

DETERMINANTS OF MEDICAL DOCTORS LEAVING MALAYSIA'S PUBLIC HEALTHCARE SECTOR: A NARRATIVE REVIEW

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Abstract

The exodus of medical doctors from Malaysia's public healthcare sector has become a pressing concern, with an average of 3.5 doctors resigning daily between 2019 and 2023. This narrative review explores the determinants of medical doctors leaving Malaysia's public healthcare workforce, based upon literatures published from the past 2 decades. Literature search was conducted across five databases. From the 25 identified articles, five main themes were synthesized: "Career Advancement & Job Security", "Professional Recognition & Work-Life Harmony", "Workplace Culture, Environment & Support", "Staff Welfare" and "Staff Emoluments". Contributing key factors include limited opportunities for career progression, job insecurity among contract doctors, attractive private sector offers with significant salary disparities between public and private sectors, poor workplace conditions with heavy workload, inadequate emotional and psychological support. Additionally, bureaucratic inertia with lack of autonomy, and burden in balancing clinical and administrative responsibilities have strained medical professionals. In addressing these challenges to retain medical doctors in the public healthcare workforce, it is pertinent to improve career advancement opportunities, enhancing workplace support systems and culture while reducing workload, and also addressing salary disparities. Thusly ensuring the Malaysian public healthcare workforce being more resilient and sustainable, assuring provision of quality healthcare services to the population.

Keywords: Medical Doctor Retention, Public Healthcare Workforce, Healthcare Brain Drain

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INTRODUCTION

The exodus of medical doctors from Malaysia's public healthcare sector has become an increasingly pressing concern, with 6,417 medical officers leaving public service between 2019 and 2023. This averages to 3.5 medical doctors resigning from the public healthcare sector each day (CodeBlue, 2024). As over 70% of the Malaysian population relied on public healthcare services for their medical needs, this exodus has significantly impacted the country's healthcare service delivery (Hajar Umira Md Zaki, 2024).

The factors driving this trend are multifaceted, with studies highlighting burnout due to excessive workloads with working hours up to 84 hours per week, inadequate compensation relative to the private sector (Danish Raja Reza, 2024), lack of career progression opportunities with poor work-life balance (Tarrence Tan & Ragananthini Vethasalam, 2023), job insecurity and dissatisfaction with the introduction of contract medical officer (K. Parkaran, 2024), playing contributory roles towards medical doctors' decisions to leave the public sector. Furthermore, COVID-19 pandemic has further exacerbated these challenges, predisposing more than half of Malaysian healthcare workers experiencing burnout symptoms during this testing period (Nurhanis Syazni Roslan et al., 2021).

This narrative review aims to explore the various determinants associated with medical doctors quitting the public healthcare workforce in Malaysia. It draws upon literatures published for the past 20 years from 1999 to 2024, highlighting that the issue being a long-discussed topic in the Malaysian healthcare system with new challenges to be addressed.

While previous studies examined individual factors contributing towards medical doctors quitting public healthcare workforce in Malaysia, this narrative review synthesized these contributory factors into a comprehensive list of themes. This provides insights to inform policy decisions and strategies to improve retention among medical professionals in the public sector. Thereby ensuring the sustainability of Malaysia's public healthcare system whilst assuring equity among our healthcare workers for their effort in delivering quality healthcare services for the community.

METHODS

Literature search through 5 databases namely PubMed, Scopus, Google Scholar, ProQuest and ScienceDirect had been conducted to identify articles which fulfilled the inclusion criteria (1) published between January 1999 and December 2024 (2) focused specifically on Malaysian medical doctors in public healthcare settings (3) addressed factors influencing retention, attrition, and / or career decisions; with exclusion criteria (1) studies focused solely on nursing or allied healthcare professionals (2) articles examining only student or trainee populations and (3) studies addressing only clinical practice issues without workforce implications.

Search terms and Boolean operators employed during literature search include:

- i. ("medical doctor*" OR "physician*" OR "clinician*") AND
- ii. ("Malaysia") AND
- iii. ("public" OR "private" OR "hospital*" OR "clinic*") AND

- iv. (“career” OR “promotion” OR “job security” OR “job opportunity*” OR “recognition” OR “prestige” OR “culture” OR “environment” OR “support” OR “burnout” OR “welfare” OR “compensation” OR “salary” OR “emolument*” OR “allowance*” OR “pension*” OR “workload”) AND
- v. (“retention” OR “turnover” OR "intention to leave" OR "job satisfaction")

Through the 25 identified articles, data set was condensed and underwent thematic analysis via inductive approach, which codes and themes subsequently emerged. After all-text familiarization, initial coding was conducted independently by six researchers (CRWA, ATSF, RR, MAB, CD, AA) to identify recurring factors. Codes were then collated into subthemes through a constant comparative manner. These subthemes underwent refinement via team discussions until consensus was reached on five main themes, which was then reviewed by two supervisors (ARR, MAS).

RESULTS AND DISCUSSION

The main themes emerged include “Career Advancement & Job Security”, “Professional Recognition & Work-Life Harmony”, “Workplace Culture, Environment & Support”, “Staff Welfare” and “Staff Emoluments” as summarized in the Table 1.

Theme 1: Career Advancement & Job Security

Career Progression Pathways

Career growth and recognition are essential for motivating, retaining and boosting productivity among medical doctors. Grooming talents of employees is also crucial part to improve service provision. A lack of development opportunities strongly correlates with turnover intentions.

In the public healthcare sector, many doctors were demotivated by their inability to work in preferred departments and limited postgraduate seats offered. This further promote their transitions from the public to the private sector (Dulajis et al., 2022). Furthermore, dissatisfaction with the promotional processes in public sector, with training and career development opportunities in the private healthcare sector had accentuated medical doctors migration from public to private healthcare sector (Andrew Sija, 2022; Faiz Daud et al., 2022; M. Aidalina & Ismail Aniza, 2015).

Job Stability

Since introduction of the contract employment system for Malaysian medical doctors in 2016, the Ministry of Health had reported 3,046 contract medical officers having resigned between 2021 and 2023 (Nor Ain Mohamed Radhi & Qistina Sallehuddin, 2024). This could be explained by the intrinsic and extrinsic factors affecting the job satisfaction and dissatisfaction among them.

Intrinsic factors like job insecurity due to contract job appointment causes doubts about contract renewal and career advancement, exacerbating emotional fatigue and reduces job satisfaction. Extrinsic factors like salary disparities, insufficient support services and employee benefits fosters feeling of unfairness among the contract counterpart, fuelling discontent among them. These factors synergistically impact their job satisfaction, inadvertently resulted in increasing resignations and absenteeism (Razak & Ali, 2023).

Rural Posting Support System

Economic inequalities had been frequently cited to have discouraged medical doctors from working in rural areas, thusly financial incentives should be emphasised to retain those employed in district healthcare facilities nationwide (Faiz Daud et al., 2022). Moreover, increased workloads, challenging geographical access, facility and resource inadequacy also contributes to their reluctance to work in rural area.

Support system such as mentorship initiatives, peer support groups, and ongoing educational opportunities, all played important roles in improving their job satisfactions thusly enhancing the retention level among those posted to rural medical postings (Putri et al., 2020)

Theme 2: Professional Recognition & Work-Life Harmony

Private Sector Career Prestige

Since 1991, the Malaysian government's Privatisation Master Plan had substantially increased private healthcare facilities leading to increased demand for medical doctors in the private sector (Latifa M Hameed & Fadilah Mat Nor, 2014). This pull factor being complemented by push factors such as job dissatisfaction among public healthcare doctors related to low salary and unsatisfactory work environment had impacted their migration dynamics into private healthcare facilities (Faiz Daud et al., 2022; M. Aidalina & Ismail Aniza, 2015).

Furthermore, lack of appreciation and acknowledgement at public healthcare facilities contributed to their migration to the private sector (M. Aidalina & Ismail Aniza, 2015). Thus justifying that employee recognition and acknowledgment strongly predicted employee retention among Malaysia's private healthcare centres (Andrew Sija, 2022).

Work-Life Balance & Economic Stability

Work-life balance is highly associated with job satisfaction, predicting employees' retention in an organization. Permanent post medical doctors were better in balancing work-life demands as compared to contract counterpart, contributing to their retention in the public sector (Muhamad Khalil Bin Omar & Azzarina Zakaria, 2016). Furthermore, lower wages among medical officers had contributed to them quitting the public healthcare services (M. Aidalina & Ismail Aniza, 2015).

Thus, long-term actions are needed to rectify negative impact towards public healthcare services due to medical doctors venturing into the private healthcare sectors (Norehan Jinah et al., 2023). For instance, implementation of Full Paying Patient services in 2007 had significantly reduces the rate of medical specialists' resignation from the public healthcare sector (Muhammad Nur Amir AR & Sharifa Ezat WP, 2020).

Theme 3: Workplace Culture, Environment & Support

Organizational Culture

Post pandemic, bureaucratic inertia and double role playing by medical doctors who are overtasked with clinical services and administrative works, had caused detrimental effect to the public healthcare workforce. Hence resulting in job dissatisfaction and strained professional relationships, causing uptick of resignation from the public healthcare sector (Azrul Mohd Khalib, 2024; Mohd Ramlan et al., 2014; Muhammad Nur Amir AR & Sharifa Ezat WP, 2020).

The lack of autonomy over local policy planning and implementation, diminished job control and organizational culture of vertical administrative order had caused unease and dissatisfaction among medical doctors, predisposing them to quit the public healthcare sectors (Faiz Daud et al., 2022; Muhammad Nur Amir AR & Sharifa Ezat WP, 2020).

Workplace Condition

Ill workplace hygiene, poorly maintained assets, crowded working spaces in public healthcare facilities are among factors that most medical doctors are dissatisfied with (Mohd Ramlan et al., 2014; Rossilah Jamil, 2022). These dissatisfactions increases the risk of them quitting the public healthcare services.

Workplace violence negatively impacts employees' physical and psychological well-being with post-traumatic stress disorders. Majority of the public sector's medical community had experienced workplace violence with most reporting having experienced psychological violence, and some endured physical violence and sexual harassment. These have led to increased absenteeism among medical doctors and further influenced their decision to leave the public healthcare field (Lim et al., 2022).

Emotional & Psychological Wellbeing

Feelings of depersonalization and emotional exhaustion detract medical doctors from job satisfaction (Anisa Muhammad Nur & Herman Shah Anuar, 2020), enhancing risks of resignation from the public healthcare services (Rusli Ahmad et al., 2019). Thusly they should be encouraged to seek help when needed (Mohd Ikhwan Azmi et al., 2022), as a supportive workplace culture that encourages open communication and provides mental health support can enhance emotional well-being among doctors. This improve job satisfaction and retention in the public healthcare services (Julia C Prentice et al., 2020).

Theme 4: Staff Welfare

Impact of Excessive Workload

Heavy workloads, long working hours and insufficient staffing in the public healthcare sector significantly contributed to medical doctors' job dissatisfaction (Rusli Ahmad et al., 2019). This indirectly led to high level of burnout and mental ill health, leading them to a breaking point and eventually resigning from the public healthcare workforce (Marzo et al., 2022; The Star, 2023).

Due to concerns of career jeopardization and colleague's negative perception, medical professionals feared seeking mental support, underutilizing available supporting resources, predisposing them to emotional burnout, depression and even anxiety (Norehan Jinah et al., 2023).

Impact of Inadequate Rest Periods

Due to the demanding working nature and insufficient recuperation time, these had contributed to burnout among medical doctors, indirectly affecting their work-life balance, with most reported having spent limited amount of family time thereby inflicting sense of guilt as parents (Ifrah Harun et al., 2022). This leads to job dissatisfaction with increased rates of quit intentions among them, amidst efforts to address and improve job satisfaction and also reducing staff turnover intentions (Dousin et al., 2022; Roslan JMG et al., 2014).

Theme 5: Staff Emoluments

Salary Disparities & Retirement Benefits

Salary influence employee retention, mediated by job satisfaction and is a crucial factor in turnover intention among medical doctors in the public healthcare workforce (Roslan JMG et al., 2014; Yang et al., 2021). This is evident when medical specialists engage in dual practice, being a precursor of quitting public practice in favor for a lucrative return at the private sector (Malindawati Mohd Fadzil et al., 2022).

Despite salary and benefits disparities exist between contract and permanent medical doctors in the public healthcare system, both shared similar level and amount of workload. These inequitable disparities could contribute to turnover intention among contract doctors from the public healthcare system (Norehan Jinah et al., 2023). Also, most permanent post doctors cited dissatisfaction with the current salary, allowances, and pension benefits, associating them with their intention to quit (Muhammad Nur Amir AR & Sharifa Ezat WP, 2020). Despite so, retirement benefits had contributed to their retention in the public healthcare workforce (Andrew Sija, 2022).

Allowance Benefits

Work-related allowances can impact job satisfaction and turnover intention among doctors in public healthcare facilities (Harun, 2020). Inadequate allowances may lead to insufficient compensation contributing towards demotivation and dissatisfaction, leading to their resignation from the public sector (S Sararaks & R Jamaluddin RAM, 1999).

Thusly non-salary benefits of permanent post offering and a transparent performance-based bonus system should be addressed for better job satisfaction, improving their retention in the public healthcare workforce (M. Aidalina & Ismail Aniza, 2015; Norehan Jinah et al., 2023)

Table 1: Thematic Summary Table

Themes	Sub-Themes	Determinant Factors
Career Advancement & Job Security	Career Progression Pathways	<ul style="list-style-type: none"> Limited career opportunity advancements Dissatisfaction with promotional processes in the public sector
	Job Stability	<ul style="list-style-type: none"> Intrinsic and extrinsic factors affecting the job security among contract medical doctors
	Rural Posting Support System	<ul style="list-style-type: none"> Economic inequalities Limited manpower, challenging geographical access, facility and resource inadequacy
Professional Recognition & Work-Life Harmony	Private Sector Career Prestige	<ul style="list-style-type: none"> Job dissatisfaction and lack of acknowledgement among public healthcare doctors regarding low salary and unsatisfactory work environment Increased demand of doctors and employee recognition in the private sector
	Work-Life Balance & Economic Stability	<ul style="list-style-type: none"> Imbalance between work-life demands Low wages offered

Workplace Culture, Environment & Support	Organizational Culture	<ul style="list-style-type: none"> • Bureaucratic inertia • Double role playing by medical doctors • Vertical administration lacking employee autonomy
	Workplace Condition	<ul style="list-style-type: none"> • Public services facilities were not properly maintained • Small, crowded wards and clinic working spaces in public healthcare facilities • Workplace violence harms healthcare employees' physical and psychological well-being
	Emotional & Psychological Wellbeing	<ul style="list-style-type: none"> • Feelings of depersonalization and emotional exhaustion contributing to burnout and psychological distress
Staff Welfare	Impact of Excessive Workload	<ul style="list-style-type: none"> • High level of burnout and mental health issues among public healthcare medical doctors due to heavy workloads, long working hours and insufficient staffing • Stigma of seeking mental health assistance among medical professionals
	Impact of Inadequate Rest Periods	<ul style="list-style-type: none"> • Insufficient time for rest and recuperation contributed to burnout and job dissatisfaction

		<ul style="list-style-type: none"> • Sense of guilt among parents for not spending adequate family time
Staff Emoluments	Salary Disparities & Retirement Benefits	<ul style="list-style-type: none"> • Inadequacy between the public sector salaries and the private sector offerings • Salary and benefits disparities between contract and permanent medical doctors in the public healthcare system • Dissatisfaction with salary, allowances, and pension benefits by the public sector
	Allowance Benefits	<ul style="list-style-type: none"> • Inadequate allowances may lead to insufficient compensation for the demanding nature of healthcare services rendered

Strengths & Limitations

Through this article, various determinants which led to medical doctors leaving the Malaysia's public healthcare workforce had been explored, compiled and illustrated in a clear manner for policy makers to review and make considerations for policy amendments, thereby improving the public healthcare system to retain medical doctors.

However, as this article only focuses on the context of medical doctors working in the public healthcare sector, it does not portray the general condition and situation of the Malaysian public healthcare workforce, and does not exhibit in full, the current working conditions of the private healthcare sector which may have played its role in affecting medical doctors quitting the public healthcare workforce.

CONCLUSION

The emigration of medical doctors from Malaysia's public healthcare sector poses significant implications for the country's healthcare system. This narrative review has identified five key determinants contributing to this trend which includes (1) Career Advancement & Job Security (2) Professional Recognition and Work-Life Harmony (3) Workplace Culture, Environment & Support (4) Staff Welfare (5) Staff Emoluments.

By addressing these factors, Malaysia can progress towards establishing a more resilient and sustainable public healthcare workforce, ensuring continuous provision of high-quality healthcare services to its population. Future research should concentrate on assessing the efficacy of retention strategies and investigating innovative approaches to healthcare workforce management within the Malaysian context.

Conflicts of Interests

The authors have no conflicts of interest to declare.

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Data Availability Statements

No datasets were generated or analyzed during the current study. This article is a narrative review based primarily on previously published literature.

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Authors' Contributions

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