

SINGAPORE — THE NURSING SCENE

M A DOYLE

In many ways Singapore still bears evidence of the period of British colonialism and the system of nursing service and nursing education is also still greatly influenced by the British system of nursing.

NURSING AS A PROFESSION IN SINGAPORE

As in South Africa, nursing is legally recognised as a profession but, according to the senior nursing staff interviewed, it is definitely not seen as such by the general public.

The higher class families are still hesitant to allow their daughters to take up nursing which results in the profession having to accept girls with lower educational qualifications. Because of the great shortage of nurses the Minister of Health has lowered the entrance requirements, and there are no strict criteria for recruitment. Once qualified, nurses register with the Nursing Board which is under the control of the Minister of Health.

There is a nursing association but unlike S.A.N.A. it is neither strong nor really service oriented. The trained nurse can belong to a Union, but this also does not come to grips with the problems which beset the profession. Although essential services in Singapore are not allowed to strike, nurses belonging to the Union have the right to threaten to strike. And, like British and American nurses, Singaporean nurses did strike in 1963.

There is quite a high degree of dropout among nurses which, according to nurse educators, hinges mainly on three factors:

- the lack of status enjoyed by the profession
- the low salary scale

OPSOMMING

Die publiek in Singapore ken nie 'n hoë status aan verpleging toe nie met die gevolg dat skoolverlates met laer opvoedkundige kwalifikasies gewerf word. Assistentverpleegsters kan ook na 'n twee-jaar-kursus tot die kursus vir registrasie toegelaat word.

Gemeenskapsdienste word gelewer vanaf gedentraliseerde poli-klinieke wat met die hospitaal skakel. Gesinsbeplanning is 'n aspek wat baie aandag geniet op dié eiland.

Dwelmverslawing en alkoholisme tel nie onder die maatskaplike probleme in Singapore nie. Daar is wel ander gevolge van die verwestering van die samelewing soos die invloed van die werkende vrou op die gesinstruktuur.

- the recruitment, because of need, of girls who are not emotionally and academically suited to nursing.

NURSING EDUCATION

As yet, nurse educators cannot obtain the necessary qualifications in Singapore and have to go to countries like Australia and Canada to obtain their degree. Once a nurse has completed her basic qualification and is interested in becoming a nurse educator, she can apply for a scholarship to further her studies. In this country, as in many other countries, there is a great shortage of nurse educators. This is not only a cause for great concern, but puts extreme pressure on the few educators at present in the college.

As mentioned previously, there are no cut and dried recruitment criteria. To be able to study nursing for registration purposes, however, the pupil has to have four O'-level subjects. Unfortunately though, no specific subjects are demanded and this very often leads to the inability of the pupil to cope with the academic demands of the course.

An assistant nurse needs only secondary education with no O'-levels. The course is over two years long and once she has completed this and is capable of progressing further, the assistant nurse may

study for the purpose of registration and she is allowed one year credit.

The course leading to registration is of three years duration and is conducted on the lines of the block system. There is an initial twelve week *P.T.S.* period where pupils study basic and bedside care, first aid, community health nursing, medical and surgical nursing and paediatrics.

After an interval of six to nine months, depending on the size of intakes, there is a second block of six weeks and the third block, also of six weeks duration, is attended approximately one year later. The second examination is written towards the end of the second year of training, and the final state examination during the last month of the third year.

Psychiatric nursing is integrated into the second and third year's work, but to obtain an actual psychiatric qualification, a one year post-registration course is necessary. Male students receive more psychiatric education and training and then, in most cases, are employed in the psychiatric hospital.

There are a few other post-registration courses of one year's duration: theatre, paediatrics, community health nursing and midwifery.

Perhaps one of the greatest drawbacks faced by the educators is that of language differences. Although

there are only three official languages in Singapore — Mandrin, Malay and English — there are literally dozens of Chinese dialects spoken. Because all nursing literature is in English the lectures are also given in this language, but this necessitates the provision of a language laboratory in the college where the nurses can perfect their English while studying the nursing subjects. Perhaps another deterrent to *would-be nurses*.

COMMUNITY HEALTH NURSING

The community health nurses work from clinics situated at various strategic points on the island. The clinics liaise with the hospital which notifies them of any maternity cases or general patients needing treatment after discharge from hospital.

The clinics themselves are polyclinics, with the main ones handling an average of a thousand patients daily. There are doctors present for each branch of the work. Specially trained nurse practitioners sift the patients so that the doctors see only those really needing their help. The patient *card system* for delegation to the various units of the clinic is organised by ordinary clerical staff and seems to work without any problems. Patients are also able to obtain all medication at the clinic dispensary. On the whole, the clinic seems much like any outpatient department at a big hospital.

The nurses going out from the clinics for home visits travel with public transport — buses where possible, otherwise by taxi. Both these modes of transport are extremely cheap and very reliable, abundant and efficient. Perhaps the only real difference between community health nurses in Singapore and South Africa, is that in Singapore the nurse removes her shoes before entering a home!

Family planning can be said to be a way of life on the island. All over there are huge posters proclaiming *A happy family is worth waiting for — girl or boy, two is enough*.

With the advent of each new addition to the family costs go up, for example, the doctor's fees are higher and the hospital fees are higher, which seems to offer suffi-

cient motivation to keep families smaller. On the whole family planning methods used are similar to those used in South Africa. The most popular method is, however, use of the condom which of course also helps control venereal disease.

UNIFORMS

Every country has its own specific uniforms and distinguishing devices for the various categories of nurses. Singapore is no exception. An assistant nurse wears a white uniform with maroon epaulettes. Student nurses wear white uniforms. All staff who have completed their training, whether working in hospital or in the community, wear white uniforms and dark blue epaulettes.

The degree of seniority in the nursing hierarchy is shown by the number of white stripes on the blue epaulette — a nursing officer has one stripe, a higher nursing officer two, while the principal nursing officers sport three stripes.

The only nurses to wear a different colour uniform are the chief nursing officers: the nurse educators, the female matron of the hospital and the matron in charge of all the clinics. The male matron of the hospital wears white because *Blue is alright for little boys, but a man, well he just looks silly in blue!*

FURTHER POINTS OF INTEREST

While conversing with the community health staff, a few interesting facts were discovered.

They were amazed at the high incidence of tuberculosis in South Africa. In Singapore the tuberculosis hospital is now used for other purposes. According to the Chief Nursing Officer this is as a result of intensive public education on the disease.

With the great *clean-up* campaign, places like the cluttered (tourist's paradise) Chinatown which are a potential health hazard, are being demolished and the inhabitants are being moved to massive high-rise flat complexes.

There has since been an increased incidence of suicides amongst the elderly who cannot adjust to this totally different lifestyle. The old folk sit high up in their clinically clean, modern flats

and are too terrified to venture into the world outside — afraid of traversing the flights of steps to the floor where the lift stops; and if they do manage the stairs, too scared to use the lift. Such a heavy price of living in an area more conducive to health — rather than live away from the merry jumble of dingy shops, narrow crowded streets where washing festoons every crumbling building, and where the smells of human living assail the nostrils every step of the way, they do the next best thing — they jump from those nice, clean balconies!

Singapore is the cleanest city in the East, and because of extremely strict vigilance the crime rate is fairly low. You can walk the streets in most areas and feel quite safe whatever the time of the day. The use of drugs is punishable by death, if needs be, so you do not see drug-happy people on the streets — no matter how seemingly disreputable the areas. There are also very few drunks around.

This is all very pleasing, but Western influence has filtered through in other directions, disturbing the deep pools of eastern culture. Women have joined the rat race and the whole equilibrium of the family has changed to the same imbalance that affects the whole of the Western world. Children are put in creches, adolescents object to parental control, divorce is becoming more common, the unmarried mother no longer is an isolated occurrence, and the senior citizens are becoming a burden as they lose their age status to the power and prestige of youth.

CONCLUSION

All these issues present the Singaporean nurse with the same problems which the nurses of our country have to contend with. As a nurse educator said: *We have much to do if nursing in our country is to keep abreast with the fast changing times*.

The author works part-time with the Drakensberg Divisional Council and visited Singapore for three weeks in 1983. While there she spent a morning with the nurse educators at the College and also a day with community health nurses.