

## EDITORIAL

### **“Code Black” Movement in Malaysia: The Psychological Repercussions**

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Code black, a hospital emergency code, is conventionally activated during a hospital bomb threat. The recent ‘Code black’ online movement in Malaysia, initiated by the Malaysian Medical Association (MMA) Section Concerning House Officers, Medical Officers, and Specialists (SCHOMOS), calls for an urgent reformation from the Malaysian government on the job security and welfare of contract HCWs. Reasons cited include junior medical officers (MO) are, since the sudden switching to contract hire basis in December 2016, deprived from having an equal benefit as compared to their permanent counterparts, lacking of transparent criteria for permanent position and hence prohibited from further undergoing postgraduate specialization training without a permanent position. Subsequently, junior MOs are venturing into the private sector or overseas for specialization training, leading to the exacerbation of HCWs brain drain in Malaysia.

What was the root cause of the ‘Code Black’ movement? Arguably, the advent of the coronavirus disease 2019 (COVID-19) pandemic has since then challenged and overwhelmed hospitals capacity worldwide, inevitably includes Malaysia. The number of infection remains high, and first crossed the psychological benchmark of 10 thousands on 13<sup>th</sup> July 2021, despite the

implementation of nationwide Movement Control Order (MCO) for the past 16 months. HCWs have relentlessly delivering continued care for COVID-19-infected patients, most of them are attended by the junior MOs, despite personal risk of infection. As such, they commonly exhibited physical exhaustion due to long working shifts with cumbersome personal protective equipment (PPE), anxiety over risk of transmission to family members, loss of many patients and even their own colleagues [1].

With the first cohort of contract MO soon ending their service in December 2021, the Ministry of Health offered an ‘one-off’ one-year contract to fill up the manpower during this COVID-19 pandemic, with perhaps no extension once the COVID-19 pandemic has receded. Jahoda’s latent deprivation theory (1982) demonstrated latent benefits associated with employment for instance time structure, social contact, collective purpose, identity/status, and activity, are important for psychological well-being [2]. However, there is thus far, as expressed by some of the HCWs, no light can be seen at the end of the tunnel of COVID-19 pandemic. Heavy workload during the pandemic, verbal abuse by the angry public, mediocre job prospects, lacking of clear guideline to be absorbed as permanent staff, and perception of underpaid as opposed to

their permanent counterparts have sparked the ‘Code Black’ online protest movement, with July 12<sup>th</sup> labelled as the ‘Black Monday’. Hence it is crucial to safeguard the mental health of our HCWs from burnout or even “learned helplessness”, which could eventually lead to depression, psychosomatic vulnerability, and a variety of diseases due to coping failure [3].

The Malaysian healthcare system is well-known for its accessibility, heavily subsidised investigations and treatment from the government. Nevertheless, manpower remains the cornerstone for the entire system, lacking of which might result in a collapse of our healthcare system. Burnout and other work-related psychological stressors are inevitable occupational health issues. However, by understanding the challenges faced by our HCWs and safeguarding their reasonable needs, we can destigmatise occupational-related mental health matters and aptly attend to the mental health needs of all HCWs affected by COVID-19 pandemic and job uncertainty. The Psychological First Aid (PFA) protocol, developed by Sulaiman et. al. (2020) is one of such interventions that can be applied remotely via a mobile application to instil calmness and hopefulness in HCWs requiring psychological crisis interventions, allowing them to return to psychological functioning without stigmatization [4].

Finally, regardless how badly the COVID-19 pandemic has imposed a heavy toll on our HCWs and negatively impacted our daily normality, it is hoped that this pandemic will prompt a redefinition of our healthcare system, with recognition from the Authority of the contribution of all HCWs with

appropriate compensation, social and financial safety-net protection. Echoing the “Code Black” movement, the Academy of Medicine Malaysia (AMM) lends its supports with a press statement, dated 12<sup>th</sup> July 2021, quoted:

“All healthcare professionals at all levels have been essential in keeping our health system afloat. The government must provide the next generation of healthcare professionals with adequate compensation, security, and recognition for their sacrifices. We owe them a sustainable solution, now.”

## References

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