KERATAN AKHBAR 7/05/2026 (Khamis)

The Star M/S 5, 8

Patients struggle with 'draining' reality of treatments

PETALING JAYA: "Dialysis drains my energy and even causes me to faint easily."

These are the words of a 62-year-old patient from Petaling Jaya, who only wanted to be known as Vijiya, as she undergoes treatment to manage her condition.

She said the weekly routine has taken a heavy toll on her physical well-being and daily life.

"I have to manage everything myself, including arranging transport to the hospital and the centre. I also go for eye check-ups at the government hospital, where I have to pay RM200.

"Even when I come down from my flat on the 11th floor, I have to sit and rest before taking a cab," said Vijiya, who started dialysis at 55 when she was working as a cleaner.

Although her medical costs are covered by the Social Security Organisation (PERKESO), she still has to bear travel and meal expenses.

Similarly, a 65-year-old food business owner from Petaling Jaya, who only wanted to be known as Jamilah, said dialysis has disrupted her livelihood.

Jamilah has been running her food business for 10 years, which helps pay for her house and car. But now, her health has left her too weak to keep it going.

"I can barely run my food business. I spend hours on dialysis and afterwards, I feel too tired to continue," she said.

"The cost of my dialysis is about RM3,000 to RM4,000, but I am covered under my daughter's insurance," she said.

She began dialysis last July, immediately after suffering from influenza, when doctors discovered her kidneys were failing.

Meanwhile, IMU University Faculty of Medicine (clinical campus Seremban) senior consultant nephrologist Assoc Prof Datuk Dr Lily Mushahar said one haemodialysis therapy per patient per session (four hours) uses about 500 litres of water.

She said each patient requires about 12 to 13 sessions monthly.

"Dialysis is not very good for the carbon footprint, especially haemodialysis, because of the high utility (water, electricity) and disposables. But we cannot avoid this for haemodialysis therapy, but peritoneal dialysis is greener.

"Ultra-pure water uses more water, as it is more intensive and costly. Although ultra-pure water is more advanced in producing high-quality water, it does not reduce the volume of water used.

"The only thing moving towards green dialysis so far is recycling water, for example, by using reject water for other purposes," said Dr Lily, who is also the USCI Hospital (Springhill, Lukut) internal medicine consultant nephrologist.

In a mini-review entitled "Water implications in dialysis therapy, threats and opportunities to reduce water consumption: a call for the planet", published in *Kidney International* by Elsevier (Volume 104, Issue 1, July 2023), global annual water use for haemodialysis is approximately 265 million cubic metres per year.

The review said that, based on that estimate, two-thirds of the water from reverse osmosis reject water is discharged into the drain.

According to the Global Renal Replacement Therapy Annual Report 2022, haemodialysis is the most widely used treatment for end-stage kidney disease, chosen by approximately 90% of all dialysis patients – approximately 3.4 million patients.

With patient numbers on dialysis growing by at least 7% yearly, both the water used and the wastewater generated by dialysis units increase accordingly, the review said.

As such, the review proposed circular water management in line with the "3R" concept: reduce (reduce dialysis need, reduce dialysate flow, and optimise reverse osmosis performance), reuse (reuse wastewater as potable water) and recycle (use dialysis effluents for agriculture and aquaponics).

Filtering out the dialysis waste

Greener solutions needed to protect environment

By FAZLEENA AZIZ
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Healthy flow: Haemodialysis machines operating during a routine session at a dialysis centre. — AZHAR MAHFOF/The Star

PETALING JAYA: Dialysis has an environmental cost, but this cannot compromise patient care.

The challenge is to make dialysis greener without reducing access or safety, says the National Kidney Foundation (NKF).

Its chief executive officer Choo Kok Ming said dialysis treatments such as haemodialysis and peritoneal dialysis are resource-intensive medical therapies, relying on disposable materials and consuming large amounts of water and energy.

However, he noted that peritoneal dialysis has a relatively lower carbon impact compared to in-centre haemodialysis treatment.

He was referring to the Health Ministry, which recently said haemodialysis in Malaysia consumes approximately 250 to 500 litres of water per session, totalling over two billion litres annually for roughly 50,000 patients.

"The life cycle analysis (LCA) for dialysis treatment indicates a high carbon footprint," said Choo.

"This is mainly due to the transportation of patients, staff and suppliers, the use of electricity and water, and packaging materials and consumables for treatment."

LCA is a method used to measure the total environmental impact of something across its entire life cycle.

Dialysis is required for chronic kidney disease, majority of which is driven by metabolic conditions like hypertension and diabetes.

In 2024, about 21% of Malaysian population are diabetics, or one in every five people, according to data from the World Bank.

When asked what dialysis centres could do to save water without affecting patient safety, Choo said centres should choose more efficient water treatment systems that produce less reject water.

He added that routine maintenance of treatment systems, water pipes and machines is also important to detect leaks early.

"All haemodialysis treatments require the use of ultra-pure water so that it is free from toxins, heavy metals, bacteria and other contaminants that could enter the bloodstream and cause serious health complications.

"The water is purified with a reverse osmosis (RO) water treatment system whereby there is 'reject water' that can be used for other non-clinical means like cleaning.

"Centres should also review dialysate flow rates to reduce water use per treatment in line with evidence-based and patients' clinical needs to ensure it does not affect dialysis adequacy," he said.

On plastics, he said suppliers are choosing lighter or non-PVC plastics for manufactured consumables, but pricing remains a key consideration.

He said most centres already reuse plastic containers or sell them to be reused, including recycling unused ones, but stressed that proper waste segregation practices are important.

Choo noted that peritoneal dialysis (PD) cases, which require bulk deliveries of fluid bags, can be optimised by balancing load and delivery frequency, especially in more rural areas.

He added that NKF has also focused on reducing dependence on dialysis treatment by promoting preventive healthcare practices and kidney transplantation, as well as green nephrology.

"Government should also set policy frameworks and accompanying incentives for water efficiency, renewable energy use and support capital investments for such adoptions.

"Centre design matters too. Larger centres that combine all types of kidney care, including preventive medicine, and are properly designed to optimise water and energy use will be more environmentally friendly and sustainable in the long run," he said.

For now, Choo said centres should first eliminate waste and inefficiency and prioritise changes that do not compromise care.

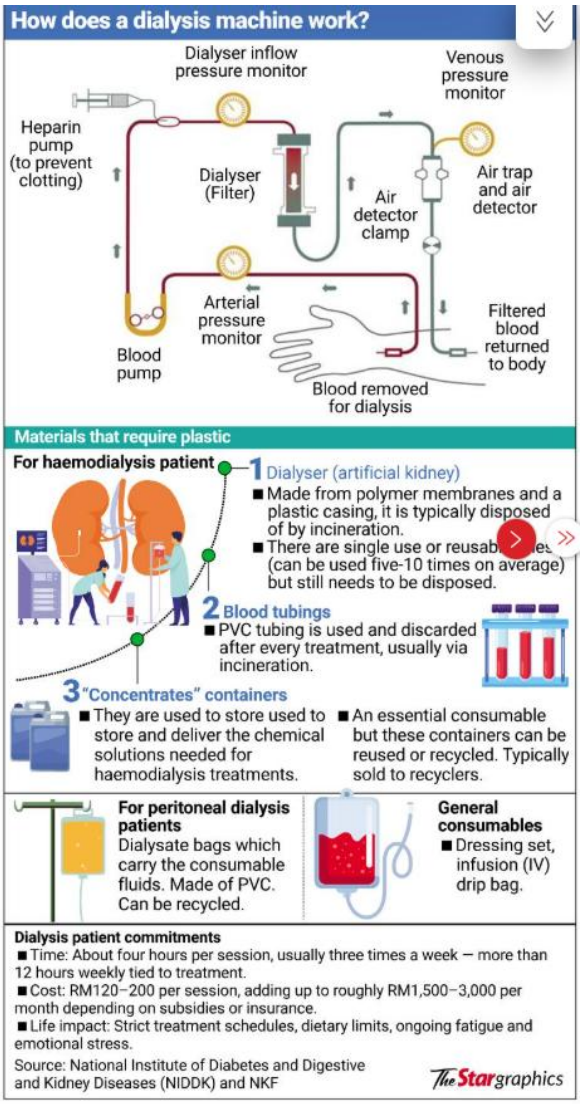
"Green dialysis is not about choosing between life-sustaining treatments for patients and the planet. It is about reducing avoidable damage to the environment while delivering high-quality, life-saving treatment," he added.

Meanwhile, Association of Water and Energy Research Malaysia (AWER) president Piarapakaran S. suggested more detailed monitoring of water use across separate operations.

"The industry can find a way forward to minimise water use without jeopardising patient safety or efforts to prevent infection or contamination. We can look into being more sustainable, but not at the risk of compromising safety and patients' well-being.

"At the end of the day, the maturity of technology is key to addressing specific issues in the healthcare sector. Even operating theatres have very specific requirements to ensure safe procedures," said Piarapakaran, who is also the Centre for Water and Energy Sustainability chief executive officer.

He added there was a need for a step-by-step approach assisted by technology and sound data before making any rapid changes, with healthcare professionals overriding the changes if they see risk.



Authorities intensify TB prevention efforts after early-year surge

By MOHD FARHAAN SHAH
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ISKANDAR PUTERI: Johor recorded 280 new tuberculosis (TB) cases in the first six weeks of this year with health authorities stepping up prevention efforts to curb the spread of the airborne disease.

State health and environment committee chairman Ling Tian Soon said the cases translate to an incidence rate of 6.6 per 100,000 population.

"The risk of transmission is higher in enclosed, crowded and poorly ventilated spaces, especially when there are active TB cases that have yet to receive treatment," he said during the state assembly meeting yesterday.

Ling was replying to Hasrunizah Hassan (BN-Pulai Sebatang) who asked the current number of tuberculosis patients in the state and what are the prevention plans to prevent the disease from spreading.

TB is an infectious disease caused by the Mycobacterium tuberculosis bacteria and spreads through the air, particularly when there is close contact with an infected person.

Ling said early detection remains the most important measure in controlling the disease, urging individuals with symptoms such as a prolonged cough lasting more than two weeks, unexplained weight loss, night sweats and breathing difficulties to seek immediate screening at nearby health facilities.

"Early screening allows treatment to begin promptly if a case is confirmed and this helps break the chain of infection," he said.

He added that all confirmed TB patients are placed under strict treatment monitoring where patients are observed taking their medication daily to ensure full compliance and reduce the risk of drug-resistant TB.

Ling also highlighted the importance of contact tracing, saying district health offices will identify and screen close contacts of confirmed cases, including family members and colleagues.

"As soon as a new case is detected, all close contacts will be screened to ensure early detection and prevention of further spread," he said.

Ling said the national BCG vaccination programme for newborns remains a key protective measure against severe TB infections in children, including TB meningitis and miliary TB.

He also stressed the importance of environmental controls, particularly proper ventilation in homes, workplaces and public spaces to reduce the risk of airborne transmission.

"There is a need for stronger public education efforts to promote proper cough etiquette and reduce stigma against TB patients," he added.

Pasir Gudang hospital eases burden for patients

Folk glad of shorter travel times, reduced congestion even as medical facility still being phased into full operations

By UMESH RAVIKUMAR
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The partial opening of Hospital Pasir Gudang has brought relief to some patients. — Filepic

FOR seven years, the 80km round trip between his home in Masai and Kota Tinggi for dialysis was a punishing routine for S. Turasamy.

Living with two failed kidneys, the 72-year-old often found the journey, which he takes three times a week, as physically draining as the treatment itself.

However, the recent partial opening of Hospital Pasir Gudang (HPG) has finally brought relief closer to home.

"Previously, I had to go all the way to Kota Tinggi for treatment because the two existing government hospitals here were too congested.

"I was spending about 40 minutes each way travelling to and from Kota Tinggi Hospital for treatment.

"It was exhausting. Now, the new hospital is just 10 minutes from my house, saving me a lot of time and energy," he said when met at Hospital Pasir Gudang.

Turasamy said the smaller crowd at the new hospital had also led to shorter waiting times, making his visits less tiring.

He was among the early patients benefitting from the 304-bed facility in Bandar Seri Alam, which is being phased into operation to alleviate pressure on Johor's healthcare system.

Restaurant owner Marhadi Bachok, 51, who has a heart condition, shared similar sentiments.

He previously endured waiting for four hours at Masai Health Clinic or going on hour-long trips to Hospital Sultan Ismail (HSI).

"Now, I only need to wait about five minutes to see the doctor.

"It is just half an hour from my house in Tanjung Langsat," he said, adding that the efficiency had made managing his schedule much easier.

Cafe assistant A. Thilagavathi, 48, who suffers from high blood pressure and diabetes, said she now only needed to wait less than an hour to see a doctor.

"This hospital is slightly further for me compared to Pasir Gudang Health Clinic, where I normally go for my follow-ups.

"However, the significant drop in waiting time makes up for it.

"Instead of waiting for three hours, I can now get everything done within just one hour," she said, adding that the healthcare staff were also very welcoming.

Nevertheless, it was not all smooth sailing for the hospital's early days.

Factory worker Vekelin Osing, 48, who was at the facility for a mammogram screening, said she encountered limited Internet connectivity.

Information technology support worker Wong Rong Hao, 26, who was accompanying his mother for her appointment, noted similar problem.

"I could use mobile data in the lobby, but once I went into the orthopaedic clinic, there was no connection.

"This could be a problem during emergencies," Wong said, adding that his mother was recently referred to the new hospital from HSI.

Customer service executive Nur Aimi Aqilah Ahmad Bakri, 38, who is eight months pregnant, said although the waiting time was still a few hours long, it was significantly better than the wait at other health facilities.

> **"I waited about two hours to see the doctor, as there were around 30 patients before me, but it is still better compared to other hospitals."**
>
> Nur Aimi Aqilah Ahmad Bakri

Marhadi says the efficiency has made managing his schedule much easier.

Thilagavathi says she now only needs to wait less than an hour to see a doctor.

Turasamy says the new hospital is just 10 minutes from his house, which saves him time.

Wong says he noticed that the hospital has issues with Internet connectivity.

"Previously, I came to the emergency department because I thought I was bleeding, but it turned out to be excessive discharge.

"I am now back here for a follow-up at the obstetrics and gynaecology department.

"I waited about two hours to see the doctor, as there were around 30 patients before me, but it is still better compared to other hospitals," she said.

Hospital Pasir Gudang, completed in June last year, saw its official August opening delayed due to technical issues and manpower shortages.

The Sun M/S 11

A safer, smarter vaccine to stop dengue deaths

COMMENT By Dr Musa Mohd Nordin and Dr Naveen Nair Gangadaran

AS we analyse the dengue statistics for 2024, the numbers are a stark wake-up call.

With 122,423 cases and 117 deaths – a 17% rise in fatalities – it is evident that our current strategies are being outpaced by the virus.

Malaysia has set an ambitious target of zero dengue deaths by 2030 but we will not reach this goal if we rely on vector control alone.

The mosquitoes are adapting and so must we. However, the most effective tool in our arsenal – vaccination – remains clouded by the past.

We must address the elephant in the room. Malaysia's hesitation towards dengue vaccines is rooted in the experience with the first-generation vaccine (CYD-TDV).

The first vaccine was a good vaccine but it came with a serious problem: for people who never had dengue before, it could sometimes make a future dengue infection worse. This major safety concern limited its use and made regulatory authorities and doctors understandably cautious.

But science does not stand still. Allowing that legacy fear to block access to new, safer technology today is a disservice to public health.

The new live-attenuated vaccine, TAK-003 (QDENGA), has changed that safety equation. Unlike its predecessor, TAK-003 does not have the previous safety problem.

In extensive clinical trials spanning seven years, there has been no evidence of increased disease severity or hospitalisations in individuals who have never had dengue (seronegative).

The data is robust: across 4.5 years of primary doses and subsequent booster studies, the vaccine has served as a shield against severe dengue disease leading to hospitalisation, not a risk.

This vaccine is already approved in 41 countries, with over 21 million doses distributed worldwide. Real-world data, including from Brazil, confirms its effectiveness in preventing severe dengue outcomes.

For parents and working adults, this offers peace of mind without the need for complex pre-screening blood tests. It shifts the focus from merely avoiding mosquitoes to actively preventing severe dengue disease that overwhelms our hospitals and claims lives.

The question facing Malaysia is no longer whether we should trust dengue vaccination but whether we can afford not to when lives are at stake.

Caution is a virtue in medicine but when caution ignores seven years of safety and efficacy data, it becomes an obstruction.

We urge the public and policymakers to look at the new evidence with fresh eyes. Let us rebuild trust through science and ensure that by 2030, zero dengue deaths becomes a reality, not just a slogan.

Dr Musa Mohd Nordin and Dr Naveen Nair Gangadaran are from Malaysian Paediatric Association. Comments: letters@thesundaily.com

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Kesihatan bukan tempat berjimat

CADANGAN pelarasan perbelanjaan kerajaan bukanlah sesuatu yang mengejutkan dalam keadaan ekonomi global yang tidak menentu.

Namun apabila sektor kesihatan turut disentuh, ia mengundang kebimbangan yang wajar diberi perhatian serius.

Ini kerana kesihatan awam bukan sekadar soal pengurusan kewangan, tetapi melibatkan keselamatan dan kelangsungan hidup rakyat.

Realitinya, sistem kesihatan negara ketika ini sudah pun berdepan tekanan yang berpanjangan. Isu kekurangan tenaga kerja, khususnya doktor dan jururawat, masih belum menemukan penyelesaian tuntas.

Dalam masa sama, hospital kerajaan terus sesak dengan pesakit, menunggu berjam-jam untuk rawatan yang sepatutnya lebih efisien.

Beban kerja petugas kesihatan pula semakin meningkat, hingga menjejaskan kualiti perkhidmatan dan kesejahteraan mereka sendiri.

Lebih membimbangkan, langkah pengurangan peruntukan berpotensi memperlahankan usaha penambahbaikan yang sedang berjalan.

Peralatan perubatan, penyelenggaraan fasiliti, serta latihan tenaga kerja memerlukan pelaburan berterusan.

Tanpa sokongan kewangan mencukupi, sistem yang sudah rapuh ini berisiko menjadi semakin lemah dan tidak mampu menampung keperluan rakyat yang kian meningkat saban tahun.

Kenyataan pihak kementerian yang memohon agar sektor kesihatan tidak terkesan oleh pelarasan ini harus dilihat sebagai satu amaran awal.

Ia bukan soal mempertahankan kepentingan institusi semata-mata, tetapi mempertahankan hak rakyat untuk mendapatkan rawatan yang berkualiti, cepat dan adil tanpa mengira latar belakang.

Kerajaan perlu menilai semula keutamaan dalam membuat keputusan.

Penjimatan boleh dilakukan di banyak tempat lain, tetapi bukan dengan mengorbankan sektor yang menjadi tunjang kesejahteraan rakyat.

Dalam hal ini, pendekatan jangka panjang harus mengatasi keperluan jangka pendek secara berhemah dan berimbang.

Kesimpulannya, kesihatan bukan ruang untuk eksperimen fiskal yang berisiko tinggi.

Pembedahan robotik PPUM pacu kemajuan sektor kesihatan

KUALA LUMPUR - Keupayaan pasukan Pusat Perubatan Universiti Malaya (PPUM) melakukan pembedahan robotik merentasi enam disiplin utama mampu menjadi pemangkin kemajuan mampan dalam sektor perkhidmatan kesihatan negara, kata Ahli Parlimen Bandar Tun Razak, Datuk Seri Dr Wan Azizah Wan Ismail.

Isteri Perdana Menteri itu berkata, penggunaan teknologi robotik dalam pembedahan sekali gus memberikan manfaat langsung kepada rakyat menerusi prosedur yang lebih selamat dan berkesan.

"Saya dimaklumkan bahawa PPUM merupakan perintis kepada pembedahan robotik bagi perawatan kanser payudara di Malaysia dan setakat hari ini, PPUM telah berjaya menyempurnakan enam kes," katanya ketika berucap merasmikan sambutan PPUM *Robotic Surgery Anniversary* 1.0 bertemakan *Precision Beyond Boundaries* di sini pada Rabu.

Turut hadir, Naib Canselor Universiti Malaya, Profesor Datuk Seri Dr Noor Azuan Abu Osman.

Dr Wan Azizah berkata, langkah PPUM mengintegrasikan teknologi realiti lanjutan (XR) berasaskan 5G dalam latihan perubatan juga membuktikan keupayaan pusat perubatan itu bukan sekadar pengguna teknologi, tetapi sebagai pelopor inovasi kesihatan di rantau ini.

Beliau berkata, Malaysia perlu memanfaatkan inovasi bagi meningkatkan ketepatan rawatan, mempercepat pemulihan dan memastikan akses yang lebih meluas kepada perubatan berkualiti.

Dr Wan Azizah yang memiliki Ijazah Doktor Perubatan daripada Royal College of Surgeons Ireland (RCSI) berkata, teknologi bukanlah pengganti manusia, sebaliknya perlu dimanfaatkan untuk memperkukuh pembangunan modal insan dalam sektor kesihatan.

Dr Wan Azizah (tengah) hadir pada Majlis Perasmian Sambutan *Robotic Surgery Anniversary* 1.0 di PPUM pada Rabu.

Justeru, beliau berharap usaha yang dirintis PPUM dalam bidang surgeri robotik itu akan menjadi contoh kepada semua pihak bagi kemajuan dalam sektor perkhidmatan kesihatan negara ini.

Sementara itu, Noor Azuan berkata, pembedahan robotik yang diperkenalkan di PPUM telah membuka lembaran baharu dalam landskap perubatan negara dengan lebih 90 pembedahan menggunakan teknologi berkenaan berjaya dilaksanakan sejak 2024.

Beliau berkata, sejak pelaksanaannya, pelbagai pembedahan kompleks berjaya dilakukan merentasi bidang urologi, ginekologi dan pembedahan am, sekali gus membuktikan kepakaran tempatan setanding pusat perubatan terbaik dunia.

Menurutnya PPUM kini berada di landasan tepat untuk mencapai sasaran 100 pembedahan robotik merangkumi pelbagai disiplin menjelang akhir bulan ini. - *Bernama*

Berita Harian M/S 14

Doktor junior bertugas hingga 85 jam seminggu

MMI mahu negara baharui standard keselamatan jamin kesejahteraan doktor dan pesakit

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Kuala Lumpur: Doktor junior atau pegawai perubatan pelatih (HO) di negara ini berdepan jadual kerja yang sangat padat sekurang-kurangnya 65 hingga 85 jam seminggu, jauh lebih tinggi berbanding negara lain termasuk United Kingdom (UK) yang menetapkan 40 jam masa bertugas dalam tempoh sama.

Malaysian Medics International (MMI), berkata bagi pegawai perubatan pula, mereka dikehendaki bertugas dengan syif berterusan sehingga 33 jam.

Katanya, wujud budaya 'faham-faham sendiri' dalam kalangan perkhidmatan kesihatan di negara ini yang menyebabkan doktor terpaksa kerja lebih masa tanpa bayaran antara 10 hingga 15 jam seminggu.

Atas dasar itu, katanya MMI mahu negara memperbaharui standard keselamatan pekerjaan bagi memastikan kesejahteraan doktor dan keselamatan pesakit.

"Selain itu, tempoh syif atas panggilan atau *on-call* bagi pegawai perubatan siswazah dan pegawai perubatan di negara ini adalah antara 24 hingga 36 jam tanpa penguatkuasaan yang jelas.

"Di United Kingdom, doktor junior perlu bertugas 40 jam seminggu dengan tempoh syif maksimum adalah 13 jam, selain diberikan cuti gantian serta bayaran tambahan bagi syif panjang.

"Sementara di Ireland, waktu kerja minggu bagi doktor pelatih adalah sebanyak 48 jam dengan tempoh syif maksimum 13 hingga 24 jam dan minimum 11 jam rehat berterusan dalam setiap tempoh 24 jam.

"Di China pula, waktu kerja minggu bagi doktor adalah dari 60 hingga 80 jam dengan tempoh syif sekurang-kurangnya 24 jam," katanya dalam kenyataan, semalam.

MMI menjelaskan walaupun sistem kesihatan di seluruh dunia sedang menghadapi tekanan, rangka kerja di negara seperti UK menunjukkan undang-undang buruh yang ketat dan berperikemanusiaan, boleh dilaksanakan dari segi pentadbiran.

"Kami dengan tegas menggesa Kementerian Kesihatan (KKM) untuk secara rasmi mewujudkan dan menguatkuasakan secara ketat satu Polisi Waktu Kerja Selamat yang komprehensif.

"Sebarang usaha struktur untuk mengurangkan waktu kerja, seperti inisiatif Waktu Bekerja Berperingkat (WBB) yang tidak berjaya, tidak boleh menyebabkan kehilangan elaun *on-call* yang kritikal.

"Ia secara efektif menghukum doktor akibat pelaksanaan reformasi sistemik," katanya.

Tempoh perkhidmatan tetap

Dalam perkembangan berkaitan, MMI turut menggesa KKM dan Jabatan Perkhidmatan Awam (JPA) untuk menetapkan tempoh perkhidmatan tetap yang dijamin bagi penempatan wajib ke Sabah dan Sarawak atau kawasan luar bandar.

Katanya, pada masa ini, Pegawai Perubatan berdepan penempatan tanpa tempoh jelas, menyebabkan perpisahan keluarga yang serius, tekanan kewangan dan kebimbangan terhadap kerjaya.

"Sistem giliran tetap yang telus akan membolehkan doktor muda merancang kehidupan serta laluan pengajian pascasiswazah mereka, sekali gus mengubah perkhidmatan luar bandar daripada penempatan jangka panjang yang tidak menentu kepada satu tanggungjawab nasional yang tersusun dan bermaruah," katanya.

MMI berkata, penempatan jauh, doktor mesti diimbangi dengan pampasan kewangan yang realistik dengan menyemak semula Bayaran Insentif Wilayah (BIW).

Katanya, kadar tetap RM360 langsung tidak mampu menampung kos tinggi seperti penerbangan, dua kediaman dan tekanan inflasi.

"KKM juga mesti menetapkan jumlah minimum sebenar HO, MO dan pakar yang diperlukan di peringkat nasional, serta kuota tepat yang diperlukan bagi setiap jabatan hospital untuk mengekalkan operasi yang selamat.

"Penetapan kapasiti minimum yang mengikat dari segi undang-undang akan memastikan bahawa apabila sesebuah jabatan berada di bawah tahap operasi selamat, satu 'amaran merah' (red flag) akan dicetuskan secara automatik," katanya.

Menurut MMI, tanpa pembaharuan segera, Malaysia berisiko mengalami kehilangan berterusan dalam kalangan tenaga kerja doktor muda, serta tekanan yang tidak dapat dipulihkan ke atas sistem kesihatan awam negara.

"Kita mesti menghentikan pengabaian sistemik ini sebelum kekurangan pada masa ini berlanjutan atau sebelum kita kehilangan lagi tenaga kerja apabila graduan terbaik berhijrah ke tempat lain lebih baik," katanya.