datu Hospital

By STEPHANIE LEE
stephanielee@thestar.com.my

KOTA KINABALU: Anesthesiology and critical care services at Lahad Datu Hospital have been disrupted following the departure of several medical officers this month.

According to a letter from the hospital sent to the Health Ministry to explain about the shortage, two of their medical officials will pursue master's degrees, another two transferred to the Selangor Health Department, while one medical officer resigned.

This shortage would increase the risk of suspension of services, the hospital said, as only four medical officials are left to attend to the six intensive care unit (ICU) beds, mechanical and non-invasive ventilation services at ICU wards, operation theatres (one 24-hour emergency theatre and two for elective surgeries), acute pain services and anesthesiology.

All these services need at least 11 officers for the smooth running of operations, it explained.

As such, drastic measures have been put in place starting June 1.

Among others, elective surgeries will be reduced from two rooms to one.

Starting tomorrow, only semi-elective surgeries are to be performed to focus on emergency cases, and ICU beds to be reduced from six to three.

In response, the Sabah Health Department yesterday issued a statement stating that several proactive measures have been identified and would be implemented immediately.

The statement said that there would be a transfer of medical officers from cluster hospitals such as Kota Kinabalu and Tawau to the Lahad Datu Hospital.

This is to ensure that the clinical and major services at the Lahad Datu Hospital would not be affected.

"The capacity of services will be strengthened with the placement of three permanent medical officers and two temporary officers there.

"All are expected to report for duty in July," the statement read.

The department would also focus on sending contract medical officials to facilities that lack critical manpower and control the transfer of officials out of the hospital to ensure enough manpower.

State Women, Health and Wellbeing Minister Datuk Julita Majungki said the manpower problems faced by the Lahad Datu Hospital must be given priority so that services and daily operations at the facility can go on smoothly.

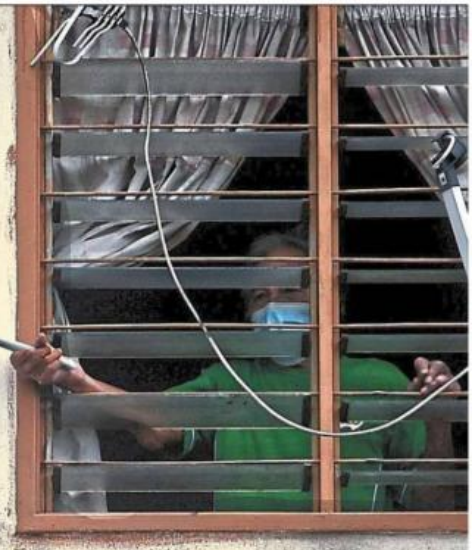
"What is important at this point in time is to ensure minimal disruption to the services of the Lahad Datu Hospital, more so in terms of critical and emergency treatment and care.

"I am told that the Sabah Health Department has put up immediate measures to address this matter," Julita said when contacted, adding she understood the concerns of the people over the situation.

Starhealth M/S 4, 7

Pandemic preparedness beyond health

Health crises are not just about the immediate medical response, but also societal factors like inequality, public trust and preventive strategies.



The Bendera Putih movement exposed socioeconomic vulnerabilities within Malaysian society during the Covid-19 pandemic that went beyond the medical emergency. — Filepic

Commentary by Prof Dr KENT BUSE

MANY Malaysians will remember one of the defining images of the Covid-19 pandemic not from a hospital ward or a government briefing, but from outside ordinary homes: white flags hanging from windows and balconies.

The Bendera Putih (White Flag) movement emerged in 2021 as families facing hunger, unemployment, isolation or desperation quietly signalled for help.

Neighbours responded with food, money and solidarity.

The campaign spread across the country because the crisis was never only about a virus; it was about the fragility that the pandemic exposed in people's lives.

That memory matters as global health leaders gather in Kuala Lumpur this coming Tuesday to Friday for the Fourth Global Health Security Conference.

Tackling vulnerabilities

The danger today is that the world learns the wrong lesson from Covid-19.

Since the pandemic, governments have invested heavily in preparedness: surveillance systems, laboratories, stockpiles, testing networks and emergency response plans.

These are important.

Malaysia, like every country, needs strong systems to detect and respond rapidly to outbreaks.

But preparedness alone will not keep societies safe.

Covid-19 revealed something deeper: the countries most vulnerable to crisis are often those entering pandemics with underlying weaknesses already embedded in society.

These include chronic disease, inequality, fragile public trust, environmental stress and underinvestment in prevention.

Malaysia knows this well.

More than 5.3 million Covid-19 cases and over 37,000 deaths were recorded.

But the damage extended far beyond the then novel infection.

Lockdowns triggered the country's worst economic downturn since the Asian financial crisis, while the Bendera Putih campaign became a national symbol of household distress and social strain.

At the same time, Malaysia was already confronting another long-term health crisis.

Today, an estimated 3.55 million Malaysian adults are living with diabetes and 4.58 million with obesity.

These and other non-communicable diseases (NCDs) account for more than 70% of premature deaths in the country and cost the economy over RM64bil annually.

These numbers matter because pandemics do not strike blank slates.

Viruses exploit existing vulnerabilities.

Going beyond preparedness

A population burdened by diabetes, cardiovascular (heart) disease, poor nutrition, insecure housing, pollution or weak social protection is less resilient when outbreaks arrive.

A society with low public trust or widening inequality is harder to mobilise during crisis.

And a health system focused narrowly on emergency response, while neglecting prevention and public health, will always be fighting with one hand tied behind its back.

This is why health security must mean more than preparedness.

Real health security begins long before the next outbreak appears at a border checkpoint.

It depends on healthier populations, trusted public institutions, resilient communities and governments willing to invest seriously in prevention.

That means strengthening the full range of public health functions: disease prevention, health promotion, regulation, community engagement, environmental protection and trusted communication – not treating them as secondary to emergency response.

It also means recognising that health security is shaped far beyond health ministries.

Food systems, air quality, housing, urban planning, labour protections, education and climate policy all influence how resilient societies are when crises emerge.

In South-East Asia, where climate change, urbanisation, ageing populations and chronic disease are all accelerating simultaneously, this broader understanding of health security is becoming unavoidable.

Taking the lead

Malaysia has an opportunity to lead this conversation.

Hosting the Global Health Security Conference is not only a diplomatic milestone; it is a chance to help shift the global debate away from a narrow focus on emergency preparedness towards a more comprehensive vision of societal resilience and public protection.

Covid-19 taught us that health security is not only built in laboratories or emergency operations centres.

Healthier, fairer and more resilient societies are themselves a form of protection.

The countries safest from future pandemics will not necessarily be those with the most laboratories or the largest stockpiles.

They will be those that invest most seriously in the health and resilience of their people before the next crisis strikes.

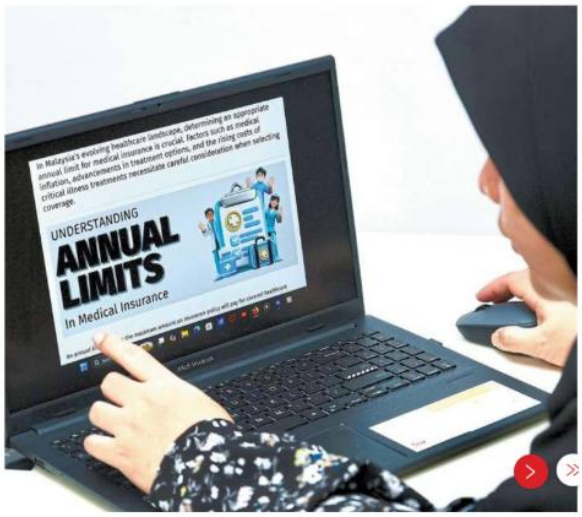
Dr Kent Buse is a professor of health policy at Monash University Malaysia. For more information, email starhealth@thestar.com.my.

The doctor says

DR MILTON LUM

Understanding **health insurance**

Many of us may know that health insurance is good to have, but do we truly understand how the policies work?



While it is certainly the responsibility of the individual to educate themselves about the health insurance policy they are planning to buy, insurance companies and Bank Negara also have a duty to ensure the policies are transparent and understandable to the general public.
— FAIHAN GHANI/The Star

A PATIENT consults a doctor in a private hospital.

The diagnosis of the patient's condition is made following history-taking, physical examination and investigations.

The doctor recommends that the patient undergoes a procedure on an ambulatory or day-care basis, i.e. the patient will be discharged on the same day after undergoing the procedure.

The patient agrees and then proceeds to hospital administration whose staff contacts the health insurance company for confirmation of the patient's coverage and guarantee of reimbursement.

The insurance company informs the hospital that reimbursement will only be made if the patient is admitted for an overnight stay after the procedure.

The hospital receives the insurance company's guarantee letter with this condition attached.

The doctor accedes to the patient's request to be admitted for an overnight stay when informed about the insurance company's condition for reimbursement.

At discharge the next day, the patient is informed by the hospital that the guarantee letter, issued the previous day, has been withdrawn by the insurance company because of non-disclosure by the patient when signing up for the policy.

The hospital requests the patient to pay the hospital bill themself (i.e. out-of-pocket).

This leaves the patient with much angst, disappointment, and even anger, especially as the bill would have been less if they had been admitted for daycare, rather than overnight.

This scenario – which is not uncommon in private hospitals – is a reflection of the level of Malaysia's health insurance literacy.

Knowing health insurance

Health insurance literacy (HIL) refers to a person's knowledge, ability and confidence to find and understand health insurance information; choose and purchase a policy suited to their financial and health circumstances; and use the insurance policy once purchased.

The HIL level of individuals has significant implications with regard to the number of insured individuals and the types of insurance plans acquired.

It also impacts on the effective utilisation of healthcare services, including primary care and preventive services.

HIL is critical to making appropriate decisions regarding healthcare.

Individuals with higher HIL are more likely to participate in preventive care, adhere to prescribed treatments and manage non-communicable diseases (NCDs) effectively.

Those with lower HIL may delay or forego care leading to delayed treatment, worse health outcomes and higher costs.

A 2024 survey titled "Insure or Unsure: Sun Life Insurance Literacy Survey" conducted by insurance company Sun Life Malaysia, found that only 23% of 1,107 Malaysian respondents were knowledgeable about insurance and takaful products.

Twenty-two percent of the respondents indicated low to no insurance knowledge, while 55% were uncertain about their insurance knowledge and dependent upon others for assistance.

Female respondents were 1.7 times more likely than men to have poor knowledge.

It also found that 32% had no insurance protection, of which, 92% had monthly incomes of less than RM5,000.

The other key findings were:

> Respondents with moderate to high understanding of insurance and takaful products and terms were likely to own at least one life insurance policy/takaful contract.

Conversely, those with a low or no understanding of insurance were more likely not to own any life insurance policy/takaful contract.

> Forty-two percent of those who did not have a life insurance or takaful plan stated it was because of affordability.
> Most insurance policy holders or takaful contract holders still depended a lot on their agents to supply them with information about products both before and after a purchase.

Agents who were insightful and helpful were also the leading factor behind most policy-purchasing decisions.

Factors affecting HIL

The World Health Organization's (WHO) HIL framework is a "systematic approach to measuring and improving individuals' knowledge, ability and confidence in understanding and using health insurance information.

"It is based on the Paez et al conceptual model, which includes four domains: health insurance knowledge, information seeking, document literacy and cognitive skills, with self-efficacy as an underlying domain.

"This framework is particularly useful for understanding and addressing the barriers to health insurance literacy, such as complex medical jargon and the need for educational campaigns to improve understanding and decision-making skills".

The interacting domains of HIL are:

> **Health insurance knowledge** – includes insurance terms and concepts; types of healthcare services; and beneficiary rights
> **Information seeking** – includes information sources and their credulity, as well as questions for insurance companies
> **Document literacy** – includes understanding terminologies in insurance forms and documents; use of schedules in policy; and questions for insurance companies.
> **Cognitive skills** – includes assessment of personal needs and risks; application of insurance benefits to personal situation; projection of likely utilisation; calculation of out-of-pocket payments; assessment of value of the policy; and questions for insurance companies.

Important to know

The understanding of certain fundamental insurance terms is critical.

They include:

> **Premium** – the amount to pay the insurance company on a regular basis (e.g. monthly or annually) for coverage.
> **Deductible** – the amount paid for healthcare expenses before insurance kicks in.

Premium and deductible amounts are often opposite to one other.

A plan with a higher premium will often have a lower deductible, while a plan with a lower premium will often have a higher deductible.

> **Copayment** – a flat fee for healthcare services that the individual has to pay before the insurance coverage begins.
> **Coinsurance** – the amount the individual has to pay for healthcare services after they have paid the full deductible.

This amount is usually a percentage of the remaining bill (after the deductible has been paid).

The insurance plan covers the rest of the bill.

This columnist was advised to undertake the following measures when considering a health insurance policy:

> Estimate next year's private healthcare expenses.

Start with this year's expenditures, i.e. how much was spent?

> Understand the deductible.

How much was the deductible this year? Was it met?

If the deductible was higher, did you have sufficient cash reserves to meet it?

> Assess the annual insurance cost.

This is the amount paid in premiums regardless of how much the policy was used.

> Consider coinsurance, which is the portion paid for healthcare services once the policy's deductible is met.

Knowing this percentage is important for budgeting and comparing policies.

The alternatives are obvious, i.e. the public healthcare sector or paying out of pocket.

Where responsibility falls

Health insurance policies are purchased on the basis of information provided to individuals and/or companies.

The legal standard for the provision of information in healthcare – decided by the Federal Court – is the Rogers v Whitaker standard, i.e. patients have the right to be informed of material risks involved in a proposed medical treatment or procedure.

The risk is material if:

> A reasonable person in the patient's position, if warned of the risk, would be likely to attach significance to it, or
> If the doctor is, or should be, reasonably aware that the particular patient, when warned of the risk, would be likely to attach significance to it.

The question is whether the Rogers v Whitaker standard applies to the purchase of health insurance policies in Malaysia.

A test case may provide the answer.

The question of who is responsible for improving HIL is moot.

While individuals are responsible for their healthcare, it does not detract from the fact that Bank Negara and insurance companies have big roles to play.

Insurance companies have to comply with Bank Negara's requirements.

Bank Negara can do more for the public by requiring full disclosure of health insurance policies to purchasers.

This would include, among others, policies that are in plain language understandable to the man on the street with minimal legalese; specific information of what is covered and what is not; clearer definitions of non-disclosure; and rapid resolution of disputes.

On the other hand, individuals have to remember that there are few insurance policies that cover every illness, and that those that do have high premiums.

They have to improve their HIL by ensuring they know what is covered and what is not; understand insurance jargon; disclose pre-existing condition(s); utilise their coverage prudently; and most importantly, ensure a healthy lifestyle.

In summary, everyone has to remember that low HIL can lead to missed preventive care, delayed treatment and higher out-of-pocket expenses.

Conversely, higher HIL can make cost-effective choices, avoid unnecessary healthcare bills and maximise their insurance coverage.

Employers benefit when employees understand their policies as it improves engagement with the potential to reduce healthcare costs.

Dr Milton Lum is a past president of the Federation of Private Medical Practitioners Associations and the Malaysian Medical Association. For more information, email starhealth@thestar.com.my. **The views expressed do not represent that of organisations that the writer is associated with. The information provided is for educational and communication purposes only, and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader's own medical care.** ***The Star*** **disclaims all responsibility for any losses, damage to property or personal injury suffered directly or indirectly from reliance on such information.**

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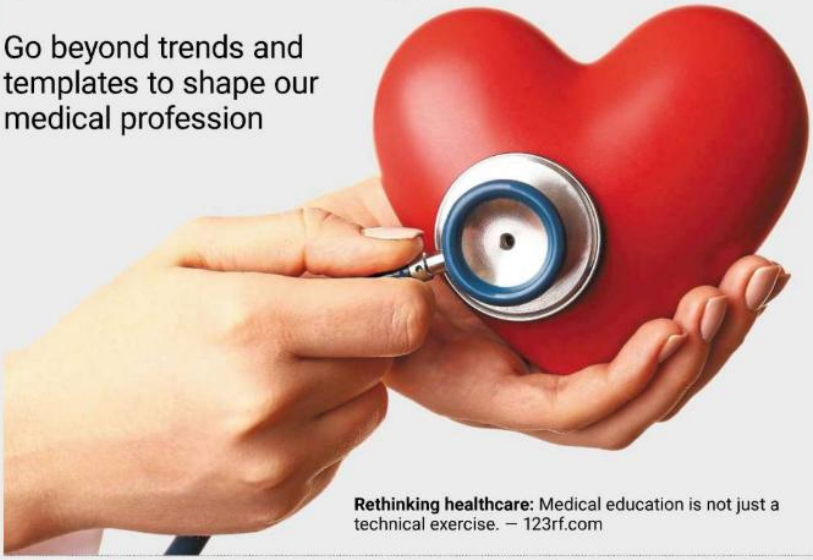
DAVID WHITFORD
educate@thestar.com.my

Live&Learn

'It's not just about producing doctors'

Go beyond trends and templates to shape our medical profession



Rethinking healthcare: Medical education is not just a technical exercise. — 123rf.com

EVERY few years, medical education reinvents itself. A new teaching method emerges. A new assessment framework gains popularity. A new curriculum model promises to produce "better doctors".

Conferences buzz. Workshops multiply. Universities rush to adopt the latest innovation. And yet, if we are honest, healthcare outcomes do not improve at the same pace.

Why?Because medical education is not just a technical exercise. It is not simply about delivering knowledge or designing clever curricula.

It is shaped, often invisibly, by power, culture, economics, and politics. Until we confront that reality, we will continue mistaking activity for progress.

Recently published, The Contradictions of Medical Education challenges the field in uncomfortable but necessary ways. The book argues that many of our practices are driven less by evidence and more by fashion. Regulators are part of this story. Medical councils and accreditation bodies are essential for safeguarding standards and protecting patients. But they also shape behaviour.

Universities align curricula, assessments, and staffing models to meet regulatory expectations, sometimes prioritising compliance over innovation, local relevance and even better outcomes. When standards are applied rigidly, they can unintentionally privilege particular models of education - often those derived from Global North systems.

Success then becomes defined by accreditation outcomes rather than by how well graduates perform in real healthcare settings. Regulation, while necessary, can reinforce conformity as much as it ensures quality.

Ideas spread quickly - competency frameworks, flipped classrooms, integrated curricula - but often without strong evidence that they improve outcomes.

By the time proper evaluation happens, the field has already moved on. This creates the illusion of advancement but rarely delivers meaningful change.

Much of what we call "best practice" originates in Europe, North America, and Australia, and is then exported globally, including to countries like Malaysia, often with minimal adaptation. We want quality, global standards, and recognition but context matters and healthcare systems, disease patterns, patient expectations, as well as cultural attitudes to learning, differ. Even feedback is interpreted differently across cultures. Yet we continue to import educational models as if they are universally applicable. They are not.

At best, this leads to wasted effort. At worst, it creates misalignment between what we teach and what our healthcare systems actually need.

Institutions become dependent on external models rather than developing solutions grounded in their own realities.

There is another uncomfortable truth. Medical education has become big business. Curricula are packaged and sold. Degrees in medical education are proliferating. Institutions compete on rankings, accreditation, and branding.

None of this is inherently wrong. But when education becomes a product, form can overtake substance. We begin optimising for what is visible - rankings, accreditation reports, curriculum structures - rather than what is real: whether our graduate doctors can think, adapt, and care effectively in the places they serve.

Perhaps the most important contradiction lies in the gap between education and reality. In classrooms, we teach structured knowledge, neat frameworks, and defined competencies. In hospitals, medicine is messy, uncertain, and shaped by real-world constraints. Students quickly learn that what is assessed is not always what matters - and what matters is not always assessed. This "hidden curriculum" may be the most powerful teacher of all.

So where does this leave us? Not in despair, but in clarity. The solution is not to reject innovation or retreat into isolation. It is to become more critical, more thoughtful, and more grounded.

Before adopting new ideas, we should ask: Does this work in our context? What problem are we trying to solve? What evidence supports this? What are the unintended consequences?

Most importantly, we must recognise that there is no single "correct" model of medical education. What works in London or Boston may not work in Cyberjaya - and that is not a weakness. It is a strength.

The future of medical education will not be built by copying others. It will be built by institutions that understand their own context deeply - and have the courage to design accordingly. In the end, medical education is not just about producing doctors. It is about shaping a profession. And that is far too important to leave to fashion.

Prof Dr David Whitford is vice-chancellor and chief executive of University of Cyberjaya. He earned a doctorate from Cambridge University and has held leadership roles in medical education. With over 70 research publications on disadvantaged communities and quality healthcare delivery, his academic journey includes positions at the Royal College of Surgeons in Ireland, in Dublin and in Bahrain, where he established community-based teaching and led postgraduate studies. The views expressed here are the writer's own.

The Sun M/S 3

No health facilities to be closed: Minister

MALACCA: The government has assured the public that no healthcare facilities in the country, including Segamat Hospital in Johor, will be shut down, Health Minister Datuk Seri Dr Dzulkefly Ahmad said.

He said the situation at the Segamat Hospital stemmed from service pressures and did not involve any suspension of services, adding that the Health Ministry had activated a cluster crisis management mechanism to ensure patient care remains uninterrupted.

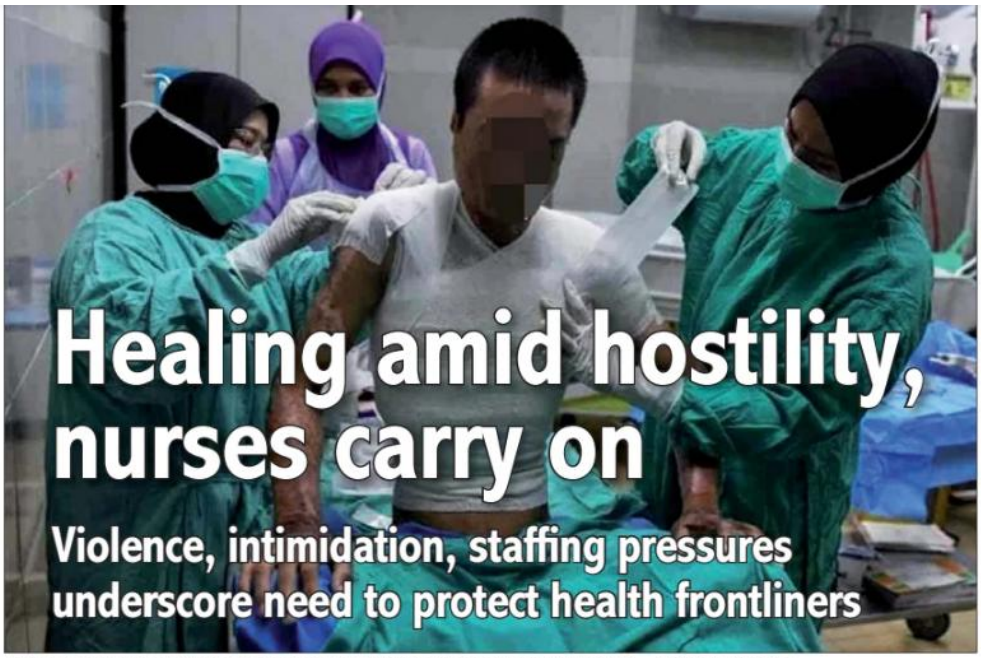
"If such situations arise due to a high number of patients, inpatients will continue to receive treatment, while outpatients will be referred to the nearest healthcare facilities for care.

"There is no closure of services, and this is important because patient care cannot be compromised.

"The hospital remains operational, including its obstetrics and gynaecology services," he told reporters after officiating at the closing ceremony of the Health Ministry's 2026 Malaysian Nutrition Month celebration on Friday.

Also present were Health Ministry secretary-general Datuk Seri Hasnol Zam Zam Ahmad and Malacca Health Department director Dr Husnina Ibrahim. – Bernama

The Borneo Post M/S 5



Healing amid hostility, nurses carry on

Violence, intimidation, staffing pressures underscore need to protect health frontliners

Wellbeing and empowerment of nurses are crucial in achieving quality healthcare. — Bernama photos

By Nina Muslim

WHEN Matron Asiah Suppaat recalled the day she was slapped by a patient, she did so with surprising calmness and humour.

The 71-year-old former nurse, who retired in 2015, was serving in a public hospital's psychiatric ward in Kuala Terengganu when the unexpected incident occurred.

Despite being accustomed to dealing with patients with mental health conditions, the sudden attack still caught her off guard.

"When I asked 'why did you slap me', the patient simply replied, 'because you're too pretty'.

"So how could I even stay angry when she was complimenting me?" Asiah said with a laugh during a Google Meet interview with Bernama.

Yet, she admitted that her experience was mild compared with what some of her colleagues had endured.

In another incident, a patient suddenly grabbed a nurse's necklace and attempted to strangle her with it.

"I had to put my hand between the necklace and my colleague's neck to stop her from choking," she recalled, adding that the nurses had to calmly persuade the patient to release her grip.

While physical aggression is often associated with psychiatric wards, violence against nurses is by no means confined to such settings.

For many nurses, verbal abuse, intimidation and occasional physical assaults have become an unfortunate part of daily working life, coming not only from patients but also from family members and visitors.

A global issue

A 2022 study titled 'Workplace Violence Among Nurses in Penang Hospital: Prevalence and Risk Factors' by Universiti Kebangsaan Malaysia (UKM) researcher Dr Halim Ismail and his team found that 43.9 per cent of nurses surveyed had experienced workplace abuse.

Of the reported incidents, 82.2 per cent involved verbal abuse, while 8.9 per cent were psychological in nature and 8.3 percent physical assaults.

The study also highlighted workplace violence against nurses as being a global issue, with prevalence rates reaching 51.3 per cent in Asia, 61.3 per cent

Nurses also face multiple challenges of high workload, workforce shortages, and prolonged emotional stress. Therefore, nurse empowerment is not just about the individual, but also about the systems that support them – a safe work environment, understanding leadership, and policies that look after their well-being.

— Dr Azura Abdul Halain, UPM nursing lecturer

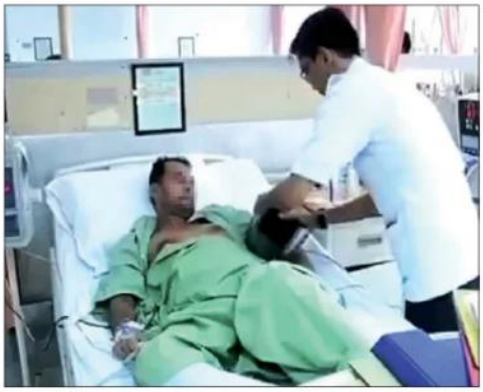
DATUK DR ALZAMANI MOHAMMAD IDROSE

their mental and emotional

Bernama also spoke to several nurses attending the conference, many of whom admitted to either experiencing or witnessing verbal and physical aggression at the workplace.

Yet, most appeared to regard such incidents as part and parcel of the profession, often brushing them aside unless the abuse escalated into physical violence.

Safiah from the MNA acknowledged that such reactions were common among nurses, many of whom had been conditioned to maintain a cheerful facade and professionalism at all times.



Nurses are 'the backbone of the national healthcare system', yet their contributions have often been overlooked and undervalued, says an expert.

the next person.

"And that is where the violence (happens) because if you're a patient, if you are relatives of a patient and you bring, let's say your kids ... you'd want them to immediately."

HKL's emergency department is currently the busiest in the country, handling between 500 and 700 cases daily, according to Dr Alzamani.

Safiah says nurses have always been trained never to show anger in front of patients no matter what happens.

with the department currently operating at only about 60 per cent efficiency due to workforce constraints.

He expressed hope that the arrival of newly-graduated nurses in July would help ease the burden on existing staff and improve morale, although he admitted that the numbers would still fall short of what was needed.

Investing in Malaysia's health

Malaysia's nursing shortage has become increasingly alarming, with thousands of trained nurses leaving the country each year in search of better opportunities abroad.

According to the Health Ministry, a total of 3,021 nurses left Malaysia to work overseas in 2024, based on figures from the Malaysian Nursing Board.

Of the total, 2,554 nurses or 84.5 per cent came from the private sector, while 353 nurses (11.7 per cent) were from Health Ministry institutions, and another 114 (3.8 per cent) from other public healthcare providers.

Healthcare experts and nursing leaders interviewed by Bernama agreed that improving salaries, allowances and benefits remained one of the most effective ways to retain skilled nursing talents in the country.

"In Malaysia, a nurse's starting salary is around RM3,000.

"In Singapore, it can reach about S$3,500, which is roughly three times higher.

"In Arab countries, it is also similar – salaries can range between RM10,000 and RM12,000," said Safiah.

Although Malaysia may not be able to fully match the salaries offered overseas, experts believe

in the Middle East, and 38.8 per cent in Europe.

However, health authorities, nursing associations and researchers believe that the actual figures may be significantly higher due to widespread underreporting.

"In reality, it is difficult to obtain the true data because many nurses do not report these incidents – it is underreported," said Malaysian Nurses Association (MNA) president and former nurse Safiah Sutan Taharudin.

While discussions on the profession have largely focused on low pay and long working hours, less attention has been given to workplace safety despite its profound impact on nurses' wellbeing and the work environment.

Not business as usual

The theme for this year's International Nurses Day celebration, 'Our Nurses. Our Future. Empowered Nurses Save Lives', places strong emphasis on the wellbeing and empowerment of nurses as a cornerstone of quality healthcare.

In this regard, Universiti Putra Malaysia (UPM) nursing lecturer Dr Azura Abdul Halain said empowering nurses should go beyond professional recognition and must include safeguarding wellbeing.

"Nurses also face multiple challenges of high workload, workforce shortages, and prolonged emotional stress.

"Therefore, nurse empowerment is not just about the individual, but also about the systems that support them – a safe work environment, understanding leadership, and policies that look after their well-being," she said in a statement.

While all healthcare workers face various forms of violence at the workplace, nurses often bear the brunt of it as they form the largest workforce in the healthcare sector and spend the most time interacting with the patients and their families.

Research worldwide has found that most of the violent incidents affecting nurses occur in emergency departments and psychiatric wards, a trend similarly observed in Malaysia.

"My staff have been punched, their spectacles broken, cough medicine poured on their head – we've had our share of bad experiences," said Datuk Dr Alzamani Mohammad Idrose, head of the Emergency Department at Kuala Lumpur Hospital (HKL).

He spoke to Bernama after delivering the keynote address at the National Nursing Conference in Putrajaya recently.

"We go through all kinds of emotions, but we still have to hide them.

"We were trained never to show anger in front of patients no matter what happens – even if your heart is breaking, you must still smile," she said with a light laugh.

She added that while counselling services were available to alleviate healthcare workers' mental stress, some nurses preferred not to report verbal attacks or seek psychological support for fear of being perceived as weak.

Vicious circle

Healthcare experts largely attribute violent outbursts against nurses to long waiting times and overcrowding at emergency departments, where most aggressive incidents tend to occur, compounded by poor public understanding of how emergency care operates.

Occupational and public health specialist Prof Dr Victor Hoe Abdullah described these as areas of 'high tension, high needs'.

"(Patients and their family members) are coming in an alert state, and each of them that comes into ED (emergency department) thinks that their issue or their problem that they face are more important than the next person; more urgent than be treated immediately," he told Bernama.

According to Dr Hoe, who also heads the Department of Social and Preventive Medicine at Universiti Malaya, said conflicts often arise when members of the public fail to understand the triage system practised in emergency departments.

Under the system, doctors and nurses are required to prioritise patients with the most critical conditions first, including those suffering from chest pains, breathing difficulties, serious falls among the elderly individuals, dengue complications, and high fevers in infants and young children.

Former HKL emergency department matron Noorliana Noordin agreed that overcrowding would become worse when patients with non-critical conditions sought treatment at emergency units instead of going to the health clinics.

"This contributes to longer waiting times and rising frustration among patients and family members.

"We advise them that minor illnesses, such as mild fever, can be treated at clinics, but sometimes people become upset.

"Once they come to the HKL emergency department, they expect to receive treatment

The nationwide nursing shortage has only intensified the pressure faced by healthcare workers.

From a World Health Organisation (WHO) report, a ratio of six nurses per 1,000 people is needed to achieve universal healthcare coverage.

However, the latest World Bank data from 2023 showed Malaysia had only 4.1 nurses per 1,000 population.

The shortage, which worsened following the Covid-19 pandemic, has significantly increased nurses' physical and emotional workload while job dissatisfaction continues to grow amid relatively low wages.

Although nurses in Malaysia officially work 42 hours a week, many are forced to put in overtime to compensate for manpower shortages.

Two years ago, Health Minister Datuk Seri Dr Dzulkefly Ahmad told Parliament that Malaysia could face a 60 per cent nursing shortfall by 2030 if the issue remained unresolved.

The mounting pressures have prompted many nurses to leave the profession altogether, or seek better opportunities in the private sector and overseas, further deepening the staffing crisis.

Dr Alzamani described the situation at HKL's emergency department as a 'vicious circle', that the country can still create more attractive employment packages to encourage nurses to remain in the local healthcare system.

Among the proposals raised is increasing allowances for nurses with sub-specialty qualifications so that they are more comparable to those offered in the private sector.

According to nursing sources, nurses in the public healthcare sector currently receive a monthly sub-specialty allowance of only RM100, compared to between RM300 and RM700 offered by private hospitals depending on the institution.

Dr Alzamani described nurses as 'the backbone of the national healthcare system', stressing that their contributions had often been overlooked and undervalued.

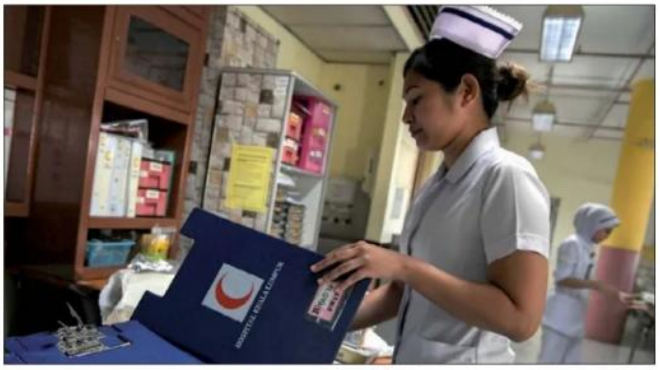
"A lot of times (nurses) are not seen as professionals, but merely as workers performing menial jobs.

"Many tend to look at them lower than their (true) value," he said.

"But (nurses) are (highly) trained … having medical, physiological understanding; calculating the medications; giving the fluids; monitoring and executing patient care well.

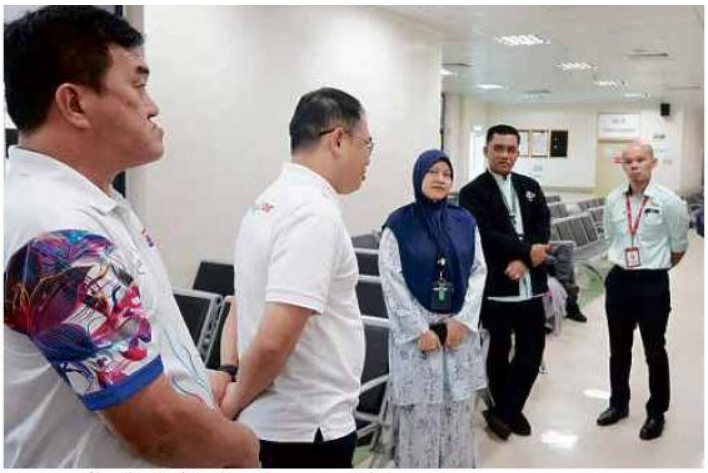
"They deserve far greater recognition," he added. — Bernama

Improving salaries, allowances and benefits remains one of the most effective ways to retain skilled nursing talents in the country.



A lot of times, nurses are not seen as professionals, but merely as workers performing menial jobs; many people tend to look at these frontliners lower than their true value.

Berita Harian M/S 15



Tian Soon (dua dari kiri) ketika melawat Hospital Segamat. (Foto ihsan FB Ling Tian Soon)

Hospital Segamat kekurangan 49 doktor

Kekangan kakitangan sebabkan tekanan terhadap perkhidmatan sedia ada

Oleh Alias Abd Rani
bhnews@bh.com.my

Segamat: Hospital Segamat memerlukan tambahan 49 doktor, khususnya membabitkan jawatan Pegawai Perubatan (MO) bagi membolehkan sistem perkhidmatan kesihatan dapat beroperasi secara lebih ideal.

EXCO Kesihatan dan Alam Sekitar Johor, Ling Tian Soon, berkata, berdasarkan keperluan semasa, Hospital Segamat sepatutnya mempunyai 169 orang pasukan perubatan termasuk doktor bagi mengendalikan pelbagai perkhidmatan dan jabatan yang sebahagiannya beroperasi 24 jam.

Ketika ini, katanya, hanya terdapat 120 orang pasukan perubatan, sekali gus Hospital Segamat berdepan kekurangan seramai 49 orang doktor, khususnya pegawai perubatan (MO) dan memberi tekanan kepada sistem perkhidmatan sedia ada.

"Saya turun ke Hospital Segamat selepas menerima banyak maklum balas daripada masyarakat mengenai kekurangan petugas kesihatan yang menyebabkan tempoh menunggu di beberapa jabatan menjadi lebih panjang.

"Walaupun berdepan cabaran ini, petugas kesihatan terus memberikan perkhidmatan terbaik kepada rakyat.

"Hasil perbincangan bersama pihak hospital dan petugas barisan hadapan mendapati Hospital Segamat mempunyai seramai 120 orang doktor, termasuk pakar dan pegawai perubatan.

"Namun, kekurangan tenaga kerja menyebabkan tempoh menunggu menjadi lebih lama dan beberapa temu janji terpaksa dijadualkan semula," katanya dalam kenyataan.

Petugas tambahan

Lantaran itu, Tian Soon berkata, pihaknya menghubungi Kementerian Kesihatan Malaysia (KKM) bagi memohon bantuan penempatan tambahan petugas kesihatan ke Hospital Segamat.

Katanya, perbincangan turut diadakan bersama Pengarah Kesihatan Negeri Johor (JKNJ) untuk mencari penyelesaian jangka pendek bagi membantu mengurangkan beban ditanggung oleh hospital ketika ini.

Baru-baru ini, Hospital Segamat menjadi tumpuan selepas tular dakwaan bakal menghentikan operasinya mulai 1 Julai ini susulan kekurangan kakitangan yang serius hingga mencetuskan kebimbangan dalam kalangan orang ramai.

Dakwaan yang tersebar secara dalam talian itu menyebut Hospital Segamat menjadi hospital utama di daerah ini akan berhenti menerima rujukan daripada klinik bermula bulan ini sebelum ditutup sepenuhnya pada bulan depan.

Hantaran itu turut mendakwa tindakan itu berpunca daripada kekurangan doktor dan petugas kesihatan, selain menggambarkan keadaan itu sebagai bukti kegagalan yang lebih besar dalam sistem kesihatan awam negara.

5 pegawai perubatan ditempatkan di Hospital Lahad Datu

Kota Kinabalu: Jabatan Kesihatan Negeri Sabah (JKNS) akan menempatkan tiga pegawai perubatan tetap dan dua secara sementara di Hospital Lahad Datu, bulan depan.

Menurut kenyataan JKNS semalam, jabatan itu mengambil maklum secara serius mengenai isu kekurangan pegawai perubatan yang dihadapi di hospital berkenaan pada masa ini.

"Tindakan pantas ini adalah mustahak bagi menjamin kelangsungan operasi klinikal dan perkhidmatan teras di Hospital Lahad Datu agar tidak terjejas," menurut kenyataan itu.

Kenyataan itu memaklumkan, beberapa langkah proaktif merangkumi beberapa strategi yang telah dan akan segera dilaksanakan bagi memastikan kualiti penyampaian perkhidmatan kesihatan dan keselamatan pesakit di daerah tersebut terus terpelihara.

Strategi itu menumpukan kepada pelaksanaan mobilisasi pegawai perubatan melalui pendekatan kluster membabitkan bantuan hospital di bawah Hospital Kluster Kota Kinabalu dan Hospital Kluster Tawau.

JKNS juga akan memberi keutamaan agihan pegawai perubatan kontrak kepada fasiliti yang mengalami kekurangan kritikal pada pengambilan terdekat serta memperkasakan kawalan perpindahan keluar bagi menjamin kestabilan tenaga kerja dan kelangsungan perkhidmatan kepakaran.

Julita Majungki

Sementara itu, Menteri Wanita, Kesihatan dan Kesejahteraan Rakyat Sabah (KWKKR), Datuk Julita Majungki, berkata keutamaan ketika ini adalah memastikan perkhidmatan kesihatan kepada rakyat tidak terjejas.

Beliau berkata, perkara perlu diutamakan ialah memastikan gangguan kepada perkhidmatan kesihatan dapat diminimumkan khususnya bagi pesakit yang memerlukan rawatan kecemasan dan penjagaan rapi.

"Pada masa sama, isu tenaga kerja kesihatan perlu dilihat secara menyeluruh kerana ia bukan sahaja membabitkan penempatan pegawai tetapi juga keperluan mengekalkan tenaga kerja berpengalaman di fasiliti yang berdepan tekanan perkhidmatan yang tinggi," katanya.

BERNAMA

Metro Ahad M/S 8, 17

KKM perketat kawalan malaria

Melaka: Kementerian Kesihatan Malaysia (KKM) mempertingkat langkah kawalan termasuk saringan bersasar terhadap warga asing susulan pengesanan 17 kes malaria di Terengganu.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata, ini kerana hampir semua kes penularan wabak berkenaan yang direkodkan mempunyai kaitan dengan golongan terbabit.

"Kita juga menjalankan saringan malaria secara bersasar terhadap warga asing, manakala rawatan dan pengurusan pesakit pula dilaksanakan sepenuhnya oleh KKM bagi memastikan penularan dapat dikawal. Langkah pantas dan kerjasama pelbagai agensi penting bagi memutuskan rantaian jangkitan malaria di kawasan yang terbabit," katanya selepas menutup Sambutan Bulan Pemakanan Malaysia peringkat KKM di AEON Bandaraya Melaka, di sini, semalam.

Turut hadir, EXCO Kesihatan, Perpaduan dan Sumber Manusia negeri, Datuk Ngwe Her Sem serta Ketua Setiausaha KKM, Datuk Seri Hasnol Zam Zam Ahmad.

Kelmarin, Jabatan Kesihatan Negeri Terengganu mengeluarkan amaran tinggi susulan peningkatan kes malaria dalam kalangan warga Rohingya di negeri itu.

Sektor Kawalan Penyakit Bawaan Vektor, Jabatan kesihatan Negeri Terengganu (JKNT) setakat ini menerima 17 kes malaria dengan 10 daripadanya membabitkan jangkitan malaria jenis Plasmodium vivax dalam kalangan warga Rohingya kategori import.

Kes terbaharu malaria dikesan di daerah Dungun dan Kuala Nerus.

Hasil siasatan mendapati semua kes dipercayai membabitkan individu yang memasuki negara ini secara tidak sah.

Mengulas lanjut, Dzulkefly berkata daripada jumlah kes terbabit, sebanyak 14 kes membabitkan jangkitan daripada manusia manakala tiga lagi berpunca daripada sumber zoonotik atau haiwan.

KKM saran Hospital Segamat tambah pegawai perubatan

Segamat: Kementerian Kesihatan (KKM) diminta menambah bilangan petugas kesihatan terutama doktor pakar dan pegawai perubatan di Hospital Segamat yang semakin kritikal ketika ini.

Exco Kesihatan dan Alam Sekitar Johor, Ling Tian Soon berkata, berdasarkan keperluan semasa, Hospital Segamat sepatutnya mempunyai 169 orang pasukan perubatan termasuk doktor bagi mengendalikan pelbagai perkhidmatan dan jabatan yang sebahagiannya beroperasi 24 jam.

Beliau berkata, namun pada ketika ini hanya terdapat 120 orang pasukan perubatan dan ini bermakna Hospital Segamat berdepan kekurangan seramai 49 orang doktor, khususnya pegawai perubatan (MO).

"Saya turun ke Hospital Segamat selepas menerima banyak maklum balas daripada masyarakat mengenai kekurangan petugas kesihatan yang menyebabkan tempoh menunggu di beberapa jabatan menjadi lebih panjang.

"Hasil perbincangan bersama pihak hospital dan petugas barisan hadapan mendapati Hospital Segamat mempunyai seramai 120 orang doktor, termasuk pakar dan pegawai perubatan.

"Namun, kekurangan tenaga kerja menyebabkan tempoh menunggu menjadi lebih lama dan beberapa temu janji terpaksa dijadualkan semula," katanya dalam satu kenyataan.

Justeru, Tian Soon berkata, pihaknya menghubungi Kementerian Kesihatan Malaysia (KKM) bagi memohon bantuan penempatan tambahan petugas kesihatan ke Hospital Segamat.

Pada masa yang sama, katanya, perbincangan turut diadakan bersama Pengarah Kesihatan Negeri Johor (JKNJ) untuk mencari penyelesaian jangka pendek bagi membantu mengurangkan beban ditanggung oleh hospital ketika ini.

Baru-baru ini, Hospital Segamat menjadi tumpuan selepas tular dakwaan bakal menghentikan operasinya mulai 1 Julai ini susulan kekurangan kakitangan yang serius hingga mencetuskan kebimbangan dalam kalangan orang ramai.