

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 1
RUANGAN : MUKA HADAPAN

Perlu dinaikkan lebih RM2,000, wujudkan elauan-elaun baharu elak hijrah

Gaji jururawat Malaysia antara terendah di ASEAN

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PETALING JAYA: Gaji bulanan jururawat Malaysia lebih rendah berbanding rakan sejawatan di Kemboja, Vietnam dan Filipina yang saiz ekonomi mereka lebih kecil berbanding negara ini.

Berdasarkan tinjauan terbaru gaji jururawat antara negara ASEAN, Laos menawarkan gaji terendah dengan RM973.34 diikuti Myanmar (RM1,182), Indonesia (RM1,400) dan Malaysia (RM1,800).

Gaji jururawat di Vietnam ialah RM2,582 manakala Filipina

na RM2,729 dan Kemboja pula RM3,032 sebulan.

Laporan dikeluarkan laman sesawang *Worldatlas.com* pada 2022 menunjukkan pendapatan kasar per kapita Malaysia adalah RM47,782 berbanding Kemboja (RM8,372), Vietnam (RM11,365) dan Filipina (RM14,589).

Pendapatan di negara lain termasuk Singapura yang menawarkan gaji bermula RM8,777.95 menarik perhatian rakyat Malaysia sehingga mereka melepaskan tanggungjawab menabur bakti di tanah air sendiri.

Bersambung di muka 2

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 2
RUANGAN : DALAM NEGERI

Gaji jururawat Malaysia antara terendah di ASEAN

Dari muka 1

Presiden Kesatuan Jururawat Malaya (MNU), Saaidah Athman berkata, memandangkan gaji permulaan jururawat kakitangan awam mengikut skim kerajaan, maka secara umumnya mereka menerima gaji pokok sebanyak RM1,800 tidak termasuk elan-elan lain.

Justeru, beliau berkata, gaji permulaan jururawat kerajaan perlu dinaikkan lebih RM2,000 berbanding sekitar RM1,800 selain mewujudkan elan-elan baru seperti syif dan makanan seperti amalan negara lain.

"Kita mengakui kewujudan penghijrahan petugas kesihatan termasuk jururawat daripada Kementerian Kesihatan dengan mencari peluang kerja di luar negara.

"Tawaran gaji dan imbuhan berganda di negara lain menarik rakyat Malaysia sehingga mereka melepaskan tanggungjawab menabur bakti di tanah air," katanya kepada *Utusan Malaysia*.

Terdahulu, akhbar ini melaporkan kekosongan jururawat di Kementerian Kesihatan meningkat 10 hingga 40 peratus dalam tempoh empat tahun bermula negara dilanda pandemik Covid-19.

Berdasarkan jawapan Kementerian Kesihatan di Dewan Rakyat pada bulan lalu, terdapat 2,106 kekosongan jururawat pada 2020 dan angka itu meningkat kepada 2,224 (2021) dan 4,420 (2022) dan terkini, 6,896 pada 2023.

Presiden Persatuan Perubatan Malaysia (MMA), Dr. Azizan Abdul Aziz berkata, pihaknya mengakui wujud penghijrahan petugas kesihatan termasuk jururawat daripada Kementerian Kesihatan dengan mencari peluang kerja di luar negara.

Antara faktor kekosongan tersebut adalah tekanan perseki-

Semakin ramai jururawat tinggalkan kerjaya

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PETALING JAYA: Kekosongan jururawat di Kementerian Kesihatan meningkat 10 hingga 40 peratus dalam tempoh empat tahun bermula negara dilanda pandemik Covid-19. *UTUSAN Malaysia*
15 April 2024.

taran tempat kerja dan gaji rendah sehingga ramai petugas mengambil keputusan berhenti kerja sekali gus menyumbang kepada kekosongan jawatan jururawat sejak 2020 hingga 2023.

Mengulas lanjut, Saaidah berkata, kekosongan jawatan jururawat berlaku disebabkan pelbagai faktor antaranya ramai memilih berhenti kerja untuk mencari gaji lebih tinggi, cuti bersalin dan ada menyambung belajar serta kewujudan perkhidmatan baharu seperti pertambahan unit dan wad di klinik serta hospital.

Katanya, keadaan itu menyebabkan terdapat jururawat di hospital kerajaan kini terpaksa bekerja lebih masa dan dipanggil bekerja ketika waktu bercuti ekoran kekurangan petugas barisan hadapan itu di seluruh negara.

"Isu daripada ramai berhenti itu juga menyebabkan baki jururawat yang terpaksa bekerja le-

PERBANDINGAN GAJI JURURAWAT NEGARA ASEAN

Negara	Gaji
1. Brunei	RM10,752
2. Singapura	RM8,777
3. Thailand	RM3,518
4. Kemboja	RM3,032
5. Filipina	RM2,729
6. Vietnam	RM2,582
7. Malaysia	RM1,800
8. Indonesia	RM1,400
9. Myanmar	RM1,182
10. Laos	RM973.34

bih masa mungkin bermula dari pukul 7 pagi sehingga 9 malam. Ada juga dipanggil bekerja ketika bercuti.

"Masalah ini mencetuskan *burnout* kepada para jururawat sehingga ada yang memilih untuk bersara awal," katanya.

Saaidah berkata, masalah kekurangan jururawat menyebabkan nisbah terkini jururawat dengan pesakit di Malaysia adalah 1:300 berbanding sasaran nisbah 1:200 seperti ditetapkan Pertubuhan Kesihatan Sedunia (WHO).

Beliau menyifatkan isu tersebut sebagai masalah serius yang wajar ditangani kerajaan dan Kementerian Kesihatan kerana boleh mengakibatkan kesesakan hospital selain pesakit terpaksa menunggu giliran lebih lama.

"Kekurangan jururawat ini perlu ditangani dengan serius oleh kerajaan. Jika tidak, kita bakal mengulangi situasi Covid-19 yang mana masalah tersebut menyebabkan beban berganda dalam kalangan petugas kesihatan," katanya.

AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 2

RUANGAN : NEWS / NATION

Fixing nurses' future

A deep dive, please

THE International Council of Nurses (ICN), a federation of 130 national nursing associations representing 28 million nurses, has an overarching theme: "Our nurses. Our future." The ICN may have missed the irony of the "period" that stands between the nurses and their future. Our Health Ministry mustn't. For some Malaysian nurses, their nursing career here is truncated. As the years tick by, the "some" is becoming "many". Add to this the pressures exerted by the shortage of nurses nationwide, especially in the public healthcare sector. Understandably, the call for Putrajaya to do something about the now and the future of nurses is growing louder. One such was as recent as Tuesday, when MCA vice-president Datuk Lawrence Low urged the government to increase the salaries and allowances of nurses as a way to stem the shortage. Sure, money is a critical factor in nurses' attrition rate, especially in a Malaysia that is fast becoming very expensive to live in. The shrinking ringgit doesn't help. The purchasing power of nurses' take-home pay shrinks as much.

Many are heading to the Middle East, the United States, Britain and Singapore, where the pay is many times more and the exchange rate is an added bonus. Even after deducting the higher cost of living there, the pay and perks are a clear and present enticement. Care has an economic power and Putrajaya must recognise it. Covid-19 showed us how im-

Care has an economic power and Putrajaya must recognise it. Covid-19 showed us how important nursing care is.

portant nursing care is. We shouldn't wait for another pandemic to ask them to prove their worth. Nursing care is an essential service. But the government mustn't just stop at improving pay and perks. There are other reasons why nurses are calling it quits. Our nurses are a burdened lot. Health Ministry figures tell us that there was one nurse to 283 patients last year. The problem is that ratios such as this don't tell the whole story. One untold tale behind the ratio is distribution of nurses throughout the country. Cities get more nurses than rural areas. Ditto states in the peninsula versus Sabah and Sarawak. Rare are the nurses who work just eight hours a day. Spillover into another shift isn't uncommon in certain locations. The result is burnout, leading to a decline in the quality of healthcare. With nurses under repeated stress, negligence is just minutes away.

The combo of attrition and shortage is a lethal mix. Yes, pay and perks are a must, but this is a cure for the moment. Nurses' future is about the long term. Or more precisely, about what happens between the ages of 22 and 60, a 38-year career span. To be fair to Putrajaya, this isn't just about what the government causes to happen to the nurses' career. It is also about nurses managing their career. We see this as a partnership: the government helping the nurses to help themselves. This needs a deep dive, which we dare say isn't happening. It is not just about the right remuneration for nurses. It is also about retaining them. And having retained them, making their career a rewarding one. A deep dive requires a few critical questions to be asked by Putrajaya. We suggest one: what is the best way to make nurses' career in the public healthcare sector a rewarding one?