Addressing the Malaysian Doctor Brain Drain Phenomenon: Analysis of Singapore Recruitment Issues and Proposed Solutions

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The Asian Conference on Arts & Humanities 2026
Official Conference Proceedings

Abstract

The exodus of Malaysian doctors has accelerated due to Singapore's lucrative remuneration and stable employment prospects. This study highlights the key factors driving medical professionals to relocate, including wage disparities, excessive workloads, and contract-based employment. Research indicates that Malaysia's healthcare system is plagued by structural deficiencies that drive doctors to leave the country despite extensive national investment in their education. Competing solely on wages is untenable. Therefore, Malaysia must revamp its employment framework, promote postgraduate opportunities, and strengthen working conditions. This article also advocates implementing a "brain circulation" method that leverages the expertise of Malaysia's medical professionals abroad through telemedicine and collaboration. Hence, maintaining talent requires a long-term strategy that guarantees professional development and innovation in healthcare, rather than temporary incentives.

Keywords: Malaysia, brain drain, healthcare, Singapore recruitment, medical professionals, policy reform

Introduction

The issue of brain drain, or the immigration of highly skilled workers, remains a concern for Malaysia. The problem worsened recently when Singapore actively offered Malaysian specialists who wanted to work in its healthcare sector salaries of up to SGD 110,000 per year (Sinar Harian, 2025). This appealing offer raises major concerns, as it could accelerate the outflow of doctors from Malaysia at a time when the nation still fails to meet the World Health Organization (WHO) – recommended doctor-to-population ratio.

Despite Malaysia's major investment in training medical practitioners, high-wage offers and enhanced career stability abroad, especially in Singapore, make local medical professionals vulnerable to recruitment. The challenge Malaysia faces is not merely Singapore's higher salaries but the inherent flaws in its local healthcare system, which foreign recruiters can exploit to their advantage. It examines how income discrepancies, contract-based employment, restricted professional opportunities, and fragile innovation ecosystems drive emigration. In 2024, Singapore's official data indicated a ratio of 29 doctors per 10,000 individuals (Ministry of Health, 2025). In Malaysia, official data indicated that in 2019 the country had 2.0 doctors per 1,000 individuals, equivalent to 20 doctors per 10,000 people (World Bank, 2021).

This comparison highlights a significant disparity in physician enrollment between Malaysia and Singapore, underscoring that Singapore's recruitment strategy places a significant strain on Malaysia's healthcare system. The primary factor is wage inequality. A medical doctor in Malaysia with three years of experience often receives an annual salary of RM 72,000, whereas in Singapore, the figure is RM 385,000 (The Straits Times, 2025). Initially, these findings may suggest that brain drain is an inescapable economic outcome. Salaries just reflect the surface layer of a larger systemic problem. A notable concern is Malaysia's reliance on contract-based employment for junior physicians. Established in 2016 as a temporary measure, the contractual arrangement has led to many young physicians without guarantees of permanent employment. The Malaysian Medical Association is pushing to abolish the contract system and restore permanent positions for healthcare workers, as the current system lacks job security, prompting medical professionals to seek more stable options elsewhere (The Star, 2025).

Theoretical Framework and Global Perspective

This study employs Lee's (1966) Push and Pull Theory to justify the rise in migration of Malaysian medical professionals to Singapore. This theory posits that an individual's decision to migrate is shaped by two primary categories of influences: push factors in the country of origin and pull factors in the destination country. These factors significantly influence the migratory patterns of skilled professionals, including physicians and medical experts.

In Malaysia, various push factors have compelled doctors to seek employment opportunities abroad. This encompasses concerns over lower competitive compensation relative to neighbouring nations, restricted advancement prospects, excessive workloads, and ambiguity in career trajectories, particularly for contract medical officers. Moreover, the absence of specialised training options and arduous working conditions further exacerbate unhappiness among young physicians (OECD, 2024). These circumstances provide a compelling motivation for people to consider relocating to countries that offer better employment opportunities.

Concurrently, Singapore offers numerous appealing attributes that make it a favoured destination for Malaysian physicians. These include higher earnings, more stable, permanent

career prospects, modern healthcare facilities, and access to advanced training and professional development. Moreover, the proximate geographical location, specific cultural affinities, and the prevalent usage of English within the healthcare sector further ease the acclimatisation of Malaysian physicians in Singapore (Ravenhill, 2020).

This phenomenon has considerable ramifications for Malaysia. The Malaysian government allocates substantial resources for each doctor's training, estimated at RM1 million per doctor. Nevertheless, a portion of this proficient labour migrates to other nations that provide more appealing incentives (OECD, 2024). This circumstance may result in a deficiency of medical personnel in the nation, hence impacting the quality of healthcare services provided to the populace.

The Push and Pull Theory elucidates that the migration of Malaysian doctors to Singapore is not merely an individual choice, but rather a consequence of the interplay between push factors in Malaysia and pull factors in Singapore. Consequently, initiatives to mitigate the brain drain phenomenon necessitate enhanced employment policies, refined incentive structures, well-defined career trajectories, and a more favorable work environment to guarantee that medical professionals remain in the country.

Root Issues

The study revealed that “over fifty per cent of Malaysian healthcare workers in this sample encountered burnout,” attributing workload (extended hours) as a main cause of stress and frustration among Malaysian healthcare workers, with burnout consistently predicting the intention to move (Roslan et al., 2021). The Malaysian government expressed significant concerns about Singapore's direct recruitment of Malaysian medical professionals, emphasising that appealing compensation packages abroad could exacerbate the existing brain drain and burden the domestic healthcare system (Free Malaysia Today, 2025). The professional environment abroad is more favourable due to its advancement.

The structure's limitations are unintentionally “exporting” Malaysia's most talented individuals. Taken as a whole, intangible yet increasingly significant aspects such as opportunities for creativity, workplace acknowledgement, and organisational culture contribute to the overall impact. Singapore has established itself as a centre for digital health by incorporating artificial intelligence into healthcare provision. It emphasises the transformative impact of AI technologies on diagnostics, predictive analytics, and patient monitoring, with governmental support for telemedicine efforts. This amalgamation of investment in AI and digital health infrastructure fortifies Singapore's position as a leader in medical innovation (Liu et al., 2020).

On top of that, Malaysia is not as far along as other countries in terms of incorporating technology into the healthcare industry. On the other hand, Malaysia appears unable to compete with Singapore in providing a future for younger physicians who prioritize professional advancement in groundbreaking fields. The exodus of medical professionals has several complicated repercussions for Malaysia.

The most immediate consequence is a deficiency of healthcare workers, especially in public hospitals and rural regions. This compromises the accessibility and quality of healthcare. Patients experience extended wait times, while professionals remain overworked, creating a cycle of burnout and frustration. The economic impact is significant. The expected cost of

training a doctor in Malaysia is approximately RM 1 million in public funding (Ministry of Health Malaysia, 2021). Each medical professional who quits signifies a significant shift of taxpayer investment to the advantage of another nation. This situation highlights not only a financial burden but also a significant discrepancy between governmental expenditure and national revenue. The deterioration of public trust is equally serious. As worker shortages worsen, people report poor standards in public hospitals, increasing the need for private healthcare. This exacerbates inequality because the private sector treats the wealthy promptly while neglecting disadvantaged groups. On a systemic level, brain drain affects Malaysia's ability for medical research and innovation. Specialists and high-achieving doctors who emigrate weaken the nation's capacity to generate knowledge, secure foreign research funding, or develop innovative healthcare frameworks. This gradually undermines Malaysia's competitiveness in the global knowledge economy.

Governance and Policy Weaknesses in Malaysia's Healthcare System

Governance is crucial for ensuring the sustainability and efficacy of Malaysia's healthcare workforce. Despite Malaysia's extensive investment in medical education over the years, issues have emerged about management and planning. These factors hinder the retention of physicians within the public healthcare system. The issue transcends financial concerns; it also illustrates systemic deficiencies in the healthcare system, such as sluggish decision-making, ambiguous regulations, and insufficient operational transparency. In addition, a significant challenge is the disunity in employment policies between the Ministry of Health (MOH) and the Public Service Department (PSD).

There have been many policy changes, such as the shift from permanent jobs to temporary contracts, which have left medical officers unclear about their status (Ismail, 2023). The absence of defined transition pathways and promotion frameworks has diminished morale, prohibiting numerous young doctors from continuing in public service. The Malaysian Medical Association (MMA, 2023) reports that more than 1,500 doctors have left since 2021, citing job insecurity and fatigue as the primary reasons for their departures. According to good governance theory, accountability and effective public health policy necessitate transparency and merit-based advancement (Kaufmann et al., 2019). However, Malaysia's decision-making is often centralized and opaque, restricting healthcare professionals' involvement in policy development. The lack of performance-based assessments and sluggish administrative processes delays career progression, resulting in perceived inequities and professional dissatisfaction.

Another important problem is the poor teamwork between federal and state health officials. As a result, there are many overlapping duties and mixed approaches to managing healthcare workers (WHO, 2022). For instance, hiring goals and the number of workers assigned often don't align with the real needs of different areas. This causes a mismatch between hospitals in cities and those in rural areas. This kind of problem makes the whole system less prepared, especially during big crises like the COVID-19 pandemic.

Furthermore, insufficient transparent data makes it hard to develop policies based on real evidence. Without a central database for the health workforce, it's difficult to track how doctors are spread out, how many leave the field, and how well training programs are working. The OECD (2024) Global Talent Mobility Report says that using data for good governance is key to keeping skilled workers. It helps governments spot problems and create better solutions. To fix these governance problems, Malaysia needs to go beyond quick fixes and develop a

complete plan for the health workforce. Ensuring institutions are accountable, using digital tools to manage the workforce, and setting clear career paths can help restore confidence and prevent skilled professionals from leaving. Good governance isn't just about managing things; it's the base for long-term stability and success in Malaysia's healthcare system.

To prevent the medical brain drain, Malaysia requires initiatives focused on systemic reform rather than temporary solutions. Competing based only on income is impractical; rather, governments must promote a healthy professional ecosystem. The contract system needs revision. Ensuring clear routes to permanent work is crucial. In the absence of employment security, no benefits package may deter doctors from pursuing alternative options. The government must establish explicit criteria for the transition from contract to permanent status, supported by public evaluations. Secondly, remuneration frameworks must be reassessed, not necessarily to align with Singapore, but to enhance competitiveness. Non-wage benefits, such as housing allowances, comprehensive health insurance, and performance-based incentives, can enhance job satisfaction. Significantly, rural service incentives may alleviate persistent shortages beyond urban areas.

Malaysia must substantially increase postgraduate training positions and specialist pathways. Collaborations with overseas universities could enable professionals to acquire global experience while maintaining connections with Malaysia. Exchange-based training programs, accompanied by return obligations, would ensure that specialized talent ultimately benefits the domestic system.

In addition, improvements in working conditions are necessary. Lowering workloads by employing support personnel, digitizing patient management, and optimizing resource allocation will reduce burnout. Mental health support and flexible leave policies should be standardized within the healthcare industry. Fifth, Malaysia ought to implement a policy for diaspora and brain circulation. Not all doctors overseas can or will return, although their experience may still be utilized through visiting consultancy positions, joint research, or telemedicine networks (Docquier & Rapoport, 2012). Rather than perceiving emigration as a definitive loss, Malaysia may conceptualize it as an opportunity for the exchange of information and skills. The government must allocate resources toward digital health innovation. Malaysia has the capacity to establish itself as a regional center for telemedicine and medical technology. This approach would not only retain younger professionals but also attract international talent and investment. Innovation ecosystems foster professional pride and mitigate thoughts of stagnation that frequently prompt relocation.

The strong recruitment of Malaysian physicians by Singapore highlights the systemic weaknesses of Malaysia's healthcare system. Despite the frequent mention of wage inequities, the underlying concerns are contract-based employment, limited specialized prospects, excessive workloads, and inadequate innovation ecosystems. It argues that Malaysia ought to relocate from reactive methods to proactive structural improvements. Retention tactics should extend beyond mere compensation to cultivate a sustainable medical community that prioritizes security, professional growth, and innovation. Directly competing with Singapore on wages is useless; creating an appealing and supportive healthcare environment is the sole practical strategy moving forward.

If Malaysia can reform its healthcare sector to provide long-term stability, international prospects, and significant acknowledgment, physicians will remain not out of duty but out of conviction. This method would mitigate brain drain and enhance the resilience of Malaysia's

healthcare system, assuring equitable and sustainable service for the nation's population in the coming decades.

Impact on National Development and Human Capital

The ongoing emigration of Malaysian doctors to Singapore poses challenges to the country's long-term development objectives. The Twelfth Malaysia Plan (RMK-12) targets "Strengthening Healthcare Services" and "Building Resilient Human Capital" as vital national objectives (EPU, 2021). The constant exodus of qualified healthcare workers significantly erodes these goals by eroding Malaysia's healthcare delivery system and reducing institutional capacity for innovation, medical research, and quality care. The exodus adversely impacts service delivery and affects Malaysia's return on public investment in education. The Ministry of Health Malaysia (2021) asserts that training a medical practitioner locally costs around RM1 million. The emigration of these specialists to Singapore and other wealthy countries represents a significant intellectual deficit and a substantial financial burden. This deficit is exacerbated by limiting postgraduate opportunities, a lack of structured career progression, and systemic difficulties in Malaysia's healthcare governance (Ismail, 2023).

This migration trend jeopardises Malaysia's capacity to fulfil Sustainable Development Goal 3 (SDG): Good Health and Well-Being. The objective mandates universal healthcare access and a sufficient health workforce to provide equitable service provision (United Nations, 2022). As the number of doctors working in public hospitals decreases, the patient-to-doctor ratio increases, especially in rural hospitals. This imbalance causes exhaustion among staff and weakens the country's ability to handle health crises, as seen during the COVID-19 pandemic (WHO, 2022). Moreover, the absence of proficient doctors undermines Malaysia's research and innovation framework. Healthcare workers who migrate internationally frequently strengthen research partnerships and technological advancements in their host nations. This trend intensifies Malaysia's reliance on foreign knowledge, constraining the country's competitiveness in biomedical research and pharmaceutical innovation (OECD, 2024).

In addition, the relocation of young and mid-career doctors contributes to a generational gap in the leadership and mentoring of medical professionals. The lack of senior figures in teaching hospitals limits these facilities' capacity to train new doctors, posing a threat to Malaysia's ability to maintain a steady supply of medical professionals in the long term. On top of that, gender factors come into play, which research suggests that female doctors have a more difficult time juggling the demands of their work schedules with the obligations they have to their families, which increases the possibility that they will leave their profession (MMA, 2023). To reverse these impacts, Malaysia needs to bring talent retention into its Malaysia MADANI initiative, thereby emphasising innovation-driven healthcare, professional recognition, and balanced workload allocation. Brain drain can be transformed into brain circulation by enhancing postgraduate pathways, enabling flexible career alternatives, and developing bilateral partnerships with Singapore through telemedicine and joint research. This would allow for the utilisation of overseas experience for the benefit of domestic institutions. Therefore, maintaining human capital is not only a social obligation but also an essential component of Malaysia's long-term national resilience and competitiveness.

Conclusion

The migration of Malaysian doctors to other countries reveals a deeper structural issue within Malaysia's healthcare administration and labour market dynamics. Even though personal

incentives such as higher wages, job security, and improved working conditions propel this movement, the fundamental causes are institutional and systemic. The study from a neo-mercantilist perspective reveals that state rivalry for skilled human capital has influenced the regional healthcare environment, with Singapore effectively utilising Malaysia's educational spending for its economic benefit (Balaam & Dillman, 2022). The topic of brain drain entails complex repercussions, which are institutional, economic, and developmental. The persistent migration of qualified doctors from Malaysia results in economic detriment, lost innovative potential, and exacerbated health inequities between urban and rural areas (Ismail, 2023). The lack of balance not only diminishes Malaysia's capacity to reach Sustainable Development Goal 3 (SDG) in fostering good health and well-being but also impacts the overarching aims of the Twelfth Malaysia Plan (RMK-12) and the Malaysia MADANI target for inclusive growth (EPU, 2021; United Nations, 2022).

Addressing this dilemma involves more than temporary wage modifications or salary modifications. Malaysia must establish an effective, comprehensive retention strategy that includes governance reform, competitive work conditions, and transparent promotion processes. Improving postgraduate education, investing in digital healthcare innovation, and fostering bilateral engagement with Singapore through telemedicine and academic exchange could convert brain drain into brain circulation (OECD, 2024). The retention of medical workers is not merely a framework concern but a national imperative. The sustainability of Malaysia's healthcare system, and thus its human capital development, depends on the capacity of the government to transform governance shortcomings into reform chances, ensuring that Malaysian skills favor national progress rather than enhancing another nation's prosperity.

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