

## Challenges faced when posted to Sabah

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By: David Thien

Kota Kinabalu: Healthcare workers newly posted to Sabah often face a steep learning curve as serving in remote areas means adjusting to local customs, health-seeking behaviours and languages.

While most patients are comfortable with Bahasa Malaysia, many elderly residents or members of indigenous communities are more fluent in their native dialects such as Dusun, Murut, Bajau or Sungai.

Building rapport and trust takes time. It's not unusual for health workers to learn a few local phrases or even basic greetings to help strengthen the connection with patients and gain the community's confidence, according to former State Medical Director Datuk Dr Christina Rundi.

She shared this at the recent Sabar-Kopitiam Council "Voices to Action" podcast on the state of healthcare in Sabah. She was accompanied by Gynaecologist and Obstetrician Dr Felice Huang.

She also pointed out that in many rural areas, access to basic utilities remains a major issue. Electricity may come from aging diesel generators which are prone to breakdowns.

Clean water is often sourced from rainwater harvesting systems or nearby rivers. Internet access is unreliable — if available at all —making even basic reporting or referrals a challenge. Even phone signals can be non-existent in some locations, leaving staff disconnected during emergencies.

In certain parts of Sabah, road access isn't even an option. In areas like Sukau and Kuamut in Kinabatangan, the only way to reach some villages is by boat in crocodile infested waters.

During rainy season, rising river levels and strong currents make travel risky. Delivering vaccines, essential medicines, or medical supplies requires precise planning and a fair bit of improvisation.

If a patient needs to be referred to the nearest hospital, it can take many, many hours to reach help, longer if the weather doesn't cooperate.

In rural clinics, healthcare workers often take on far more than what their job descriptions suggest. A medical officer is not just a doctor — they may also manage the entire clinic, oversee logistics, handle procurement, and coordinate public health outreach.

Nurses and medical assistants are equally stretched. One day they're deep in the kampung or estates running immunisation campaigns or school health screenings; the next, they're attending to emergencies, following up with expectant mothers, and making sure the clinic runs smoothly the next morning.

When transport is limited, the medical assistant may even double as the ambulance driver. Health inspectors travel from village to village — sometimes by 4WD, sometimes by foot — carrying out sanitation checks, conducting health talks, managing food safety inspections, and responding to potential outbreak reports. Their role is vital in preventing illness before it spreads yet often goes unnoticed.

This multitasking isn't out of choice—it's out of necessity and it shows the level of dedication these frontliners bring to the job.

The effects of health workforce shortages are felt most by the rural communities themselves. Outreach visits may be delayed. Chronic illnesses like hypertension or diabetes may go undetected or sub-optimally managed. Immunisations and maternal health services can fall behind schedule. Health education remains limited, and preventable diseases may continue to burden families.

Yet, despite the challenges, communities remain grateful, and many are deeply connected to their local healthcare workers, seeing them as part of the kampung family.

Fixing this issue isn't just about sending more staff — it needs proper planning that fits our local context.

According to Dr Rundi and Dr Felice, some things that can really make a difference for Sabah include:

- Giving real incentives for those willing to stay long-term in rural areas. Things like faster track for postgraduate training, promotion opportunities, or extra service points can go a long way.
- Improving basic needs like staff housing and connectivity. In many rural areas, the internet is patchy or unavailable. With satellite internet, better road access, and well-maintained quarters, staff can focus more on their work, not worrying about their safety or how to call for help.
- Training and retaining people who are committed to serving. Whether they are born in Sabah or choose to call Sabah home, we need to increase the intake of trainees who are willing to serve long-term, especially in remote areas. Expanding internship and housemanship training centres in Sabah itself will help prepare future health workers for rural postings — not just technically, but mentally and culturally.

- Strengthening telemedicine and mobile health services. Not every kampung can have a full clinic, but mobile teams and teleconsultation can help fill the gap, especially in places where travel is hard or only possible by boat. If used properly, this can reduce the burden on both patients and staff.

Addressing the health workforce maldistribution in Sabah isn't just about numbers — it's about people. It's about the nurse who walks to kampung houses in the rain, the medical officer who stays late to manage an emergency, and the health inspector who crosses rivers to prevent an outbreak.

These are the quiet heroes keeping our system running in the most remote corners of the state.

"Sabah Voices to Action - Shaping Sabah's Future Together" podcast by Sabar - Kopitiam Council is a citizen-driven, non-partisan initiative running from March to June 2025, dedicated to amplifying Sabahans' voices, fostering meaningful discussions, and shaping policies on education, healthcare, public infrastructure, and good governance.

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**Together, we can build a stronger, more inclusive Sabah!**

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