


# MISSY

## REFLECTIONS

REFLECTIONS

Reflections of Loss, Courage and Hope



Alexandra Hospital



*The artist of the paintings in this book is Dr. Khoo See Meng, AH's Chairman Medical Board.*

# Preamble

This is a collection of reflections by nurses from different backgrounds, ranks, nationalities and even eras, compiled over two years. They had started their careers in other hospitals including the early days of Alexandra Hospital.

Today, many of them still serve in Alexandra Hospital. Entitled “Missy Reflections”, the short essays are reflections which emerge after having undergone experiences. In nursing, the use of reflection is a key tenet of and valuable tool for learning.

There can be expressions of positive and negative feelings about an event, and ultimately re-examining the experience in an effort to understand and to plan how he or she would act in a similar situation in the future.



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## Foreword

As the largest professional group in Singapore's healthcare workforce, nurses form the backbone of our healthcare system. Throughout generations of battling public health crises, including the ongoing COVID-19 pandemic, our nurses have risen to the occasion to deliver the best care to patients.



Over the years, nursing education and practice in Singapore have transformed by leaps and bounds, alongside advancements in medical knowledge, technology and digitalisation. Multiple opportunities and pathways are available to support nurses' professional growth and development, such as through the National Nursing Academy which supports lifelong learning. Competency Frameworks are also being developed to define the scope of work, roles and professional competencies required of nurses practising in different care settings at various stages of their career, the first being the Community Nursing Competency Framework which was published in January 2020. The Framework guides nurses on the competencies required to move across settings and nurses will be able to sign up for courses listed on the National Nursing Academy website to grow clinical skills and knowledge in areas they want to further develop.

Today, our nurses' scope of practice has expanded, with Advanced Practice Nurses (APNs) taking part in collaborative medication prescription, and Community Nurses leading community nursing posts to help clients manage their conditions in the community and their home. Indeed, nurses have made important and significant contributions to Singapore's history of public healthcare and will continue to play a critical role in leading transformative changes to improve healthcare delivery.

Nurses are often the guiding light to patients in the darkest moments of their fight against ailments and afflictions. Missy Reflections provides an insight into the professional and personal lives of Alexandra Hospital nurses as they navigate the challenges both within and beyond the hospital. Led by Chief Nurse Margaret Lee, the team of 450 nurses at Alexandra Hospital serve with compassion, dedication and integrity to make a difference in their patients' lives. The Alex nursing team is also at the fore of spurring the spirit of excellence and innovation, with the use of technological advancements, as they provide care to more than 100,000 residents in the Queenstown precinct, the oldest public housing estate in Singapore.

Even beyond the COVID-19 pandemic, our nursing workforce will continue to grow and deliver on our mission to care for Singapore's ageing population and meet our future healthcare needs. I hope the stories of courage and hope of the Alex team in Missy Reflections will be a source of inspiration for future generations of nurses and the wider Singapore community.

*Dr. Koh Poh Koon*  
*Senior Minister of State, Ministry of Health*

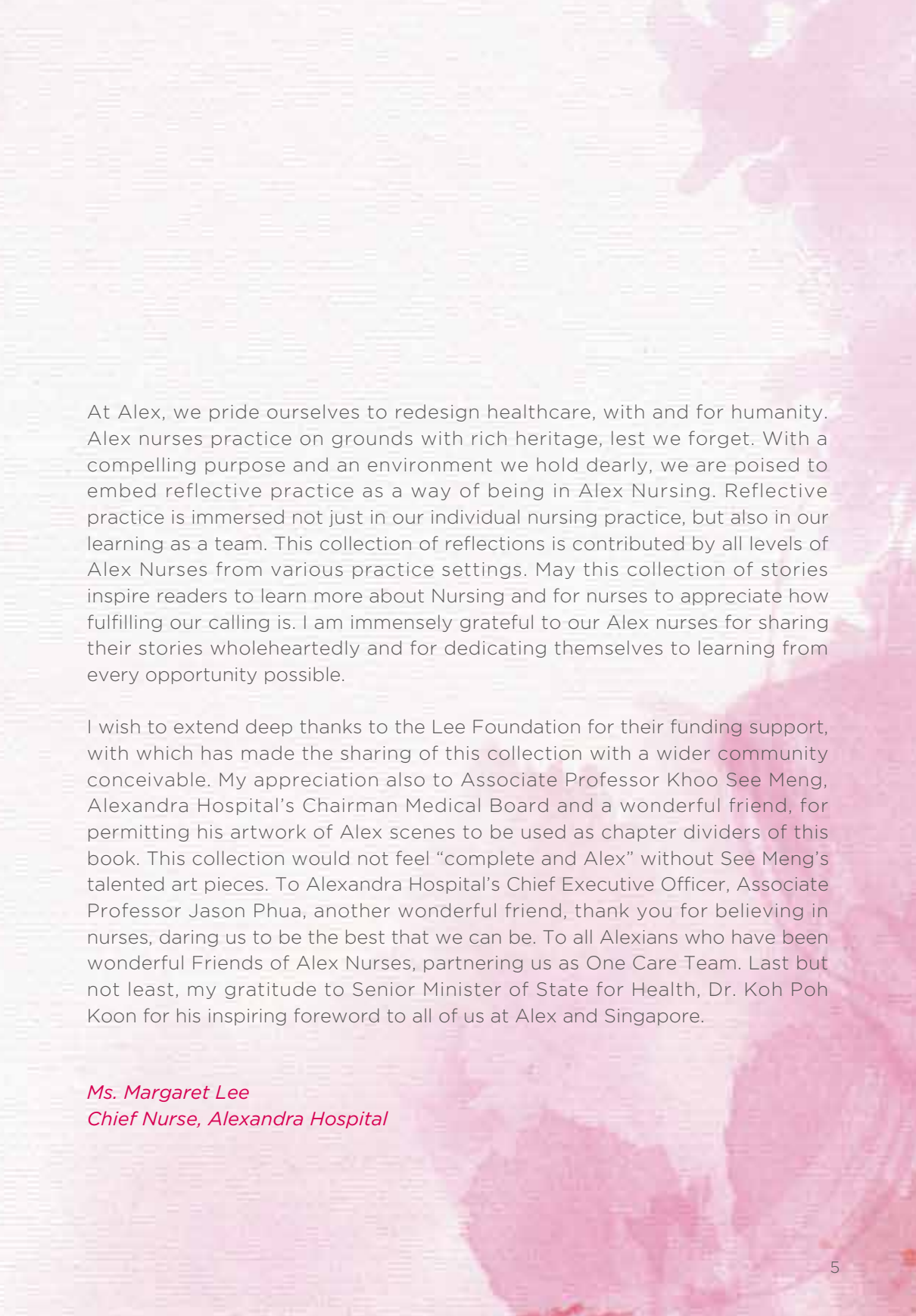
## Foreword

Reflection is an integral component of exemplary nursing practice. As a novice nurse over two decades ago, I recall vividly the feelings of discontentment even after episodes of nursing care were delivered according to standards. There is something about each patient encounter that is so preciously unique that it took me a while to realise the discontentment is associated with wondering what could be done better in the pursuit to shift care that is ordinary, to become extraordinary. Similarly, when nursing care surpasses expectations resulting in accolades of appreciation, I wonder what made the difference, positively. It was then that I began to value the importance of reflective practice in building self-awareness which in turn strengthens my development not just professionally, but as a person.



Fast forward to today, some of these notable experiences have become turning points that shaped my perspectives, actions and decisions. As nurses, we are in a privileged position to connect with people from all walks of life in the course of our work. Lessons come alive in our practice environment through the patients we care for, the caregivers we support and the colleagues from all job groups we collaborate with in the service of health and healthcare. In a landscape of ever-mounting demand for healthcare, our practice environment is one that is dynamic and challenging. It is therefore, even more crucial that nurses be deliberate about reflective practice, to take a pause and immerse oneself with the many insights we can draw from each experience. These insights serve as learning points that goes a long way into better care and meaningful work. From these rich experiences, we grow and impart what we've learnt to our next generation of nurses and nursing leaders, so that they can be better than us.





At Alex, we pride ourselves to redesign healthcare, with and for humanity. Alex nurses practice on grounds with rich heritage, lest we forget. With a compelling purpose and an environment we hold dearly, we are poised to embed reflective practice as a way of being in Alex Nursing. Reflective practice is immersed not just in our individual nursing practice, but also in our learning as a team. This collection of reflections is contributed by all levels of Alex Nurses from various practice settings. May this collection of stories inspire readers to learn more about Nursing and for nurses to appreciate how fulfilling our calling is. I am immensely grateful to our Alex nurses for sharing their stories wholeheartedly and for dedicating themselves to learning from every opportunity possible.

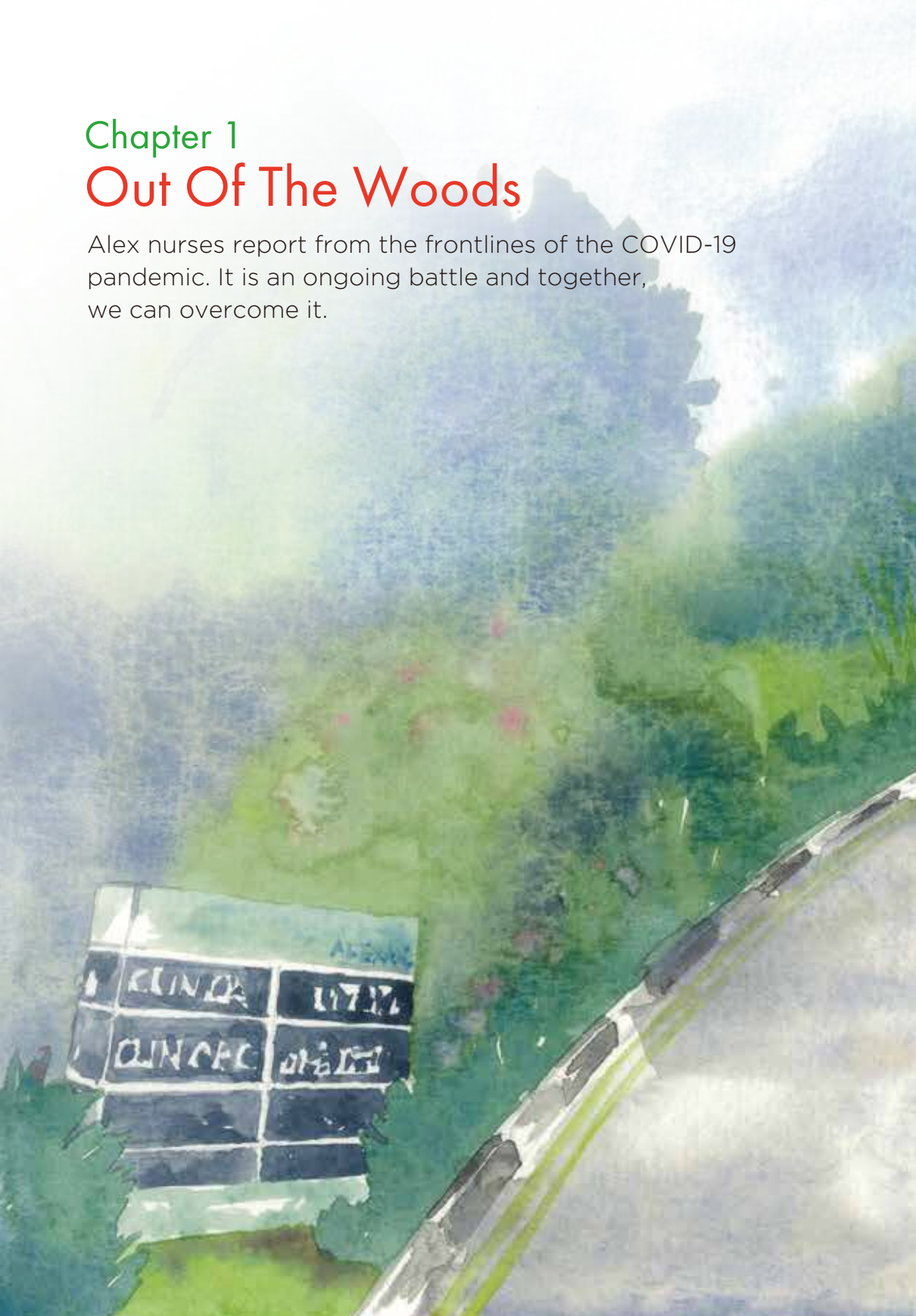
I wish to extend deep thanks to the Lee Foundation for their funding support, with which has made the sharing of this collection with a wider community conceivable. My appreciation also to Associate Professor Khoo See Meng, Alexandra Hospital's Chairman Medical Board and a wonderful friend, for permitting his artwork of Alex scenes to be used as chapter dividers of this book. This collection would not feel "complete and Alex" without See Meng's talented art pieces. To Alexandra Hospital's Chief Executive Officer, Associate Professor Jason Phua, another wonderful friend, thank you for believing in nurses, daring us to be the best that we can be. To all Alexians who have been wonderful Friends of Alex Nurses, partnering us as One Care Team. Last but not least, my gratitude to Senior Minister of State for Health, Dr. Koh Poh Koon for his inspiring foreword to all of us at Alex and Singapore.

*Ms. Margaret Lee*  
*Chief Nurse, Alexandra Hospital*

## Chapter 1

# Out Of The Woods

Alex nurses report from the frontlines of the COVID-19 pandemic. It is an ongoing battle and together, we can overcome it.





**Entrance**

Driving into Alexandra Hospital, one is immediately transported to a tranquil and serene setting, surround by nothing but trees.



## Out Of The Woods

### **I Have Learnt Never to Take Things for Granted**

When COVID-19 hit us, Alex nursing pivoted to a state of constant planning and implementing changes. I started the Intensive Care Unit (ICU) crash course training and deployment for the nurses who were from Operating Theatre, Day Surgery, Endoscopy Centre and the clinics, in order to support ICU ramp up.

As the Clinical and Education Assistant Director of Nursing (ADoN) and overseeing the ICU, I had to keep making plans to keep up with unexpected needs and demands. This included surging for more ICU beds, preparing infra-ready environment and working with my colleagues to identify nurses for deployment to the ICU should the need arise. These nurses would need to be equipped with the necessary skills, knowledge and competencies to manage COVID-19 patients. Hence, I had to work with my ICU Nurse Educator to put up crash courses for these nurses. We managed to pull off these courses in a very short time span. We also pioneered zoom-based training within the institution on split training sites as we had to adhere to team segregation before these nurses were deployed to the ICU. We completed two runs of zoom-based training within three weeks. Thereafter, when the deployed nurses joined the ICU team, we further developed an advanced three-weeks crash course for these nurses.

Having gone through the SARS crisis myself as a newly promoted Nurse Educator 17 years ago, and opening a new isolation ward from scratch back then, I recognised the importance to incorporate mental toughness training to complement these crash courses. As I busied myself with these trainings and surge planning, my own fortitude was put to the test when I discovered I was hit by a medical condition.

I had to literally drop and go on a hiatus to deal with this insidious finding. At the same time, I felt compelled to fight COVID-19 alongside with my colleagues at work. I felt I was running short of time with my loved ones; friends and families included. As much as I was overwhelmed with uncertainties, fear and guilt, I knew I do not have the luxury of time to dwell in the negativities. I kept reminding myself to keep my composure and focus on the next right thing.

My only priority at work back then besides delegating coverage was to prepare my team to function optimally without my presence. This event really taught me the importance to expect the unexpected. The importance to have a sound coverage and succession plan in place at all times. I also learnt to lean on my team when support is needed.

On a personal level, the effects of COVID-19 on patients became more apparent to me when I was not able to have my loved ones beside me when I was recuperating in the hospital. It could have been a lonelier and much more frightening encounter for me. I am so thankful I had colleagues who were by my side supporting me through this ordeal.

In sum, I learnt never to take things for granted. I learnt the importance to stay composed when managing emergent situations and when faced with uncertainties. I learnt there is no point in worrying over the outcome but to focus on the process to do the necessary. I learnt to stay positive and remind myself to learn from this entire extraordinary journey that life has prepared for me.

I will continue to pray for courage, confidence, grit and support of my friends and colleagues to help me overcome this ordeal; to look beyond COVID-19 and my situation. I believe this will bring great insights I have never experienced before; push myself to do greater things that I never realise I could do.

*Reflection by: Ms. Doreen Heng*

## Out Of The Woods

### Always Putting Yourself Into the Patient's Shoes

Growing up, I was very close to my grandmother, who had suffered from cancer when I was still a teenager. I became her caregiver, taking turns with other relatives to take care of her, sponging and tube-feeding her, before she finally breathed her last. From then on, I decided to become a nurse.

Twenty years of my nursing career have passed and my commitment to my patients remains steadfastly etched in me. Having spent more than fifteen years working in an Infectious Disease Ward, I had hoped for a change in order to learn new things because I know nursing is multi-faceted and never a dull day, and so I asked to transfer to Alex. I was eager to take on a new role in the FAST ward which admits chronically ill patients from the Urgent Care Centre, and cares holistically for them without any need for transfer. However, when COVID-19 struck, I soon found myself doing something too familiar for a long time - wearing the Personal Protective Equipment (PPE) which is critical to protect not only yourself and your loved ones but also the patients. I was posted to the COVID-19 wards. At the same time, I stepped up to be part of the team deployed to Changi Airport for surveillance. I also supported the conversion of normal wards to COVID-19 wards.

So there I was, once again, all geared up in PPE, as I had been doing before as an isolation ward nurse donning PPE for eight hours straight per shift, only this time, I also learnt new crisis management skills to handle COVID-19 care. I also learnt how to overcome challenges through teamwork and a strong, joint desire to care for our COVID-19 patients, not only physically but also emotionally and mentally. We flagged signs of distress in our patients to our medical social workers and volunteers, so that they can reach out to them in their native language. We converted a normal ward to a COVID-19 ready ward. We also learnt how to improve the ventilation system e.g. with the installation of exhaust fans to improve air flow. It was refreshing and I had learnt much from the process.

Am I fearful of the risk of being infected? No, I have faith in the system and I comply with the procedures. However, I am more worried for the foreign patients. With different language, culture and beliefs, finding themselves stranded in a foreign country with fear and anxieties. As a nurse, we have a sworn duty to care for our patients regardless of race, colour and standing in society. So when COVID-19 hit us, and being a foreign-born nurse myself,

I can personally empathise their predicament, which is a double whammy: first, catching an infectious disease, and second, being away from families and loved ones. I can feel for them and the tendency to fall into depression without family support. I see my role as a nurse in being their beacon of hope especially for the migrant worker patients in a foreign land without their families beside them. I want them to know that the only thing he needs to focus on, is getting better.

Nursing is always putting yourself into the patient's shoes, and nurses not only need to look after a patient's physical ailments, but his emotional well-being as well.

*Reflection by: Ms. Rose Lousel Cani Dimaranan*

## Out Of The Woods

### Nursing is Who I Am. It Defines Me

I think I have seen all the pandemics which have hit Singapore in the past 20 years. Always psyched in the state of emergency, I have learnt to hone an immovable composure about it. Afterall, I have seen life and death replay too many times in the Emergency Department (ED). Life is such. It depends on whether you can get through it. At the end of the day, I tell myself, as a nurse, I am called to perform my duty.

Deformations and amputations such as a finger, a hand, an arm and a leg, are brought to you. How you cope is entirely up to you. Therefore, I am always ready. Ready for any emergency, physically and emotionally.

One of the unforgettable ED scenes involved a Caucasian 8 year-old girl who succumbed to death by accidental drowning. It was very intensive, very traumatic and heart wrenching to witness the last few minutes of her admission. My junior nurses cried and a few of us senior nurses had to counsel them. Social workers were also mobilised to help talk to them. I could not simply brush the emotions aside and tell them, life is such. Yet, I could only listen to them. I said to them, "You have signed up to be an ED nurse, so you have to be mentally prepared."

After stints in various healthcare settings including a polyclinic, I still chose to return to the ED. You must have passion in emergency. I have been part of teams that were activated to an actual mass casualty site to render help. It's interesting to be an emergency nurse. You never know what you will be dealt with every day.

During this COVID-19 pandemic, I was one of the first nurse leaders to volunteer for Dorm Ops, when Alex was assigned to set up S11 Dorm @ Ponggol. Are my loved ones at home concerned? No. They know me too well. This is my first love and my only passion. Without passion, I cannot survive this career throughout the past decades. Nursing is who I am. It defines me. My family went through these crises with me through the years. I think they are numb already.

In the early days of the pandemic, the medical post was not set up yet and we just swabbed and swabbed. When I was at the dorm with polyclinic colleagues minding medical post. I was touched with one Indian migrant worker who said to me, "Sister, you take care too" after I dispensed medicine to him and told him to take care and stay strong...



One incident stood out for me during these swabbing sessions. I had noticed a migrant worker in queue who appeared breathless but yet he did not complain. I could see he had difficulties breathing. His oxygen saturation was 96%. Yet, I can see he is using his accessory muscles of his chest wall to breathe, until I approached him to ask after him. Are you okay? "I'm breathless," he blurted under his breath. I was wondering why he did not say anything. Turned out that he had creps in his lungs and he was conveyed to the hospital via 995. Maybe he did not know who and when to speak up and was consumed by fear. Many migrant worker patients did not know what was happening to them, and they were endlessly moving around with their bags, waiting for swab results. I trained nurses on how to do swabs and I also shared with them that they need to do quick assessment and read the facial expressions of the person and their anxieties. We are their source of information. I will make it a point that they understand what was being done, what was happening.

*Reflection by: Ms. Ruhana Binte Sudin*

## Out Of The Woods

### Alex is My Second Home

My colleague cried when she was asked to go home because she was exposed to a patient who turned out to have COVID-19. She was immediately asked to go home after a swab, pending results and she cried in the staff lounge because she had an elderly mother and a daughter who was recently pregnant. She is in her mid-50s. I could understand what she was going through then as I am a father too. My second son is only nine months old.

In the course of heavy patient load, it is understandable that due to some oversight, a frontliner may be fatigued and missed a step in infection control.

As frontline nurses, we all share the same fear, that if we missed a step in infection control, we may unknowingly bring the virus home. The risk is as real as the fear. There will be regret not from becoming infected but the unbearable sense of guilt in having infected another person which may turn out to be serious.

Both my wife and I are frontliners in the war against COVID-19. My brother is also a nurse but at a nursing home. At its peak, my wife and I were not able to care for our baby boy and my 9 year-old son. We could not send our children to schools, as we were both frontliners. We could not supervise my elder son's home school learning and homework thus we seek permission from his teachers to submit his homework at 2359 hours after our supervision from the long day shifts from work.

We decided not to live separately with our kids due to my wife's separation anxiety. Instead, we worked out a plan to ensure that our kids do not come into any safety risks. My wife and I worked on different shifts so that one of us would always be around at home. We disinfect and shower ourselves thoroughly after each shift at the hospital, then shower again immediately when we reach home before we allow ourselves to touch the kids. If we felt unwell, we would self-isolate either in our own bedroom or at my parents' place.

I work at Alex's 24-7 Urgent Care Centre and I carry out triaging of sick patients who walk through our doors. I also volunteered to help set up and serve at Big Box Community Care Facility in July and August 2020, tending to about close to 50 patients daily. I am a workaholic and a hands-on person. I want to be present for my staff during this busy period as I know every extra pair of hands help. I often stay longer beyond my shift, be it 15 minutes, 30 minutes or even a few hours. Unfortunately, this took away my time and

energy away from my kids and family at home. There were times when I came home to a dark house where everyone was already asleep. After washing up, I would go to their bedside and just gave the kids a small kiss before going to bed. My parents also could not meet us during that period.

Hugging my children is therapeutic for me. Life is unpredictable especially when you see how COVID-19 has changed humanity. I treasure life with these small gestures to remind me of life's unpredictability. It gives you a sense of strength and you can carry on.

However, compared to my foreign colleagues who are apart from their loved ones in their home countries, I am the fortunate one. They were worried for their families and relied on only video calls to stay in touch with their children, even when the children fell ill. As a supervisor who plans the roster, I make a conscious effort to keep their leave and public holidays so that they can utilise them, when the borders are open and they fly home.

Many migrant workers we cared for, were worried and anxious about livelihood and their own health status for months and some of them are infected with the virus. I am blessed that COVID-19 inpatients have been mostly very cooperative and appreciative even though they may not understand the full brunt of it. They remained very high-spirited, and thanked the healthcare team profusely. I am honoured to be able to provide care for them. I also felt truly encouraged when many of my family members and friends called to check on my well-being and reminding me to take care of myself.

I recalled one heartwarming moment when a 4 year-old girl turned up with her parents at the doorsteps of Alex's 24-hr Urgent Care Centre to show her appreciation to frontliners, just to hand a thank-you card to us. She was not a patient but just wanted to show her appreciation!

Alex is my second home and family. I experienced first-hand, the human touch through my CEO's personal text and my Chief Nurse's handwritten note, both congratulating me on my promotion in June this year. I know no hospital which does that to the ground digit staff. I look forward to the new and bigger Alex in a few years' time where our close-knitted team will continue to do its best for the community and the patients we care for.

*Reflection by: Mr. Kelvin Chong*

Out Of The Woods





Out Of The Woods





## Out Of The Woods

### Keep Our Heads Up and Set Our Eyes on the Light at the End of the Tunnel

At the peak of COVID-19 in April, the Operating Theatres were ramped down and staff were re-deployed to help out at the 24-hr Urgent Care Centre and Intensive Care Unit (ICU), with a leaner team running essential operations and endoscopy services.

From the clean zones, overseeing the surgical teams, I was asked by Chief Nurse to be the nurse lead for “external operations” at the Big Box Community Care Facility (CCF). I told myself, I had been entrusted by my Chief Nurse to carry out this lead role, and with the team’s support, we can overcome this COVID-19 crisis, together.

What crossed my mind then was I will step up when called upon. I also wanted to do the necessary things right and efficiently so as to go back to normalcy as much and as soon as possible, because key development projects of the hospital had been forestalled and delayed by COVID-19, but COVID-19 raged on for months. After a while, I accepted the state of affairs and acknowledged that we must do all we can to protect our population and patients and we must not let the public healthcare system go down like what had happened to other countries. We will do our very best for the affected in the CCF, wrap all this up and pray that life will go back to normal soon. Every day, I was fixated with the daily numbers of infected and watching closely for any community spread and surges. One questions which keeps coming to my mind was, when can all this end?

As the death rate crept up locally and especially overseas, I recalled back in 2003, 17 years ago, when SARS hit us, it was déjà vu because I was also then an Operating Theatre nurse, and re-deployed to help porter patients to the wards from the Emergency Department. Life is short and we really do not know what will happen tomorrow but I kept reminding myself and my teams to look ahead and keep our heads up and set our eyes on the light at the end of the tunnel.

I stay alone but share a close relationship with my elderly parents who are in their 80s. I resisted visiting them and had not seen them for weeks now. My mother tried to lift up my spirits over the phone, by asking me with some details about the status of my work, and to my remarks that I could not be able to visit them for a while, she would reply with a simple, quick affirmative reply, “ok”, underlying a sense of nonchalance and suppressed concern for my wellbeing. Over the past 30 years of my nursing career, I always have the peace of mind knowing that I can rely on them for their quiet strength and support.

*Reflection by: Ms. Tan Cheng Hong*



## Patients are Heroes Because They are Struggling for Their Own Lives and ICU Nurses are Also Heroes Because They Stay Committed with No Grumblings

I was one of the first to volunteer to move from Operating Theatre, which was deemed the clean zone, to the 'hot zone' at Alex's Intensive Care Unit (ICU) to care for COVID-19 inpatients. In the early days, little was known about the virus - many were afraid as we did not know how the virus spreads. Despite the big unknown, I was the first to step up. I was of course very worried myself. My own family and my husband could not understand why I volunteered because I'm a mother of three children including one primary school kid. "Why not other nurses?" But I was adamant.

Some of my colleagues and I were apprehensive because we are not ICU-trained. However, after undergoing two weeks of intensive ICU crash course, we felt more prepared, skills-wise. We also built up our mental strength through an in-house mental resilience course and team coaching.

I had cared for two COVID-19 ICU patients who had psychosis and were often very confused. During night shift, the nurse needs to be on higher alert and guard because the patient might exhibit restlessness and unpredictable mood swings. One struggled to stay out of bed to sleep in the reclining chair. Other times, he would roam around restlessly in the single room and even defecate on the floor. I cleaned after one of them and helped him put on a diaper. As the sedation wears off, and they are on the road to recovery, they become more active, and tend to move around. This presented new challenges to nurses, which are quite different from the care of a sedated patient. I was on the lookout in case they fall or hurt themselves accidentally and most importantly, in case their conditions suddenly deteriorate.

Patients are heroes because they are struggling for their own lives and ICU nurses are also heroes because they stay committed with no grumblings. Both did not choose this path, but they are both fighting the same enemy.

*Reflection by: Ms. Xu Ruijuan*



*A heartfelt thank you card from Chief Nurse, Ms. Margaret Lee.*

## Out Of The Woods

### **Without Hesitation, I Decided to Join the Alex Team**

In September 2016, I attended the Alexandra Campus Nursing engagement session and was very impressed with Alex's Vision and the new Model of Care. Without hesitation, I decided to join the Alex team. Having worked in various Specialist Outpatient Clinics (SOC) in different hospitals for more than 30 years, I recognise that it is time for change, to do things differently and improve processes in SOC's while tapping on innovation and technology. One of my greatest dream is to improve patients' waiting time and to provide seamless services within the hospital.

Preparation work for Alexandra Hospital (AH) kicked off in December 2016. Subsequently many meetings and discussions followed throughout 2017 to ascertain projections for the necessary equipment, instruments and consumables that we will need to purchase to support the clinical services planned for the four SOC's in Alex Campus from 2018 onwards. Meanwhile, as I was still working full-time at another hospital while preparing for the opening of AH, I also need to fulfil my role and meet my KPIs. It was a challenge juggling between meeting both work targets and deadlines, but I did it!

It is the commitment, great teamwork and resilience amongst the Operations, Nursing, Biomedical Engineering, Materials Management Division and Housekeeping teams that brought us together on the numerous site visits. Together, the new Team Alex cleared the final licensing audit by the authorities in May 2018 before taking over the Alex Campus on 1 June 2018.

In mid-2017, I started to focus on setting up the Ear, Nose and Throat (ENT) and Eye Surgery Centres. I enjoyed meeting with different stakeholders and team leads (medical and non-medical), to determine patient flow, clinic design and space planning and renovation works within budget. There were on-going staff interviews for candidates eager to join the Alex team.

I enjoyed venturing into new areas to learn new things and to expand my horizon. In ENT and Eye Surgery Centres, my challenge was to learn the many fine instruments that come in different shapes and sizes, curved/non curved, tooth/non toothed, etc and buying the correct instruments. All the procedures were new to me too.

The nine nurses from ENT and Eye Surgery Centres were cross-trained and rotated between the two centres, maximising manpower whenever deployment was needed. This cross-training helped when we needed to split

the teams during the Covid-19 circuit breaker period. We established the nurse-led ENT allergy service and in-house training programme on nurse-led intra-vitreous injection in our Eye Surgery Centre (the first in the NUHS cluster). We also rolled out the Telecare call service by nurses for post cataract operation patients from September 2020.

I am glad to have been given this opportunity to plan these new services from scratch – from design, space planning to process and patient flow, and then bringing the plan to fruition. I am also pleased to have played a part in rolling out the two nurse-led services and Telecare call for patients. Services at both centres are on track and we look forward to opening new services as planned and specialty training for our nurses to be skillful and competent.

During the Covid-19 outbreak, I was the first few at Alex to respond, to volunteer at the dormitories. My children and everyone around me were concerned for my safety as I belonged to the vulnerable group, aged 60 years and above. However, I did not have any fear and I felt this is the time for me to step up and contribute in my own way. During SARS, I was also involved in community temperature screening. With increase in Covid-19 community cases, and encouragement from my seniors, I took on the role to train locum nurses on nasal swabbing, going on-site for half a day to do on-the-job training for them and certify their competencies.

Moving forward, I anticipate to work more closely with the clinicians at Alex to explore more opportunities to expand our nurses' role and bring our care and services to the next level.

*Reflection by: Ms. Irene Yeo*

## Out Of The Woods

### **I Know We Will Be Back on Track, Slowly but Surely**

I volunteered for the first time out of the hospital in a non-clinical setting, as one of the first nursing frontliners at the onset of the COVID-19 outbreak at Changi Airport, re-zoned with heavy restrictions. It was a very different airport and a tinge of sadness overcame me at times especially during night duties.

We were there to carry out screening of all disembarking passengers for symptoms and fever. At one time, before the no-fly advisory, we had to be on high alert as the daily arrival numbers remain high. Singapore Armed Forces (SAF) personnel and volunteers heeded our advice and “command” and due to the nature of this pandemic, they looked to us for directions and we “run the show” in more ways than one.

I recalled a lady who kicked up a ruckus the moment she landed, insisting that she had COVID-19 and demanded medical attention even though she had exhibited no clear symptoms then. Every situation was new and unexpected and we had to think on our feet and make sound decisions. I brought her to the medical station, screened her and calmed her anxious nerves. I then sat her down aside to help her rationalise her emotions and fears.

COVID-19 has caused a lot of fear and anxiety in people. We were also looked upon by passers-by with a great amount of fear and curiosity. It was a surreal feeling. Besides the one station I was assigned to, I also had to rove around to other stations. At the same time, I was looking out for the safety of my team members which had comprised SAF and volunteers. I was responsible for their safety and I often asked myself how can I be a support in allaying their anxiety. I also reminded myself that I need to take care of myself first before I can do the same for others.

COVID-19 has dealt a big impact to world order and humanity. So much has changed in our lives and many questions crossed my mind. How are we going to be in control again? Will we ever be able to put down this pandemic?

Singapore has survived SARS and I have full confidence that we can win this protracted war against COVID-19. Airport, hospital, dormitory. We need to stay adaptable and resilient. For example, I distanced myself from my family and I stayed in my room when I returned home. I used Zoom to communicate with my own friend groups. I know we will be back on track, slowly but surely. All these shall come to pass.

*Reflection by: Ms. Kalarani Sankaran*

### Delivering the Best Care

From the beginning of the pandemic, I had supported the conversion of normal wards to COVID-19 wards, and I was also involved as a core nursing team member for the setup of Community Care Facility at the Big Box Shopping Mall.

I came across a migrant-worker patient who underwent panic and anxiety because he wanted to leave the hospital to send money physically - he had withdrawn all his savings from the bank before he was admitted to the hospital. All his friends were under quarantine in the dormitories, unable to help him as well. His mental state was further stressed to the extreme by the multiple swabs administered on him at different locations over different intervals. He was besieged by a sense of helplessness. He was standing at the entrance of the cubicle in the cohorting ward of COVID-19, desperately approaching every nurse for help. "Family is waiting for the money. They don't know what happened to me."

I felt keenly my inadequacy as a nurse to help them beyond their physical discomfort. When I was at the Big Box Community Care Facility, I was so glad to know that our medical social workers were on board to provide psycho-counselling for residents in the facility.

I counted my own blessings that despite being on the frontline, I am safe. My family is safe at home and we are protected by the healthcare system here in Singapore and I do feel assured and at the same grateful and thankful that basic needs are met.

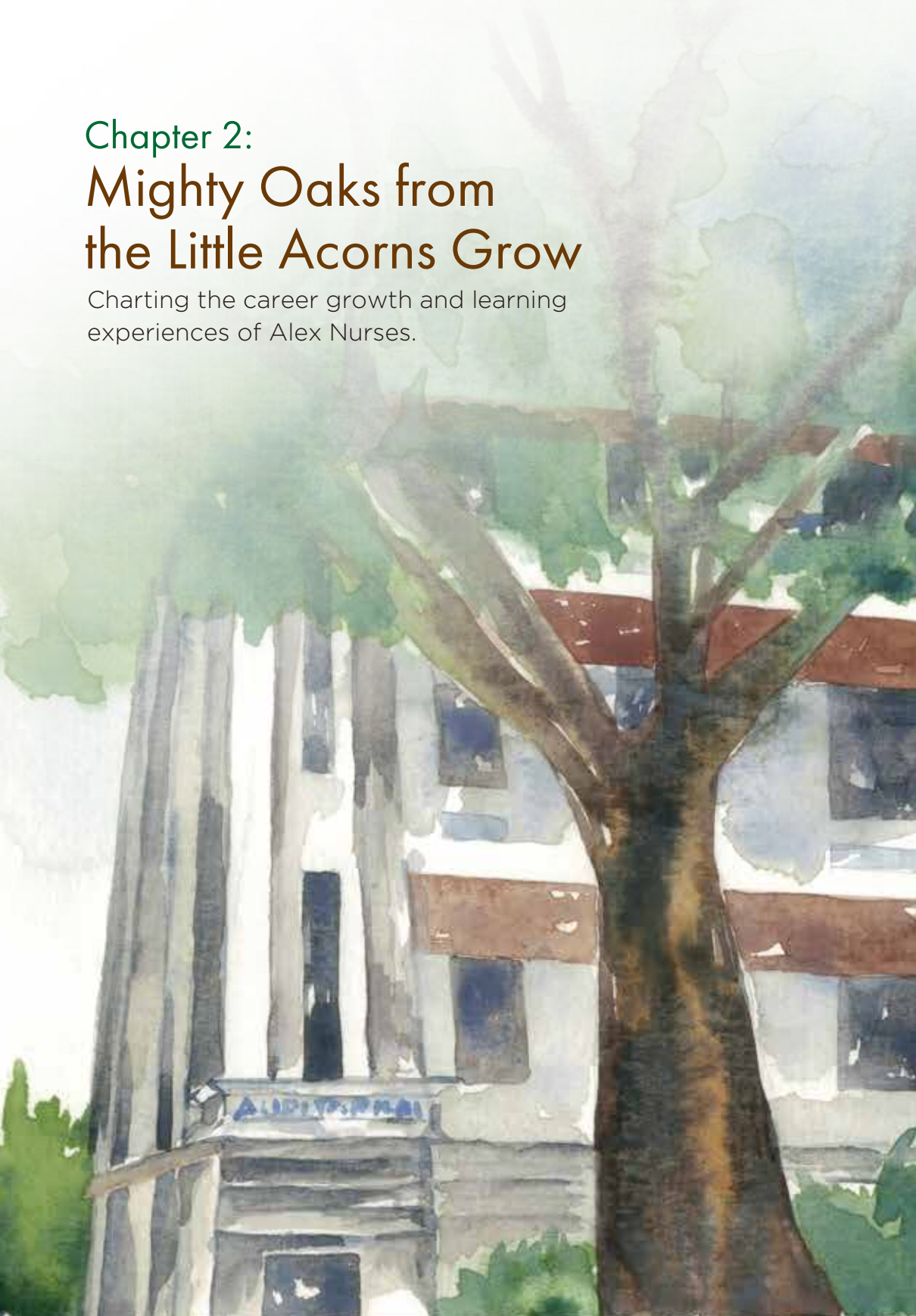
To fulfill Alex's mission of delivering the best care, we need multi-disciplinary teams with collaboration between healthcare and community and allied health. All hands on deck and together with various stakeholders, work towards better workflow and teamwork.

*Reflection by: Ms. Liu Huan*

## Chapter 2:

# Mighty Oaks from the Little Acorns Grow

Charting the career growth and learning  
experiences of Alex Nurses.



## Auditorium

The Auditorium, formerly a chapel known as Alexandra Garrison Church. The chapel's baptismal front can still be seen at the main holding area today.



## Mighty Oaks from the Little Acorns Grow

### **The Courage to Embrace Change**

In July 1997, I graduated from Nanyang Polytechnic's Nursing Diploma Course and I began my nursing practice in a general surgical ward in a tertiary hospital as a Nurse. From then on, I worked in several different units and wards in the same hospital and gradually upgraded my nursing knowledge and skills to an Advanced Diploma and eventually received my Bachelor's degree.

It has been a rewarding journey for 20 years, growing from a Novice Nurse to a Senior Nurse Manager and gaining many professional and personal achievements along the way. In 2018, I attended a talk by Alexandra Hospital under the National University Health System. The new Alex team shared its vision for the future of healthcare, its new care model and its future aspirations. This vision appealed to me and I started thinking if it was time to make a change. In April the same year, I decided to join Alex.

It is never easy to leave a comfort zone of 20 years to start a brand new path. However sad I was to leave the place I always called my "second home", I know that leaving is for a better tomorrow.

In Alex, I found the courage to embrace change. In theory lessons at school, we all studied the change process and change models. Change is constantly happening in healthcare to seek for continuous improvement. From a very big and established hospital to a new hospital situated in smaller and older premises with limited resources, it took some time for me to overcome the initial challenges and difficulties.

I was given new opportunities to work in outpatient settings on top of inpatient wards, resulting in many new processes and workflows for me to learn. At the same time, I also started to pursue my Master's course in Healthcare Management. Though my life became much more stressful, I am very much happier at Alex too.

The open and fun culture, the caring and supportive leaders, the committed team members - we all work as ONE care team. From the administrative team, the operational team, the allied health to the medical/nursing team, it is all hands on deck to work together as one for the advancement of better healthcare.

*Reflection by: Ms. Yang Qiu Ping*



## Mighty Oaks from the Little Acorns Grow

### **Nothing is Impossible to Achieve**

The initial staffing when the Urgent Care Centre (UCC) first opened comprised people from different specialties. As a Nursing Officer I was very scared and apprehensive of how to care for the patients who will come through the door. I was worried that the staff would feel inadequate because we would have to train them into a different specialty.

In reality, I too, do not have the relevant experience of overseeing the opening of a specific ward or unit. I have never experienced opening an urgent care centre.

I felt that it was an uphill battle to make a successful opening and for UCC nurses to give excellent care. I did have a million ideas of what it should look like, what it should achieve, how things should be done. As part of the pioneer team, we fixed our eyes on one goal – to build a UCC where all patients can visit for excellent healthcare from healthcare providers who love their jobs – with a variety of personalities, expertise, expectations, experiences and more importantly, leaders and staff with passion to do their best.

Nurses who were novice and nurses trained with emergency department specialties came together to form what is now the staff of UCC. Everybody became teachers and students simultaneously. On a daily basis, we were learning from each other and building the camaraderie that we are enjoying today. Everyone recognised that they had much to learn from each other. Everyone had the same goals. Everyone gave their best and the attitude of giving and receiving openly was very obvious.

I have come to realise that if everyone keeps the same goals within sight and strive to do their best, nothing is impossible to achieve.

*Reflection by: Ms. Geraldine Baird*



## Mighty Oaks from the Little Acorns Grow

### Rise to the Challenge

Joining the Intensive Care Unit (ICU) at Alex was tough at the beginning as we had no patients and hence, ICU nurses had to be deployed to the General Ward (GW) to help as the staff were overwhelmed in GW. This was something I had never experienced in my previous hospital as there were always patients in the ICU there. As time went by, there were ICU patients at Alex but the biggest challenge was when we experienced surges in our sister ward, the Isolation Ward. With the patients coming in fast and furious, we had no time to think that 'Hey, I have never nursed this many patients before'. There was no induction, no gradual easing in - we just had to dig our heels in and do the necessary.

My pride as a trained ICU nurse took a beating as back in my previous hospital, my skills were much needed. In Alex, when we were first set up and 995 emergency services are not despatched here, we had a lower load. I had to cross specialties and care for patients in the general wards, too. The feeling of apprehension and lack of confidence hit me hard because this is something I have never done before but we had to roll with the punches and learn on the job.

Being forced out of my comfort zone added breadth to my nursing journey, as I gained exposure to the different needs of patients between the ICU and the GW. I was glad I could rise to the challenge when the occasion called for it as I underestimated my own abilities to adapt.

I had to remind myself that in the Alex vision of achieving integrated care, creating a seamless journey for patient's transition from ICU to GW is also a part of the integration. The exposure to GW patients enabled me to see the spectrum of care that the patient requires before he or she can be discharged. This is something that we seldom had to consider in the ICU settings as our main aim is to treat the acute conditions that the patient has and send them to the GW for continued care.

Having nursed patients in both the ICU and GW settings, I strive to make use of the knowledge and see what can be done to help better integrate the care that the patient receives. I am also more confident to tell myself to adopt the 'can do' attitude because it has been proven that the seemingly insurmountable challenge is actually surmountable, even if it comes with high stress and many extra steps. You never know until you try!

*Reflection by: Ms. Yeo Hwee Chyi*

### **Every Day is A New Challenge**

I was given the chance to transfer to Alex in 2016. I saw it as an opportunity for personal growth and a change of environment would help in my career development. I decided to take up the challenge and came over to Alex after almost 6 years at the previous hospital.

I had mixed feelings of excitement as well as anxiety and fear about the transfer. I tried very hard to embrace this change in my working environment – new colleagues, superiors, expectations and working pace. At my previous workplace, the ward had felt like home and I had grown very comfortable there. There was never a day I felt like I was dragging my feet to work. The early days of transferring to Alex was a difficult period of change for me – I struggled to find meaning in the work that I was doing. I missed the acute setting and its fast pace. At times, I questioned if I had made the right choice to agree to the transfer.

Coming from an ‘A’ Class Ward in an established hospital, it was truly an eye-opening experience when I started nursing subsidised patients in Alex. It had never occurred to me that there were so many poor and needy elderly people in Singapore. Nursing this group of patients have taught me to be grateful for everything I have in life and to never take things for granted.

Caring for elderly patients with dementia especially is challenging yet fulfilling. Every day is a new challenge – trying to get them to complete simple tasks such as having their meals, taking medications or taking a shower – and yet, this group of patients are the ones that I look forward to nurse and see every day. At times, some patients may have erratic behaviour changes that result in us nurses getting spat on, hit, or hurled vulgarities at. Nonetheless, it still gave me great satisfaction when we finally figure out their “pattern” and learn how to manage them.

I am blessed that I had friends from my old ward with me on this journey and we supported each other throughout the transition. Along the way, I made new friends. The Sisters in the ward were also very supportive and they never fail to encourage us with words or small gestures such as buying us food, especially when the workload got too overwhelming or when we had to face operational changes regularly as Alex grew and more wards open.

Nursing is never a job done alone by a single person; it requires a team of nurses working together to give the best care for our patients. I am thankful that during these 16 years of my nursing career, I have always worked with hardworking and dedicated nurses who go the extra mile just to bring a smile to our patients.

*Reflection by: Ms. Pushparani Satkunalingham*

## Mighty Oaks from the Little Acorns Grow

### A Crucial Small Step Make A Difference

Back in 2018 when I just joined Alex, I was doing my rounds in the ward when I observed the doctor on duty, Dr. Teng, cutting the hair for an elderly male patient. She was patiently chatting with the patient, despite him grumbling about how blunt the scissors were and doubting her skills as a hairdresser.

I was very impressed and touched by Dr. Teng's kind actions - in my 13 years as a Nurse, I had never seen a doctor performing such a caring and thoughtful act on a patient. It was my first time meeting her and I later found out that Dr. Teng works in Alex's Integrated Care (I-Care) clinic, where I was also assigned to. I was really happy to work closely with her in the clinic.

I truly feel that Dr. Teng is a kind-hearted and patient-centred physician. Her actions that day may be small, but it was done sincerely, and in addition to her other duties performing patient care and teaching the junior doctors. This reflects one of the Alex Creed: Our leader cares.

It takes just a small step to move forward to help people around you. Sometimes, we overthink and miss that crucial small step which can make a difference. I believe we should all follow our hearts and just do what we think is right. I am happy that I made the choice to embark on a nursing career in Alex, where I can work amongst like-minded mentors and colleagues.

*Reflection by: Ms. Wu Jieming*



*Dr. Teng, cutting the hair for an elderly male patient.*

### **A Great Learning Experience**

Despite not having any experience in an Intensive Care Unit (ICU), I jumped at the chance to join the ICU at Alex when the hospital first opened. After my application was accepted, I was attached to the ICU of my previous hospital for four months to learn the ropes. It was an eye-opener for me as well as a stepping stone after 5 years in a General Ward.

After the attachment, my new Alex ICU colleagues and I were given the opportunity and challenge to set up the ICU from ground up. Having limited ICU exposure, I felt worried and anxious as some of the items and equipment were not known to me. However, I also felt excited as the ICU was arranged according to our liking. We placed and organised all the equipment efficiently.

It was definitely a great learning experience for me. My colleagues were all helpful and guided me through the one month of setting up. During that month, I also took the opportunity to ask my experienced colleagues for articles, books or any references to expand my knowledge of ICU.

It was such a pleasant experience to work these new colleagues, particularly Sister Constance who guided us through it all. If I was given the same opportunity to set up a new ICU, I would gladly take it up again. But for this time, I would like to be the one leading my junior colleagues!

*Reflection by: Ms. Nur Syahidah Binte Rahmat*

## Mighty Oaks from the Little Acorns Grow

### **The Angel Who Brought Light to My Nursing Career**

It was the year 2000 when I started my journey in nursing as a Student Nurse. Nursing was my first choice as I wanted to secure a job without the risk of retrenchment. I had just read the news about the Seagate retrenchment and I did not wish to ever experience it. I had heard the saying that nursing is a career with a “golden rice bowl”. I was sent to the Neurology Ward for my first ward attachment in Year 1. I remembered feeling extremely nervous and scared, and did not know what to expect from the staff and patients.

Donning my student nurse uniform and green batch to indicate I was a first year student, I walked into the neurology ward together with a few others. We were given a ward tour and orientation to the job scope. We were assigned to Staff Nurse (SN) Lily who guided us for the one-week attachment.

I remembered SN Lily clearly as she left a great impression on me. She was a passionate nurse who made my attachment meaningful and opened my eyes to the world of nursing. I was assigned to one cubicle with eight patients. As I looked at each patient, I was scared and froze when I saw the strange tubes connected to their noses and hands. I was expecting patients who will be able to walk and talk.

SN Lily came and held my cold and clammy hand with an encouraging smile. She then brought me to each patient and patiently guided me through the individual diagnoses and what needed to be done. I then learnt that the strange tube was known as a nasogastric tube (NGT) and was educated about the hand restraints, mittens and other equipment in the ward. My first assignment was to take the vital signs of the patient using a manual blood pressure machine, which I had already learnt in school. I was taught how to take the blood pressure, heart rate, pulse rate and temperature. SN Lily then guided me on how to document the data I had taken earlier onto the clinical chart.

After that, SN Lily and I went through the process of bed sponge for a patient. I was then exposed to the daily routine of diaper changes. She also let me observed how tube feeding was done. It was tiring but fulfilling, and at the end of the day, my nervousness gave way to a sense of accomplishment.

I still remember with fondness SN Lily, the angel who brought light to my nursing career. I met her after I graduated and she still has the same smile of encouragement on her face. Nursing was not too bad after all.

*Reflection by: Ms. Zubaidah Binte Ishak*

### One of the Most Rewarding Part of This Profession

I am passionate about helping others and want to do my best to care for those in need. This is why I chose nursing as a career. After 14 years in nursing, I still value every opportunity to help the sick and those who need our support. One of the most rewarding part of this profession is when patients show their appreciation. I can still vividly remember how one elderly patient held my hands as she expressed her gratitude for my care with tears in her eyes.

Other than clinical work, I am also keen to contribute to the future of nursing. As the pioneer Nurse Educator at Alex, I developed various nursing training programmes in order to groom and prepare the next generation of nurses to carry on the baton and be future-ready.

I see myself as the connection for new nurses at patients' bedside to apply what they have been taught in the classroom. As I go about my ward supervisory rounds, I am translating practical instances by the bedside in my mind to teaching scenarios and materials to use in the classroom. I enjoy the tri-roles in clinical, management and education.

*Reflection by: Ms. Lai Sook Funn*



## Mighty Oaks from the Little Acorns Grow

### Meeting People from All Walks of Life

I entered School of Nursing because my parents wanted me to. Thinking back, it was probably the most enjoyable and valuable part of my life. And I am blessed to have met amazing preceptors and mentors who taught and guided me.

When I graduated, I requested for medical ward, hoping for the “actions” in medicine. Instead, I was posted to surgery which I eventually grew to love. The fast turnover of general surgery, with drains, tubes and wounds. The pre-operative education and post-operative care. The sense of accomplishment when the wounds are healed and patients discharged. I recalled a Japanese patient who sent me a postcard when he returned to Japan. It was quite an interesting encounter. He was a Japanese tourist and we were unable to communicate through words, we used gestures and drawings which was really amusing for both of us. I can never forget this learning episode. It taught me that it is about how you make others feel. In nursing, it is using both your heart and brain.

Now for the fun part. During my younger days in nursing, I loved the perks of shift work. I could sleep more and wake up later for work. I also enjoyed leaving work earlier than the office workers. The best part is working on weekends and public holidays. On the weekends, lesser procedures and ward rounds are short. We could take our time with the patient care. I even requested to work on every Chinese New Year (CNY). I hated visitations and it was the perfect excuse, “I have to work so my Malaysian friends can go home for CNY”. We were young and didn’t think much of our actions but enjoyed spending these times with our patients, watching TV together with them and peeling mandarin oranges.

I was working in Intensive Care Unit (ICU) during the SARS pandemic. During the early stages, it was truly frightening as we have not learnt enough about the virus. I was also considering moving out from my home and staying in the hospital, fearing for my family and the public. I was later transferred out to lead and support the general ward. Everything happens for a reason. I learnt and picked up the role of nurse manager. My take is managing people is the hardest to learn, taking care of patients are so much easier. However, I also learnt when I become a leader, it is no longer about me but my team. A leader is only effective when the team is.

Today I am in Rehab care. I enjoy even more of what I do. The patients I care for is not an organ or a disease. They are somebody, a mother, a son. We are nursing and restoring the person back to the role he or she used to be, as much as possible. The greatest job satisfaction is to see the patients coming back to see us, to show us that they are coping and living well with their loved ones.

Meeting people from all walks of life made working everyday interesting. Not a single day is the same in nursing.

*Reflection by: Ms. Wendy Yue*



### **Establish Learning Goals Together with the Patient and Their Family Members**

Patient education is important in nursing. I have encountered a patient who needs to be educated about the care of urinary catheter upon discharge. In order to make the session more effective, I engaged his wife as his caregiver and taught her about the importance of taking care of the urinary catheter at home as it can cause lots of complications such as infections, loss of personal identity and more.

As a nurse, I am able to establish learning goals together with the patient and their family members after building a trusting relationship. We went through the journey of the education session such as how to drain the bag, how to look for signs of infection and when to seek for medical attention. I also provided them with printed materials so that they have something to refer to at home.

Two days were needed to enable the couple to show us that they are competent enough to be discharged with the knowledge of taking care of the urinary catheter, as the in-charge nurse for the patient, we tried to allow the couple to practice on every occasion when the nurses needed to drain the patient's catheter bag and corrected any mistakes made. Sometimes I would also question them about why they need to do certain steps so that they can see the rationale for the steps that we do to decrease infection occurrence. After which, we communicate to the team doctor that they are competent to be discharged with the urinary catheter and they will be reviewed upon urology appointment.

There are added benefits in working closely as a healthcare team regardless of the hierarchy. The doctors gave an estimated discharge date, which allows the nurses enough time to pass on the necessary information to the patient to enhance self-recovery.

In order to optimise bed capacity, once the patient is clinically better, we discharge the patients with basic self-empowerment skills. We hope to do more with the community to help the patient better anchor his care at home, through education and caregiver training. From the perspective of the medical professionals, of course, treating the disease and saving lives is more important than educating the patients about preventive strategies.

It is always encouraging to witness patients leaving the hospital in a better shape and better equipped with knowledge they have received. The efforts we have put in are affirmed during the post-discharge call when the patients update us on their positive recovery status and in addition, provide kind testimonials of our efforts. Therefore, whenever I have time, I will try to talk to my patients and engage them in educational sessions that would benefit them.

*Reflection by: Ms. Michelle Pek Ling*

## Mighty Oaks from the Little Acorns Grow

### **I Am Thankful for The Knowledge and Experience I Gained During My Clinical Days in the Hospital**

I have always been proud to be an Emergency Nurse. My interest started when I was thrown into an Emergency Ward when I was just a young Registered Nurse. In that role, I was trained to be skilful in my advance procedures, handle emergencies, make quick decisions, multitask, learn to cope with stress and work fast. Most importantly, I learnt the value of teamwork as the entire Emergency Ward – Nurses, Doctors, Porters, Allied Health Workers – worked together cohesively as one team.

After almost 4 years there, I got transferred out to Paediatrics, Medical and other disciplines. I have no regrets as I gained many skills and memories from these wards, but my real adventure began when I got transferred back to the emergency department and achieved my certification as an Emergency Nurse, after which I was given countless opportunities to learn and contribute.

As an Emergency Nurse, I work hand in hand with the Singapore Civil Defence Force, Army, Police and other government agencies for nationwide civil emergencies, to standby for VVIP medical cover during national events or even called onsite for extrication for any complicated road traffic accidents.

One memorable undertaking was when I was part of the emergency team to spearhead the planning and hosting as First Aider medical cover for national sporting events such as the Standard Chartered and JP Morgan marathons. For three consecutive years, I was tasked to plan for logistics and manpower together with other departments as well as external first aiders such as those from the Red Cross.

Other unforgettable experiences include being deployed to Banda Aceh, Indonesia as first medical team for mission trip after a tsunami in 2004, and volunteering to go to Pakistan as third medical team after an earthquake in 2005.

*“Behind me is infinite power.  
Before me is endless possibility.  
Around me is boundless opportunity.”*  
- Stella Stuart

## Mighty Oaks from the Little Acorns Grow

These mission trips equipped me with the skills to be self-sufficient, independent, and to think out of the box to help victims. I learnt to network with medical and army volunteers from all over the world in order to team up to provide the best care for the victims. We overcame language and cultural barriers to trade and share surgical supplies and drugs, borrow key equipment such as ventilators and took turns to be on shifts. I have made friends from all over the world from these once-in-a-lifetime, eye-opening experiences.

I am thankful for the knowledge and experience I gained during my clinical days in the hospital, which gave me the confidence to work independently and make critical decisions to administer emergency situations in any settings and more importantly, to save lives.

*“Help others achieve their dreams and you will achieve yours.”*

*“Power is gained by sharing knowledge, not hoarding it.”*

- Les Brown

*Reflection by: Ms. Ruhana Binte Sudin*

## Mighty Oaks from the Little Acorns Grow

### Embrace New Experiences and Challenges

In December 2017, after years of procrastination, I finally signed up for a medical mission trip with my church to experience a journey beyond my comfort zone. Together with a team of less than eight healthcare workers and another group of 100-odd church members, we flew to the Kampong Cham Province in Cambodia for a week to minister to the locals and offer medical aid to them.

It was my first time visiting a remote village and rendering medical aid in a foreign country, and I definitely experienced many other firsts during the trip. Coming from an urban environment, the poor living conditions of the Khmer locals, such as the lack of proper sanitation and access to clean water, opened my eyes to the reality of poverty.

During medical aid, the villagers' concept of a clean, structured and well-equipped medical facility to offer healthcare was far from my usual expectations. There were no tables for a proper set-up, only wooden plank beds borrowed from the locals. The facility was located in a cattle's hut and the scorching weather meant that we perspired through the unending queue of locals requesting to be seen by a physician for their health problems. The language barrier made the process more complex and time-consuming.

The level of poverty and malnutrition was a shock to me and my structured frame of healthcare delivery was challenged by this rural experience. I recognised that I had been very used to urban living and I needed to adapt to the cultural context. Being flexible, adaptable and less idealistic was necessary to serve and function where I was. It showed me how privileged I was to grow up in a country where I have a comfortable roof over my head, access to proper education and where I have daily meals provided on the dining table by my parents.

Going for this meaningful medical mission trip was the experience of a lifetime that could not have been learnt through textbooks or my years of academic education. I was reminded of an encouraging and powerful quote from Mother Theresa that speaks of the significance we can offer through the small things we do, *"If you can't feed a hundred people, then feed just one. It is not how much we do - it is how much love we put into the doing."* I may not be able to bring a huge change and transformation to those peoples' lives in one trip, but as long as I choose to offer and give whatever I have, it can have value and significance.

Going for medical missions with my church will not stop with this one experience, and it has spurred me to be open to embrace new experiences and challenges.

*Reflection by: Ms. Ong Chia Yee*

### Every Challenge Holds A Learning Opportunity

I was a fresh graduate Nurse and had just completed my probation to be a full-fledged Registered Nurse. Having obtained this milestone, I was brimming with confidence and looking forward to work every single day.

One afternoon shift remains distinct in my memory. I was assigned to look after a challenging elderly patient named Mr. Chua who has just been transferred into my ward. My colleagues had warned me to be careful as he had a reputation of being very hot-tempered.

I took a deep breath, steadied myself and went ahead to approach him to take his medication. He was asleep, and as I tried to wake him to take his medication, he refused and shouted at me, telling me to go away. I tried coaxing him, but he was adamant that I leave him alone and refused to comply.

Days went by, and I continued to care for Mr. Chua. I wondered how I could make a connection as he refused to acknowledge me. I noticed that Mr. Chua would leave the ward frequently and return with an armful of food. He was a renal patient who was not compliant to the therapeutic diet that he was placed under. I tried to strike up a conversation with him about his food preferences and also tried to find out from him when would be the best time for me to dress his leg wound.

It took an extended period to win Mr. Chua's trust. Slowly he opened up to me and began speaking to me, and we gradually built up a rapport. He would readily chat with me and offered curry puffs, which he insisted I ate them when they were still piping hot.

Out of the blue one day, he approached me and told me that he wanted to share four words with me: Birth, Age, Sickness and Death. He shared that every person would have to experience these, regardless of age or station in life. Some would fall sick and die while others would age and die – all paths would lead to an end. These words have stuck with me throughout my career and upon reflection have left a deep impact in my approach to life itself.

Mr. Chua's wise words taught me that all moments in life are fleeting and have to be cherished. We cannot predict the future and must live in the present. Throughout life, we live different experiences at every stage and should learn to appreciate each individual moment as something beautiful and fulfilling. Despite life's ups and downs, every challenge holds a learning opportunity and must be embraced.

*Reflection by: Ms. Pauline Chong Li Yen*

## Sowing the Seeds

Alexandra Hospital will be redeveloped into a larger, integrated health campus by 2030, providing a one-stop full medical services with innovation at its core, in order to deliver better health to everyone.

“At Alex, nurses should have to make our own decisions with regards to care of our patients. We do not only depend on doctors’ orders as we need to have the critical thinking skills to make judgments. We are not perfect, but we can always avoid making mistakes.”

*Ms. Alvarez Ana Lopena*

“I strive to make use of the knowledge and see what can be done to help better integrate the care that patients receive. I am glad I can rise to the challenge of attaining Alex’s vision of achieving integrated care for all patients.”

*Ms. Yeo Hwee Chyi*

“For my future at Alex, I wish to have an opportunity to be exposed to more community service, so that I can contribute to the wellness of my patients more holistically.”

*Ms. Wong Sin Ping*

“In my 13 years as a nurse, I had never seen a truly kind-hearted and patient-centred physician until I moved to Alex. I am happy that I made the choice to embark on a nursing career in Alex, where I can work amongst like-minded mentors and colleagues.”

*Ms. Wu Jieming*

“The essence of a nurse’s very being remains unchanged; the passion towards this vocation never changes, in spite of reforms and shifts around the world, as well as evolution of this profession. As nurses, we are in positions to advocate for the well-being of our patients and empower them in the journey towards recovery.”

*Ms. Constance Chua*

“In Alex, I found the courage to embrace change. From the administrative team, the operational team, the allied health to the medical/nursing team, it is all hands on deck to work together as one for the advancement of better healthcare.”

*Ms. Yang Qiu Ping*

“I will continue to pray for courage, confidence, grit and support of my friends and colleagues to help me overcome this ordeal; to look beyond COVID-19 and my situation. I believe this will bring great insights I have never experienced before; push myself to do greater things that I never realise I could do.”

*Ms. Doreen Heng*

“I really look forward to the new and bigger Alex in a few years’ time. A close-knitted team will pass them forward to the community and the patients we care for.”

*Mr. Kelvin Chong*

“To fulfill Alex’s mission of delivering the best care, we need many multi-disciplinary helping hands with collaboration between healthcare and community and allied health. All hands on deck and together with various stakeholders, work toward better workflow and teamwork.”

*Ms. Liu Huan*

## Mighty Oaks from the Little Acorns Grow

### Patience is the Key

As an emergency-trained Registered Nurse (RN) in my ninth year of Emergency Room (ER) nursing, every time I reveal my job to anyone, I would receive one of two responses.

- 1) "Wow, that must be so tough. I could never do that."
- 2) "You know, I was in the ER a couple of months ago, and I waited for two hours to see the doctor! Isn't that ridiculous!?"

To the first response, I always say that yes, it is a tough and demanding job. Working in the ER is hectic and there is never a dull moment. But I can confidently say that every single one of my co-workers love their job. It's a beautiful thing when we can combine our passion and careers!

As for the second response, I always say I'm sorry about that.

I know that patients and family members alike often complain about the amount of time they have to spend waiting in the ER - waiting to see the triage nurse; the primary nurse; the doctor. And then waiting for lab results, for the IV fluids to finish infusing, to hear the prognosis for their loved one they see lying on the trauma room stretcher.

As an RN, my time and skills are stretched to the maximum in the ER. I apply defibrillators, insert IVs, make toast with a little girl, read cardiac rhythm strips, calculate medication doses, bring the cancer patient another warm blanket, hold an elderly woman's hand during an exam, triage hundreds of patients a day, consult with Doctors, coach a young boy into swallowing his first pill, wash the blood of a hepatitis patient off my arm, inject analgesic, determine if a little girl has measles, manage staffing concerns, empty catheter bags, send samples to the lab, help patients understand what the doctor just told them, advocate for an elderly woman who had a stroke, interpret lab results, comfort the family whose father just died... All in a day's work.

Even though it feels like forever, time spent waiting represents only a fraction of what really goes on in the ER.

An emergency room sees patients on a needs-based system. Those who require critical care receive it on a critical basis. They are the ones who do not



## Mighty Oaks from the Little Acorns Grow

have to wait, those who are rushed in and immediately surrounded by a group of nurses. I always say that I would rather be the person in the waiting room than the one lying on that stretcher, surrounded by medical staff and connected to all those machines with my life hanging in the balance.

My advice would be; Patience is the Key. I hope non-critical patients can be more tolerant with ER staff as we care for those who need it the most. Because someday, that might be you, and when that day comes you will want your nurse's undivided attention too.

*Reflection by: Mr. Naidu Sanjeev*

## Mighty Oaks from the Little Acorns Grow

### **Nursing is a Balance of Professionalism and Humanity**

Nursing is my first and only career. Inspired by my childhood memories of my bond with my grandmother and the helplessness I felt when she was critically ill, I knew nursing was my career choice. I grew paranoid over whether my medical history of asthma would prevent me from entering my choice career, and thankfully it did not. My graduating cohort of nurses was eventually posted to the Intensive Care Unit (ICU). Though I did not get my first-choice posting, my years in the ICU has affirmed it as my true calling. ICU setting became my first love.

I remembered my first experiences in the ICU as a novice Registered Nurse. I was overcome by the number of machines, cables, tubes, monitors... What did I get myself into? No way, no how, would I ever understand everything my seniors were able to do. Or so I thought.

Fast forward to 2016, I have spent 20 years of my life in ICU. It has truly been a humbling experience. I have had the honour of caring for people. I had respectful attention to detail and such empathy for each of my patients and their families. And I began to understand life and death in a very unique way.

We went through SARS in 2003 and we beat SARS. It takes courage to be an ICU nurse. To stand in the face of pain, uncertainty, distress, chaos, silence, miracles and tragedies and return each day to do it again. I have learnt compassion. For my patients, for their families, for my co-workers and colleagues and for myself. We do our best in the midst of distress and act to alleviate it, or at the least, to be there with you through it. A balance of professionalism and humanity.

*“We do not learn from experience...  
we learn from reflecting on experience.”*

– John Dewey

I went on to pursue a Master's in Education in 2008 to advance my capacity in nursing practice in the 21st century. I look forward to mentoring the younger nurses with a dash of creativity and use of innovative pedagogies. I continue to pursue my passion in nursing, providing care beyond the walls of ICU and hospital and into the community. I took up the challenge to join Alexandra Hospital in developing new models of care and

## Mighty Oaks from the Little Acorns Grow

pushing the professional boundaries in Nursing. Indeed, a very different experience and yet another opportunity to view nursing leadership.

This is perhaps what nursing leadership means to me. As a nurse and a leader, I am the sum of the values I hold and the attitudes and behaviours I have witnessed and embraced. My achievements and growth through a variety of situations over many years have led me to where I am today. I am grateful to have excellent nursing leaders whom have influenced my nursing career.

*Reflection by: Ms. Janet Lam*

## Mighty Oaks from the Little Acorns Grow

### Reflecting Back on The Incident

At the start of a morning shift as a Registered Nurse, I was assigned to take care of an 82 year-old female patient with dementia. She was admitted to the hospital due to a recent fall and caregiver stress at home. During my physical check, she was very agitated and started to scream. She scratched my hand when I was trying to approach her to calm her down, which then escalated into lashing out at me with vulgarities. I felt frustrated as I did not want to start my shift on such a bad note. As her behaviour was disturbing other patients, I left the room and closed the door to minimise the noises that she made.

The frustration and anger I felt quickly turned to a feeling of being undervalued. Logically, I understood that I should not take it personally because the patient is mentally unstable but I still could not help feeling hurt and even began doubting my decision to become a nurse.

One thing I was glad I did quickly was to close the patient's door to minimise the noises which were disturbing other patients. My instinctive reaction was to consider the comfort of the other patients.

However, reflecting back on the incident, I should not have gotten angry and left the room, as I thought the patient will get more agitated if I had stayed on beside her, and I hoped that she would calm down after I left the room. On hindsight, I should have considered other ways to keep her calm instead of leaving her which may cause a fall incident.

*Reflection by: Ms. Thong Wei Yee*

### **I, the Patient**

I remembered having to go through one of the invasive diagnostic tests in a clinic that was not mandatory. It was not exactly a painful procedure but I was very nervous and anxious. During the procedure, there were five to six doctors fussing over me and the assisting nurse was trying to get to me. She ended up only holding my hand. I could only follow the doctor's instruction. The nurse was trying to calm me down but I could not see her. Instructions become difficult to be comprehend and in the end the procedure was not really successful as I kept on moving due to my anxiety. It was not a pleasant experience for all.

It was that incident which made me think about how I usually talk to my patient during a procedure. As a junior nurse before, I used to feel awkward when talking to the patient especially during a procedure when everyone was concentrating and keeping quiet. Even though that was how I was taught to do but I never knew that assuring a patient during a procedure will actually help them to calm down. This would have meant so much to the patient. It was only when I became the patient that I realised the impact that it would have on the patient.

This event has allowed me to reflect and to remind myself I should treat someone based on how I want to be treated.

*Reflection by: Ms. Joanne Chin*

## Mighty Oaks from the Little Acorns Grow

### **Nursing is Not A Job But A Calling**

When I was working in an Orthopaedic Ward, I gradually became complacent. One day, a sudden deterioration in the condition of an elderly patient changed my perception of a nurse. During that incident, I had panicked and did not know how to respond to the acute emergency. After everything was over, a junior doctor came up and told me, "Nurse, you were lost and confused during the resuscitation just now."

I felt very humiliated and demoralised by his remarks. However, upon deeper reflection, I realised that it was an honest feedback and I appreciated it. In healthcare, we are dealing with our patients' lives. The onus is on us to ensure our clinical competence and keep learning because medical therapies are constantly changing.

It was a bad experience because of my bruised ego - I did not like being told I am not a good nurse. However, it turned out to be a blessing in disguise as the incident had prompted me to step out of my comfort zone to an acute area to train, where the Nurse Manager breathed down my neck literally every day for not knowing my work. I nearly gave up, but I managed to overcome all odds in the end and I regained my confidence in my nursing capabilities.

Nursing is not a job but a calling. We must learn continuously and be clinically competent so that our patients receive safe and quality care from us. We need to have the courage to venture into the unknown, as we will never know what we are capable of achieving if we do not try new things.

*Reflection by: Ms. Lee Siew Hui*

### **Contribute to the Wellness of My Patients More Holistically**

I was taking the bus home after a long and tiring day in the hospital. The bus was heading towards the final stop at bus interchange and I was sitting right at the back of the bus when I noticed an elderly Chinese man approaching the bus driver in a panic. Unfortunately, the bus driver was non-Chinese and could not understand the elderly man who only spoke mandarin.

I went forward to help and the elderly man repeated that he accidentally left a big bag of medication on a bus that travelled the same route as this bus earlier that afternoon. He was worried about retrieving the bag as the medication were costly and he needed to take them daily.

The bus driver directed us to the passenger service counter at the bus interchange and I accompanied the elderly man to the counter to help him explain the situation to the receptionist.

As we were walking towards passenger service counter together, the elderly man told me that he lives alone with no one caring for him. I could not bear to see him blaming himself for being so forgetful.

Fortunately, the elderly man managed to retrieve his medication. I felt very happy and relieved when I saw how delighted he was when he managed to retrieve his bag of medication. It may have been a simple gesture, but it meant a lot for this elderly man.

When I moved from an inpatient to outpatient setting, I was exposed to different patient experiences. Sometimes, I see how patients struggle to fulfil their appointments and they also share the difficulties they face after their discharge from the hospital, despite the comprehensive discharge planning that was done prior to that.

In future, I wish to have an opportunity to be exposed to more community services, so that I can contribute to the wellness of my patients more holistically.

*Reflection by: Ms. Wong Sin Ping*

## Mighty Oaks from the Little Acorns Grow

### **“Even Amongst Evil There Will Be Good”**

One morning after ending my night shift at Alex, I was making my way back home to finally have my well-deserved rest. I was exhausted as it was a hectic night at work. I was about to reach my house when I received a call from my best friend, who said he was feeling weak and nauseous. I made a detour to go visit him.

My best friend is 38, with a history of diabetes and neurovascular weakness on both lower limbs. He does not take his prescribed medication regularly and only takes them when he is in pain, and he also has the tendency of not going for his regular medical appointments. When I saw him that day, he told me that he had been vomiting continuously, with gastric pain, loss of appetite and shortness of breath. I did a manual pulse check and reading which was 69 BMP. As he did not complain of any chest tightness or pain radiating to his shoulders, I presumed that it was just a gastric condition considering the fact that he has not eaten in days.

When I saw his condition and reaction worsen in the short time I was with him, I decided to call an ambulance which arrived in less than 10 minutes and rushed him to the Accident & Emergency (A&E) Department of Tan Tock Seng Hospital. He was diagnosed with 3 major blockages on his heart and scheduled to go for an emergency bypass surgery.

Hearing this, I felt extremely sad and guilty as I know blockages does not happen overnight and I felt even worse as it hit me that I have not acquired the skills to interpret an Electrocardiograph (ECG) reading. If I had those skills, I would have noticed the slightest change in his ECG reading and consequently would have noticed the blockages much earlier.

It was tough witnessing my best friend suffering in pain. But as the saying goes, *“even amongst evil there will be good”*; through this incident I learnt to assess a patient’s previous medical history together with presenting symptoms to make a better gauge – I should have given the paramedics in the ambulance a brief summary of his symptoms and history and highlighted his heavy drinking and smoking as the A&E doctors might have been able to diagnose him quicker instead of wasting their time finding a valid diagnosis for his symptoms. I also learnt the importance of a simple procedure like ECG and the severity of a silent cardiac arrest. These are lessons I can apply at work too, as I would not want to cost a human life due to my slightest negligence of the smallest symptoms.

*Reflection by: Ms. Afiqah Bte Abdul Rahman*



### **Always Treat Our Patients with Care and Compassion**

During a night shift, I answered the call bell of an elderly patient by her bedside. She was trying to cover herself with a towel and was pointing to the blanket at the edge of her bed. From what I saw, I knew that she was feeling cold and was trying to keep herself warm using a towel in the middle of the night. I immediately adjusted the blanket and covered her. I made sure she was comfortable and asked her if she needed anything else before I left her bedside. She expressed her gratitude while smiling at me.

A sudden feeling of guilt and empathy rushed through me. For us, normal adults in the peak of health, covering ourselves when we feel cold is very easy. It does not require much effort to make ourselves comfortable. But for these elderly people who don't have much strength, simple things such as reaching for a blanket to cover themselves require so much effort, to the extent that they had to call for someone else to do it for them. Being sick and away from home is sad. Not being able to perform routine tasks is disheartening.

As nurses, we must always treat our patients with care and compassion. We must be considerate and empathetic. We must remember that these patients are weak and that they do not have their families with them. Those are enough reasons to feel helpless and sad. Nurses must treat our patients the way we treat and care for our own families. Attending to their needs and tucking them into bed properly at night will make so much of a difference. Because in a hospital where it is cold and lonely especially at night, nurses are the 'immediate' family that these patients can rely on to care for them. We can make them feel warm physically and emotionally.

The experience taught me how to be more caring. It made me realise that my patients need me and that it is my responsibility to take care of them holistically. My job does not end with serving medications and following doctors' orders. First and foremost, my job requires me to care for my patients. When doing night shifts, I always make sure all my patients are properly covered and comfortable. I talk to them and say 'goodnight' while holding their hands or slowly patting their heads. Some may not be able to respond but I know in my heart that I made them feel warm and cared for.

*Reflection by: Ms. Martinez Ma Cecilia Pantaleon*

## Chapter 3

# Desert Flower

Beauty can bloom even in the harshest conditions;  
Alex nurses share how they stay resilient and undaunted  
in the face of life's challenges.





### **Block 19 (Elizabeth House)**

The western wing of Elizabeth House (with the darker roof) was built in 1958, while its eastern wing (with the orange roof), once housing the Queen Alexandra's Royal Army Nursing Corps' non-commissioned officers, was built earlier in 1949.



## Desert Flower

### **It is Not Easy Being A Nurse, But it is Definitely More Difficult Being A Patient**

I remember it was a sunny afternoon. With a smile from ear to ear, I was heading to the clinic for my first pre-natal check-up, feeling oh-so-light with the anticipation of seeing the bun in my oven for the first time. While waiting for my turn after registering at the clinic, I enjoyed watching other expectant mothers rubbing their tummies with love, and smiled silently knowing that in the next few months my tummy will grow as big as theirs.

Finally, it was my turn! As I lay on the ultrasound table while the doctor was doing the scan, I felt an unexplainable fear when I saw her frowning and asking for the details of my pregnancy. After multiple manoeuvres of the scanner in my uterus, the doctor said in a serious tone, "I need to talk to you."

In that moment, I didn't know what to think, feel or say - I just burst into tears knowing that she will be bearing bad news.

It had been a painful journey that no expectant mother should ever to go through. It pained me physically, mentally and most of all, emotionally. But in spite of what happened, I learnt to appreciate the people who were really there during one of the darkest periods of my life. I want to use power of positivity to keep charging ahead with my life, and learn to accept the fact that God really is the author of our lives.

That experience also made me understand my patients more as I took on the role of a patient myself. I realise that it is not easy lying on the operating table, knowing that anything could happen during the procedure. And more so, the anxiety of lying on the hospital bed; especially for aged patients with multiple underlying comorbidities, with the fear of not knowing what will come next. And that a simple, gentle greeting of "How are you?" when we see our patients makes a world of difference in their hospital stay.

So I will continue to be more compassionate and empathetic when dealing with our patients, if they prefer affectionately called Aunties and Uncles, and to see them as fellow human beings rather than patients. Yes, it's true that it is not easy being a Nurse, but it is definitely more difficult being a patient.

*Reflection by: Ms. Miro Gladish Cuna*

## **I Am Grateful That I Have A Nursing Background**

My mother was recently diagnosed with breast cancer and I was able to be with her every step of the way.

When we first received the news from the doctor about the diagnosis, a flurry of thoughts rushed through my head – all the possible scenarios my mother would face, from surgery to chemotherapy to even death. I am grateful that I have a nursing background, because at least I have some knowledge on what is going on and what type of treatments are available, and be able to support, advice and counsel my mother accordingly. My mother went through a phase of denial and started to doubt the doctor. I had to bring her to another doctor that she knew and trusted for a second opinion, after which she slowly accepted the diagnosis.

The day that my mother went for surgery was one I would remember forever. I still can remember her looking pale and sick on the hospital bed. I have never seen her that way before. Thankfully, she recovered very well and speedily after surgery. Even the surgeon commented that my mother did not look a patient who just had surgery.

This experience brought my mother and me closer together as we spent more time together in the clinics and at home and I became more appreciative of her. My mother taught me how to cook some of her signature dishes and I took over all the household chores and responsibilities from her.

It also made my family think and discuss about what should be done in the event of either of my parents' death. Being prepared is better than panicking at the last minute.

However, there are things I feel that I could have done better. I could have talked to my mother more and given her more reassurance before she had the surgery. Both my mother and I were too worried and nervous about the surgery, resulting in long periods of silence between us. If something similar were to arise again, I would be more reassuring and ask my parents more questions and hope to settle their doubts.

*Reflection by: Ms. Angeline Chong*

## Desert Flower

### **Sometimes It's About Who Is There to Hold Your Hand and Support You When You Needed Them the Most**

My dad went for a regular check-up at a hospital and found out that his Prostate-Specific Antigen (PSA) was abnormal. After going through several investigations, he was diagnosed with stage 1 cancer of prostate. He was offered two options; either surgery or radiotherapy, both of which he refused as he felt fine. He decided to delay his treatment for a year and requested to repeat all his investigations again. The second time round, his cancer has progressed from stage 1 to stage 2.

Even with a nursing background as an Oncology-trained Nurse, I was not prepared to reveal this information to my family. This was a totally different experience compared to discussions with my patients and their families. The emotions hit me hard because I never thought this will happen to me and my family and I could not stop crying in fear as I know how cancer patients decline through the stages.

It took me a long time to find the courage to finally reveal the findings to the rest of my family and explain to them what dad will be going through in the next eight weeks of his radiotherapy course and what side effects to expect, such as lethargy, bruising, bleeding and pain in his urine and stools and what types of food to avoid. He is also not allowed to travel throughout the treatment period and up to two months thereafter.

I was glad that my husband was very supportive during this time as he understood what I was going through. He went through a similar experience when his sister was diagnosed with breast cancer 3 years ago.

The downside of this experience was the heated arguments among my siblings as everyone had their own interpretation of what was the best for my dad. Being the youngest of the family, my voice was not always heard.

For example, my eldest sister insisted on bringing my dad to a private hospital for treatment as she felt that there is shorter waiting time. However, we were not able to afford the costs which was triple that of the government hospital. My view was that my dad should have the final say in where he wanted to seek treatment. We should not manipulate him and respect his decision.

At the end of the day, I learnt that family is not always about blood – sometimes it's about who is there to hold your hand and support you when you needed them the most.

*Reflection by: Ms. Irene Lee*

## **I Almost Gave Up and Lost Interest in Nursing**

Designing, drawing and the arts have been my passion since young. I had dreams of being a great architect or cartoonist with the power to inspire others through my art.

I was devastated on the day I realised that I was not able to get into my dream Polytechnic course, and was instead given the next available course which was Nursing. Back then, Nursing was not in my list of choices, and I was initially horrified at this turn of events. I managed to come to terms with this after long discussions with my friends and family where they shared words of encouragement.

In the beginning, I found the course really difficult and challenging. I almost gave up and lost interest in Nursing; I thought that Nursing was not my calling and I have been wasting everyone's precious time. However, early exposure to clinical postings and great guidance from the ward staff, preceptors and instructors during my student nurse days changed my entire perspective. It was an eye-opening experience that money can never buy. Throughout my nursing career, I was given opportunities to upgrade myself to be a Specialised Nurse in Orthopaedics, something I truly love.

Nursing sick patients back to health is not always a smooth-sailing journey. Our challenges are endless but I do believe in good moments - like when a patient is responding well to treatment, a genuine smile from another patient or perhaps a simple "thank you" from patient's family - these are all priceless moments I treasure.

The amount of faith that patients' families entrust in healthcare workers like me to take care of their loved ones is truly amazing and rewarding to me. It definitely gives me a sense of satisfaction in my course of work in hopes that one day I can give back more to society.

When I'm asked about my passion in the arts, I reply that my passion is always there and its flame will never be extinguished. It has always been a great honour whenever I'm given the opportunity to create an art piece for someone and I will definitely make time to complete it and gave it my all. Over the years, I have contributed artworks on many different platforms within the National University Hospital, and I hope I'll have the chance to do the same now at Alex.

As I look back to what I have gained and achieved, I truly do not regret my choice of a career path in Nursing.

*Reflection by: Ms. Norzahidah Binte Isnin*

## Desert Flower

### **I Head Back Home After My Shifts with A Smile and My Heart Filled with Joy and Satisfaction**

After secondary school, I wanted a career that was interesting yet meaningful and could make a difference in people's lives. So I decided to apply for the Nursing course at the Institute of Technical Education (ITE) College East in 2016 to pursue my dreams of caring for others. Although I struggled with my studies, what stood out for me during the 2 years was how supportive my lecturers were. No matter how much my classmates and I struggled during our clinical attachments, they were always there to guide us.

There was once I failed a test in one of my nursing classes, I thought my dreams were over and that I would never graduate. When I spoke to one of my lecturers and she told me she failed her first test in nursing school too. She renewed my hope and self-confidence, and helped me see that this was a process that would eventually lead to me becoming a Nurse. She was an inspiration for me during my school days.

In my first year as a Nurse after my graduation in 2018, I experienced happiness, anxiety and nervousness. There were amazing days, difficult days and days where I left work with thousands of different thoughts racing through my head, questioning myself on what I could have done better.

Every day, I head back home after my shifts with a smile and my heart filled with joy and satisfaction. Conversations with the patients are always meaningful and fulfilling. Being a Nurse is truly a beautiful way of giving back to the society.

*Reflection by: Ms. Madhumita D/O Mahyandran*



## **How A Simple Caring Touch Can Make So Much Difference**

I have been a nurse for a long time and countless patients have come and gone under my care, but there was one who stood out among them.

He was an elderly gentleman who came in to the hospital very sick; he was losing blood from both ends and blood pressure was dropping fast.

With the tireless efforts and genuine care of the medical staff, he slowly recovered and recuperated until one fine afternoon three months from the day he came, the patient was finally discharged, well and in high spirits.

Having witnessed the patient's long journey of recovery, I realised how noble this nursing profession is; not just its technical and clinical aspects but the human side of it; how a simple caring touch can make so much difference to our valued patients.

With a beaming smile we sent the patient off knowing that we nurses have played an integral role in his recovery.

*Reflection by: Mr. Carlo Meridian*

## Desert Flower

### **Preserve Patients' Dignity and Hope, In the Process of Helping Them Through Their Battle with Illness**

With technological advancements and globalisation, the profession of nursing has evolved tremendously over the last two decades. However, the essence of a nurse's very being remains unchanged; the passion towards this vocation never changes, in spite of reforms and shifts around the world, as well as evolution of this profession.

Three H's - Head, Hand, Heart. Novice nurses start their journey in a practical way 'hand', but extensive knowledge has to be picked up later, along the way. With experience, the 'head' will apply, together with the practical skills of the 'hand'. The final bit encompassing it all is the 'heart'. That is the inherent value of being a Nurse. That is my over-arching theme.

As nurses, we are in positions to advocate for the well-being of our patients, and empower them in the journey towards recovery. In spite of sickness, they should be able to retain a level of normalcy in life; something that nurses can facilitate. For example, post-surgery, even though patients may need assistance for certain tasks, nurses should still offer encouragement and allow them to be independent. The same thing works for the elderly patients - they should be given a certain degree of independence and autonomy in their daily lives. For example, when it comes to their meals, and not always be spoon-fed when possible.

It is rewarding when you come across scenarios where comatose patients who have never seen you recognise what you did, through your voice. Former patients come over to greet you at times, and their next-of-kin send gifts of appreciation, months after leaving the hospital, be it through death or recovery.

We have to preserve patients' dignity and hope, in the process of helping them through their battle with illness, so they get better.

*Reflection by: Ms. Constance Chua*

## **Always Put on A Smile and Extend A Helping Hand**

A few years ago, when I was still a student nurse, I encountered a feel-good moment with my patient in a National University Hospital ward.

I started my day full of energy with a big smile to greet all my patients in the cubicle that I was assigned to. I assisted them during breakfast and shower. After completing all the Assisted Daily Living (ADL) routines, my staff nurse asked for my help to prepare the dressing procedure for one of the patients. I dutifully prepared all the equipment and got ready at the patient's bedside waiting for the staff nurse to come and assess my skills. While I was cleaning the patient's wound, the patient shared her life story with us. It was nice to hear about her happy family life.

After I finished cleaning the patient's wound, she said in a cheerful tone, "Thank you, Missy. You are such a kind and a nice girl. I have been observing you throughout the morning while you were helping out with the elderly patients. You did not even complain once and always put on a smile and extend a helping hand to them. I hope that you will become a successful nurse one day." I felt contented and blessed hearing this and I can still remember her encouragement till this day.

This patient made my whole day better and I felt the need to work hard to live up to her kind words. She motivated me to where I am now. To all potential nurses, I would encourage you to persevere on with your responsibilities and duties even if you feel exhausted. At the end of the day, the care and support you provided for your patients will be well worth it. They may forget your name but they will never forget how you made them feel.

Wise words I always remember my fellow nurse colleagues shared with me.

"I am only one; but still I am one. I cannot do everything; but still I can do something."

"It is not how much we do, it is how much love we put into the doing."

"I know I will be a good Nurse, but I want to be more than that. I want to be a Nurse who makes a change in my community; one who improves the lives of my patients through quality, compassionate, culturally-centred patient care. This is what being a Nurse means to me."

*Reflection by: Ms. Nurhanisah Bte Hashim*

## Desert Flower

### **So Much So That We Forgot That As Nurses, We Are Here to Deliver the Best Care We Can Give**

In Alexandra Hospital's Urgent Care Centre (UCC), we often see some "regular" patients who are not too popular. One particular group of patients that I'm not keen to nurse are those who are alcohol intoxicated. I find them to be a nuisance who take up a lot of our resources such as occupying unnecessary bed space - as we have to wait for them to sober up before we can discharge them - and manpower. They can be aggressive and stubborn towards nurses both physically and verbally.

They also hurl vulgarities and smell really bad. However, sometimes I look at these patients and wonder why they had to drink so much. What sorrows are they facing that they need to drown by drinking? What family support do these patients have?

One day, we received a walk-in "regular" patient to the UCC. He fell that morning and had sustained an ankle fracture. His attendance at the UCC was always for alcohol intoxication. He was seen in the morning by another hospital for a fall and had a cast done for his foot. But he came to UCC as he wanted to be admitted and told the doctors that he could not manage himself with the cast on as he was living alone.

The doctors had no choice but to admit him. When the patient got to the ward, I asked my nursing colleagues whether the doctor will be changing his cast as it was dirty and smelly. They said the doctor did not instruct to change. I then asked the doctor if he could at least change the cast for the patient to provide more comfort for him. The doctor did not agree with me as the cast was just done in another hospital on that same morning. Hearing this, I decided that I will change the patient's cast myself.

As I was cleaning his foot, the patient told me, "Thank you, my daughter." Although I was not sure if he was intoxicated, hearing that made me reflect that sometimes, we get too judgmental or we tend to label our patients; so much so that we forgot that as nurses, we are here to deliver the best care we can give and treat all the patients the same regardless of their history.

When we graduated from nursing school, I remember taking the oath to uphold the nurses' code of conduct and treat all patients equally. Doctors treat diseases but nurses treat the patient clinically, emotionally and physically.

*Reflection by: Ms. Julianah Omar*

## An Experience That I Will Never Forget

As an Emergency Room Nurse, you never know what will come through the door next. It could be someone with stab wounds, a baby in distress, bus accident victims or an elderly man with pneumonia. It was the beginning of my night shift when we suddenly received a code from the Singapore Civil Defence Force (SCDF) team about an oncoming trauma patient who was involved in a traffic accident.

My colleagues and I prepared the trauma room immediately. When the patient arrived, everyone took on our specific roles and I moved to the patient's head to secure the airway and his neck. As I looked down at the patient who was covered in blood and shattered glass - I heard this familiar voice say, "Dear, don't let me die." My mind went blank and my heart started to pound as I realised the patient was my friend's father. I promised him I would not let him die, although I knew that in spite of the very best care, his injuries were severe and promising his survival was beyond anything I could reasonably guarantee. I told myself to be strong and continue to do what was supposed to be done. We immediately initiated the primary care and prepared him for surgery. With God's blessing and sound medical care, my friend's father made it through the surgery.

A few days later, the patient's wife came down to the emergency department to thank us for saving his life. Four months later, a package came in the mail, a gift from him again thanking me for saving his life. Through all the chaos and pain that night, he remembers me telling him I wouldn't let him die - a promise I really couldn't make, but did anyhow. A year later almost to the day of his accident, the patient came again to meet me and it was his first day back on the job after his injury, several surgeries and extensive rehabilitation. When I saw him walk down the hall, I burst out in tears and gave him a big hug. He introduced me to his partner as the person who saved his life.

This was an experience that I will never forget. It could have been a really tragic event, but great teamwork saved this man. This is what it means to be a Nurse for me and I will continue to strive to be better every day.

*"When I think about all the patients and their loved ones that I have worked with over the years, I know most of them don't remember me nor I them, but I do know that I gave a little piece of myself to each of them and they to me and those threads make up the beautiful tapestry in my mind that is my career in Nursing."*

- Donna Wilk Cardillo

*Reflection by: Ms. Kalainangai Kumanan*

## Desert Flower

### **I Was Touched That He Knew My Name**

*"If it doesn't challenge you, it doesn't change you and if it doesn't change you, it doesn't make you a better one."* - Fred DeVito

These are the words I live by throughout my journey in Nursing.

Certain things in life are hard to explain until you encounter it yourself. Throughout my nursing journey, I have encountered good and bad experiences and they have all helped to shape the person and Nurse I am now.

One of the experiences that I hold close to my heart is when a patient I devoted a lot of care towards finally got healthier and better and was discharged from the ward I was working at.

I was a nursing student and going through my final year of school. The ward I was assigned in has a patient who had difficulty in doing his Activities of Daily Living (ADL) and was always in a foul mood. He would always scold the nurses who tried to help him and shut them down. Even though I got scolded by him most of the time, I still consider it my duty to help him to get better. Every time I was on shift, I tried to coax him and talked nicely to him. However hurtful it was for me, I know that it was more hurtful for him. I empathised with his situation and I understood why the patient behaved in such a manner.

But as time passed, I noticed a change in his behaviour and he began to open up to nurses more than before. He was able to help himself in his daily routines like showering and transferring from bed to commode with minimal help from the nurses.

On the day of his discharge, his condition had improved so much from the first day I saw him. He could finally walk with a walking stick and he looked really happy. He came to me personally to offer his gratitude and even called my name. I was touched that he knew my name.

This eye-opening experience taught me that people come from all walks of life and everyone deserves a second chance. It helps me to be patient and empathise more. I learned not to react based on my emotions which can cloud my judgment.

I would like to end this reflection with a quote that inspires me: *"They may forget your name, but they will never forget how you made them feel."* - Maya Angelou

*Reflection by: Ms. Nurhidayah Binte Jumali*

## My Way

The world as it is, always requires us to conform, obey and follow. Sometimes we choose to agree to avoid conflicts, sometimes we concur, else nothing will progress. Nothing wrong with that, because order has to be in place. But when someone swims against the tide, we take notice.

Amidst my fading memory, a gentleman will forever be in my heart. M was young, not even in his thirties, had a caring mother and wife. He was admitted for HIV-related lung complications and required the use of a non-invasive breathing machine. The team wanted to initiate anti-viral treatment urgently too. Everyone was rushing to make arrangements so that M could receive the care he needed. The team then proceeded to discuss the treatment plans with him, and to the surprise of everyone, he rejected. We are talking about a young gentleman who potentially had many more years ahead of him despite the sentencing diagnosis, if he chose to be treated. We spent a long time discussing with M, trying to understand and convince him. But M was adamant that he wants it his way.

As that day went by, M could barely breathe, imagine lying in bed and yet feeling breathless like someone who went for a marathon, imagine every breath could be your last, that's what he was going through. His meal was set beside him, but he barely touched anything. His energy was channeled just solely to breathing. M went on for hours before he became weaker and started losing consciousness. His mother and wife sat beside him, and were crying while holding onto him, their cries were some of the most heart-wrenching. I took a knee beside him and asked, 'is this what you want?' Despite his drowsy state, M replied 'yes!'. I explained to him what was to come to prepare him and told him to be brave. Not that I'm trained for this, but I can only imagine if I'm slowly going away, and start experiencing more symptoms, I will be afraid too if no one told me what's going to happen.

We three knelt beside him for his final moments, they were inconsolable. 'Not many of us get to choose how we want things to end, but he did. And we should be glad for him!' I said in a soft tone, but with a burden in my heart. I had to channel them to see the positives of his decisions despite the outcome, they nodded. And then, he stopped, no longer a beat nor a breath.... The cries went on, but silently this time.

This experience really left such a deep impression. I encountered many passings before M's, but to be nursing someone who was coherent, insisted on his choice despite the reversibility of his condition, and being allowed into the inner circle of M and his family during his final moments, it was truly humbling and emotional for me. Every tear they shed, I was shedding inside too. I'm sure in our profession, every nurse had that experience, and came out a 'lil stronger, a 'lil more mature.

When I reflect on M, a song comes to mind.... 'My Way'....

*Reflection by: Mr. Darren Goh Zhongwei*

## Desert Flower

### **More of A Daughter Than A Nurse**

My mom was diagnosed with end stage renal failure in 1991 and I have been her sole caregiver since then. It was also because of her that I chose nursing as my profession in 1993.

During those times, I had been more of a nurse than a daughter to her; ensuring she receives all the needed treatment and sometimes against her will. Like most Asian families, we were very conservative with our feelings. Taking a prescriptive and paternalistic approach was my way of expressing my love for her.

During her final leg, she had numerous large wounds on both her thighs and was on several strong opioids such as oxycodone, morphine, pethidine and fentanyl. I had to change her dressings twice a day as they would get exudative and wet. I realised I had to modify and improvise her wound dressing with whatever consumables I could afford and have access to, because it had gotten too expensive for me to sustain. I even explored different ways to clean her surrounding skin using T3 while limiting the wounds to the sterile cleansing solution.

I barely slept two hours a day during those times as she was in a constant state of pain despite the opioids. She also had several falls at home despite my attempts to modify our home. It was a daily struggle for both of us. She eventually succumbed to illness complicated with calciphylaxis in 2008. I had two regrets: not telling my mum how much I loved her, and not being able to involve her actively in her plan of care while she was alive.

My dad was diagnosed with Diabetes and Gout in the early 2000s. Similar to how I have been nursing my mom back then, I was a prescriptive daughter restricting his diet and dictating his lifestyle (he was a non-compliant patient with HbA1C of 15%!!!). My approach with him changed upon my mom's demise and I worked around his lifestyle. He was subsequently diagnosed with Burkitt Lymphoma and Myelodysplastic syndromes in 2011 and 2013 respectively. During those times, I had relied mostly on physical assessment and his clinical presentation to gauge his overall wellbeing instead of pricking him several times every day just to check his blood glucose. In addition, I summoned enough courage to discuss his end-of-life plans, which I was unable to do so



with my mom. He left me in 2013. Although I was unable to bring myself to tell him that I loved him while he was alive, I felt I was more of a daughter than a nurse to him.

My experiences in caring my parents made me see the importance of practising across settings for our nurses; in order to deliver value-based care for our patients. We need to be able to understand the struggles patients and caregiver(s) face at home in order for us to deliver purposeful care for them in the hospital settings.

P.S. I eventually learnt to tell my estranged sister that I loved her after my dad's passing.

*Reflection by: Ms. Doreen Heng*

Chapter 4:

# Keep Your Face to the Sunshine Like Sunflowers Do

It is a rite of passage which every one has to go through  
but one with which the Alex nurse will journey.





**Block 28**

Block 28 was built around 1965 along with Alexandra House (Block 19A) and was used as an outpatient block.



## Keep Your Face to the Sunshine Like Sunflowers Do

### **A Sense of Contentment That I Was Able to Play A Small Part**

I once took care of a 100 year-old patient, Mdm. A, who was at death's door. I can vividly remember it was around 9:30pm on a Friday when Mdm. A's daughter came to me to discuss about terminal discharge for Mdm. A as she had expressed her wish to go home.

The first thought that sprung to my mind was that Mdm. A was very ill, and she may not be able to receive the adequate medical and nursing care at home, as none of her family members are trained to do so. I explained to Mdm. A's daughter that it was not a good time to bring Mdm. A home because she might have symptoms which can only be managed medically in the hospital or with the presence of a medically-trained person. I tried to persuade her to keep Mdm. A in the hospital at least until the following Monday when home nursing services would be available.

We were having our discussion outside Mdm. A's room. Looking at her frail mother, Mdm. A's daughter told me that it could be her last wish to go home and that is why she has been fighting so hard for her life - to be well enough to go home. The family understands the risks of bringing Mdm. A home, yet they strongly believe that Mdm. A would want to go home more than anything else.

Upon hearing that, I agreed that it could be Mdm. A's last wish. Immediately, I consulted my sister and colleague about the terminal discharge process. As it was late at night, the family agreed for discharge the next day.

At noon the next day, Mdm. A was discharged home via ambulance. She was strong, smiling and waving to me when I bade goodbye to her. It was the last goodbye.

On Monday, we received a call from Mdm. A's family. She had passed away peacefully on the night she was discharged home. She got to eat her favourite food, wore a lovely blouse and indulged in her beloved pastime of singing accompanied by her family members. It was a delightful day.

I am so glad that Mdm. A had fulfilled her wishes at the very end of her life and I feel a sense of contentment that I was able to play a small part to realise her desires.

With this experience, I was able to see that my job as a nurse is much more than just the daily nursing tasks. Every act of kindness and compassion rendered on our part could touch a patient's life in the most meaningful way.

*Reflection by: Ms. Grace Wong Tze En*

## Keep Your Face to the Sunshine Like Sunflowers Do

### We Spent A Joyful Afternoon in the Garden, Carefree and Laughing Together

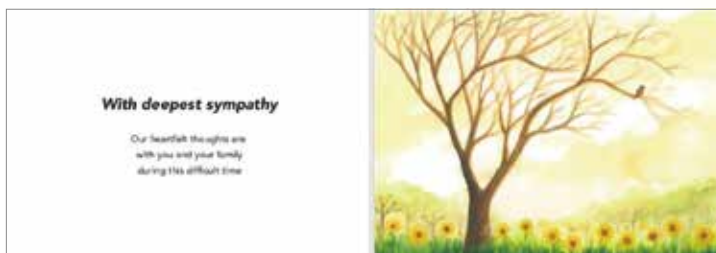
Being a Palliative Nurse in Alex has changed my perception on nursing and has taught me to treasure every moment in life. It pushes me to go beyond caring for patients, to be a supportive presence to the lost and grieving family and an advocate to minimise the suffering of the dying. Ultimately, we are celebrants of life, guiding these families to spend their last precious moments together, creating lasting memories and leaving no words unsaid.

My most unforgettable memory was caring for a young and terminally ill patient with his elderly parents. During our care, we tried our best to comfort his confused and broken-hearted parents as the patient often drifted into a semi-comatose state. With my fellow nurses, we cut his hair by his bedside as he was not able to have a haircut for many months. Knowing that time was running out, we arranged a photo shoot of the patient and his mother in the hospital garden, alongside his doctor and occupational therapist. We spent a joyful afternoon in the garden, carefree and laughing together.

Afterwards, we created a photo album as a keepsake for the patient's mother. She received it with thankfulness and spent a lot of time gazing at the photos. She told me that she felt like we are all a big family and conveyed her gratitude endlessly. A few days later, the patient was transferred to an inpatient hospice and we said our goodbyes knowing that we had done our best for him and his family.

He may no longer be here today, but the moments of joy created during the photo shoot last forever in the memories of the living. It changed my perception of being a nurse. Nursing is not just a job where we fulfil routine duties and demands, but a profession where we touch lives and make a difference no matter how small our actions are.

*Reflection by: Ms. Tan Li Ping*



*Bereavement card designed by Ms. Tan Li Ping.*

## Keep Your Face to the Sunshine Like Sunflowers Do

### **I Was Determined to Help Fulfil His Wish**

I had the opportunity to care for a post-liver transplant patient, Mr. Pang, who was in his early-60s.

Having devoted his life to run a food stall to provide for his family, he developed hepatocellular carcinoma (liver cancer) and underwent a cadaveric liver transplant. He was recovering well and was in the midst of preparation for home. However, complications including fever, severe bloatedness and difficulty eating and drinking slowly set in.

He was sent for multiple scans, daily blood tests and was given multiple strong antibiotics and high doses of anti-rejection medications almost round the clock. Despite these aggressive treatments, his body was unable to tolerate any more. Eventually, the plan was to stop all treatment to control the rejection and instead provide the best comfort care for him.

Mrs. Pang and their two teenaged children were updated by the team doctors during a family conference. Mr. Pang himself agreed for conservative treatment which is strictly no surgical interventions, no scans or procedures and no further medication to investigate the cause of the problem. Mr. Pang appeared strong and was extremely quiet.

However, after a couple of days, he was in so much pain that he simply could not tolerate. He threw tantrums and refused to eat, drink, turn in bed or to be sponged. It would take us almost two to three hours inside his room per shift to coax him like a baby with multiple bargaining conversations. One week passed before he finally came to terms with his prognosis when the palliative team stepped in to speak to him at length. He was told he has about one to two weeks to live.

I felt emotional when I read the palliative doctor's note and remember vividly what was written: "Mr. Pang's only last wish was to have a family portrait. He has never taken a family photo with his wife and two children."

The best thing about nursing is that we have the privilege to care for the sick, the frail and the suffering like Mr. Pang, and I was determined to help fulfil his wish.

## Keep Your Face to the Sunshine Like Sunflowers Do

We worked with the palliative nurses on the arrangement of the photo shoot the next day and allocated tasks among ourselves to get it done soonest possible; liaison with the photographer and family members, locating a conducive venue within the hospital grounds, outfit choice and personal grooming.

The photo shoot went well and Mr. Pang passed away one week later, after being able to spend some time in the hospital with his loved ones. I felt satisfied that I was able to help to play a part in fulfilling a dying man's wish and having the photographs as precious reminders and memories for the family he left behind.

*“When someone that you love becomes a memory, that memory will then become a treasure.”*

*Reflection by: Ms. See Hwee Hwee*

*(Ms. See Hwee Hwee is one of the 2020 MoH Nurses' Merit Award recipients.)*

## Keep Your Face to the Sunshine Like Sunflowers Do

### **Embracing Death Is A Difficult Journey for Everyone, No Matter How Prepared They May Seem**

My mother-in-law passed away due to cancer of the lungs that spread to the brain. According to her best friend, she wanted to hang on till Hari Raya. She passed away on the third day of the festive seasons.

My thoughts and feelings when she passed from this world were, will my son who was only 3 years old at the time still remember his grandmother? She had been the one who took care of him since he was a baby and she doted on him a lot. I just want him to remember the kindness and love she had for him, like all loving grandmothers.

I managed to be there with her during her last moments, and I was able to give her the best nursing care that I have learnt throughout my nursing experience. That is something that I felt good about. I was lucky to have supportive superiors guiding and advising me throughout the process too. Having the chance to nurse your own family member, to give the best towards her end-of-life journey makes me feel accomplished taking up nursing as my career choice. However, one downside to this experience was having to deal with the emotional stress that the other family members were facing, and I was not prepared for that.

Embracing death is a difficult journey for everyone, no matter how prepared they may seem. The best one can do is to be there for them. To ease their loneliness after they learn that their loved ones have passed on.

If I were to go through such an experience again with someone who is dear to me, I would still give my support to them with the knowledge that I gained from this experience. Hopefully I would be able to provide some measure of comfort to them.

*Reflection by: Ms. Aishah Binte Ahmad*



## Keep Your Face to the Sunshine Like Sunflowers Do

### **Deep Down Inside, I Was Crying Like A Baby**

We admitted a 99 year-old elderly male into the ward one evening for pneumonia. I nursed him for three months, from the time of admission until the day he passed away.

I recalled how he always smiled at the nurses in the mornings which goes a long way to brighten our days. On some occasions, he asked his daughter to buy food for us, nurses – an unexpected reversal of roles as he was taking care of us when it should be the other way round. I was touched by his gesture and sincerity.

He reminded me of my late grandmother, and also made me think of my own mother, and whether I will be able to care for her in her old age. Most importantly, I learnt that life is short and I should spend more time with my loved ones while I still can.

On the other hand, I also realised that I had invested too much of my emotions in the situation which caused me to feel down for many days after he passed away.

I performed the last office for this patient and reassured his family members as part of my job requirements, but deep down inside, I was crying like a baby. After this experience, I started reading motivational books, did meditation and diverted my attention with some hobbies, and slowly came to terms with it. On hindsight, I realised I should have approached my superiors for advice for my own peace of mind.

As a nurse, death is hard to avoid. I hope to be more self-aware and have more control of my own emotions when I face similar circumstances in future. Death is part of life, and what I can do to make it less unpleasant for everyone is to help a patient suffer less during the dying process.

*Reflection by: Ms. Amelia Yap*

## Keep Your Face to the Sunshine Like Sunflowers Do

### **Becoming a Palliative Nurse**

Way back in 1995, I was a final year student nurse in Nanyang Polytechnic. Clinical attachments in local hospitals during those days were labour intensive and challenging, requiring us to be independent in most of our clinical skills before we graduated to becoming Registered Nurses.

I was considered an anti-jinx to have been spared from performing a last office for a deceased patient in the first 2 years of my student life. During that fateful afternoon shift, I was looking forward to the last day of our clinical posting before we enjoyed a long break during the Christmas festive season.

I remembered I had just returned from my first break at around 6:00pm. My Staff Nurse in-Charge told me curtly to prepare a last office trolley as the patient under her care had passed on few minutes ago. I swiftly prepared the trolley and joined her with the last office. Shortly after cleansing the deceased body for about 10 minutes, she was called away and had to leave the single room, leaving me alone behind with the dead.

I felt uneasy to be left alone with a dead body, as this was the very first experience I had with witnessing a cold and stiff body. I was breaking out in cold sweats, not daring to look at the face of the deceased Uncle straight-on. The 15 minutes that my SN left the room felt like 15 hours to me, leaving me in fear and apprehension. I recalled my body was as stiff as the dead after the entire last office was completed.

Looking back, there was actually nothing bad about this experience. This encounter has strengthened my weakness as I had gone home with the resolve to take this as part and parcel of nursing life, that I should not fear but feel honoured to have participated in preparing the death of a person. Little did I know, 20 years after that experience, I have not only performed numerous last offices - I now have even developed a special interest in the care for the dying. I have chosen to walk this 'last' journey with the dying patients by becoming a Palliative Nurse.

*Reflection by: Ms. Marie Tsen*

### **Will I See the Sunshine Tomorrow?**

“Will I see the sunshine tomorrow?” asked a 30 year-old lady in her terminal stage of breast cancer. Her expression was vacant. She wanted to know how much time she had before being away from her husband and 2 year-old boy. But who can answer this question? Although I knew she was deeply saddened but no words could console her. I simply extended my arms and gave her a hug. Tears welled up in her eyes and I assured her it is all right to cry and sat with her until she calmed down. I have, for many years tried to understand grief, torment and the great sense of loss which patients and their families suffer through terminal illness.

That incident has changed my perspective about life and death. As a nurse attached to an oncology unit for many years, I helped a lot of people through the grieving process when they are told they had a terminal illness. Little did I realise, when I accepted to work in oncology unit after I returned from overseas training as a midwife, that it would be my patients who would be taking me through this process. I thought I read enough to know all about the five stages of grieving but what I did not know was how these stages applied to my life. One by one, these patients showed me what these concepts really mean. What these special people taught me has made me become a better nurse and enriched my life in so many ways.

Being brought up in an Asian culture, it has never been easy to discuss issues of life and death. The problem is how to be honest without destroying hope. Life and hope are two things that go hand in hand. I can only try to help the patients and their families to find realistic hope in their situations. Also, playing a supportive role just by being there with them, holding their hands and showing care and concern. This will help to build a closer rapport with your patients. This makes nursing the patients more meaningful and fulfilling for me. Indeed, it is a privilege to be allowed to follow so many on their last journey on this earth.

*Reflection by: Ms. Ong Hwee Sen*

## Keep Your Face to the Sunshine Like Sunflowers Do

### **Be Grateful for Each Day That I Have and to Live Each Day As If It's The Last**

A patient named Gem left a deep impression on me. She was a healthy 38 year-old Chinese lady with a good job at a hotel. A few years ago, she was diagnosed with a rare form of cancer that grew on her face and caused it to disfigure. She then went through a series of aggressive cancer treatments which got the tumour under control. However, the cancer relapsed after a year and her treatments failed to work again.

Gem was transferred to Alex in 2018 for palliative care and inpatient hospice placement as her family was unable to care for her at home. When Gem arrived, the nurses and doctors who took care of her were shocked as most of her facial features were distorted, and made for a disturbing and uncomfortable sight. There was much fear and uncertainty on how to care for her.

Caring for her was difficult as she required daily dressings for her face. Many a times fluid would leak from her facial tumour and the smell that was emitted was pungent. Communicating with her was challenging too, as her voice was muffled.

Initially, we assumed that Gem would be depressed and unhappy; but to our surprise, she turned out to be a very positive person. She was always smiling and would try to say 'hello' whenever people walked past her room. She acknowledged that she can be difficult when she wanted things to be done her way and would demand that the tasks be repeated – she would always apologise for her behaviour afterwards.

Despite everything she had gone through, Gem did not lose hope and continued to live her life normally. She went out shopping and frequently engaged with other patients who were open to talk to her. She did not look down on herself, telling us that her faith was in God and because of that, she looked forward to each new day.

I admired Gem's courage and strength to face the challenges in her life. I realise that many of us have good health, family and resources available to us. However, we are poor in our spirit because we find something to complain about every day.

## Keep Your Face to the Sunshine Like Sunflowers Do

On the other hand, our patients are losing so many things every day: their relationships, their roles and their physical health. As healthcare professionals, we see their suffering and the pain they go through.

I learnt so much from Gem as I witness how she continued to be a bright light that shined even though death was slowly catching up with her every day.

I hope that I will always be grateful for each day that I have and to live each day as if it's the last, making the best of it.

*Reflection by: Ms. Tan Poh Hoon*

## Keep Your Face to the Sunshine Like Sunflowers Do

### **I Can Touch A Patient's Life and Likewise, A Patient Can Also Make A Difference to My Life**

As a student nurse, I wondered if I was suitable for nursing. I remember how my parents used to tell me that nursing is a noble profession, "Pursue it, Michelle, you will grow to love it. Someday, you're going to touch someone's life or someone is going to make a beautiful difference in yours. When that day comes, you'll thank us."

Now, I thank my parents every day.

After graduation, I have worked in different hospitals with many treasured experiences. There is one in particular that I will always hold dear to my heart.

As an Enrolled Nurse in an Oncology Ward, I love my morning shifts as I get a chance to have a quick chat with my patients while assisting them with their meals or to get cleaned up.

I remember nursing Mdm. G and felt an instant bond with her when we chatted. There was a kindness in the way she smiled and spoke and I looked up to her as a role model. She was a cancer patient and I could sense that she was in constant pain, but Mdm. G was always calm and her patience never wore thin.

Whenever it seemed like Mdm. G was feeling down, I would try to share a joke and giggle with her. Just being able to put a smile on Mdm. G's face made me feel a sense of achievement and joy within. Weeks went by and Mdm. G's condition started to deteriorate, although she never once lost her good nature.

During one of my morning shifts, my colleague and I were assisting Mdm. G with a bed bath and to our surprise, Mdm. G shared that she could sometimes hear me singing to myself and hoped she could hear me sing someday. At that moment, I felt like hiding my face in embarrassment!

Christmas was around the corner and all of us nursing staff went around the wards with our guitars and sang Christmas carols to cheer our patients. I'll never forget the priceless smiles and joy on their faces. When we got to Mdm. G's room, I found myself feeling very emotional as we sang. At the end of our carolling, Mdm. G placed her hand on mine and with that angelic smile, she whispered, "Thank you, Michelle, continue to touch lives." I fought hard to hold back the tears that filled my eyes as I thanked Mdm. G for her kind words.

## Keep Your Face to the Sunshine Like Sunflowers Do

Unfortunately, as weeks passed, Mdm. G lost her battle to cancer and passed on. I remember feeling like I've lost a friend. Up until today, I cherish this memory as it has shown me that as a Nurse, I can touch a patient's life and likewise, a patient can also make a difference to my life.

*Reflection by: Ms. Michelle Arthur Daniel*

## Keep Your Face to the Sunshine Like Sunflowers Do

### **Being A Good Critical Care Nurse Is Not Just About Skills, Knowledge and Machines**

This incident happened when I was a newly trained critical care nurse working in the coronary care unit. My impression then of a good critical care nurse was one who was technically skillful and knowledgeable. And I strived hard over the years to be one.

One day, we admitted a foreign patient who presented with a massive acute myocardial infarction requiring emergent Coronary Artery Bypass Graft. He had survived a series of resuscitation and was supported with life support machines and on various inotropes before his surgery. There was a possibility that he might even die before or during the surgery.

I was nursing him on the eve of his surgery. We had to taper off his sedation to enable him to meet his wife, who had gone through numerous hurdles to get herself on a Singapore-bound flight. As he became progressively awake, he grew restless triggering multiple alarms on his monitor. I tried to communicate with him without much success to calm him down. I even offered a scrap of paper excavated from my pockets for him to write but he threw it onto the floor.

Admittedly, I was growing irate and asked if he needed a larger piece of paper. I presented him with a fresh A4-sized paper and what happened next changed the way I nursed my patients. He began scribbling names after names hurriedly and it finally dawned onto me that he was trying to write his last words to his loved ones.

At some point, he was flustered as he could not remember all the names and that triggered his alarms on his monitor again. This time, I held onto his arm and reassured him to take his time. He started to calm down and continued with the names, and went on to write how much he loved his family and apologised that he might have to leave them behind with much regrets. He was crying at this point and I was blinking my tears away furiously. With the contents he wrote, he knew he might not even get to see his wife that night. I felt so ashamed for my impatience towards him earlier on and apologised to him after he finished writing. I also promised him that I will guard this letter with my life and will hand it over to his wife personally.

I waited till his wife came that night and handed the letter to her. Both of them cried in each other's embrace. It was a very painful scene to witness and at the same time I felt relieved he got to see his wife before his surgery.



## Keep Your Face to the Sunshine Like Sunflowers Do

I was greatly humbled from this incident. Being a good critical care nurse is not just about skills, knowledge and machines. It is also about being there for your patient emotionally and empathizing their needs. It is about high-tech and high-touch.

P.S. In case you are wondering what happened to this patient, he survived and visited us after the ordeal. It was my turn to hug them.

*Reflection by: Ms. Doreen Heng*

## Keep Your Face to the Sunshine Like Sunflowers Do

### **A Patient's Safety is Always the Topmost Priority**

In recent news, a doctor was sued for unknowingly disclosing a patient's personal details to an imposter over the phone. This phone call had caused a harsh penalty but in many other instances, it could also be an effective tool in a hospital ward.

A telephone is one of the most sought after device amongst Nurses, Doctors and Allied Health Workers in the ward, particularly at times where speedy communication is key. In this instance, the convenience of a cordless phone helped to preserve a patient's safety.

As a nurse, it is not uncommon to be on the receiving end of scolding, public shaming and ill treatment from patients' family members. I distinctly remember that on the day of this incident, the ward was flooded with visitors. I was approached by a junior staff who was having a hard time communicating to a patient's son who refused to listen to her advice.

It had earlier been made clear to everyone in the team that Mdm. X, the patient, was not allowed to leave the ward with her son due to a background of domestic abuse between the two. On this occasion, Mdm. X's son was adamant in taking her out for fresh air. Being cognitively impaired, Mdm. X had agreed to her son's suggestion and was on the verge of leaving her cubicle with him.

When I cautiously approached, Mdm. X's son immediately took on a defensive stance and questioned me on why we were interfering. Trying not to disturb the other patients and visitors in the ward, I calmly explained to him that Mdm. X has to stay in the ward due to her condition, which only led to him getting more agitated physically and raising his voice, shouting that we do not have the authority to stop him.

By then, the situation had caught everyone's attention in the ward. I excused myself and signalled to my team of colleagues who readily came to offer help. We activated the security team via the ward telephone. I then went back to Mdm. X's bedside with the junior nurse and attempted to stop her son from exiting the ward with her.

## Keep Your Face to the Sunshine Like Sunflowers Do

The appearance of the security officers further infuriated Mdm. X's son, but the officers and I firmly reiterated to him that he cannot be allowed to bring his mother out of the ward. Eventually, he returned to his seat by the patient's bedside before leaving the ward by himself.

Despite the embarrassment of the situation, a patient's safety is always the topmost priority. In addition to the convenience of devices like the telephone in the ward, it is clearly manifested that the concerted effort from various team members also played a huge role in preserving this patient's safety.

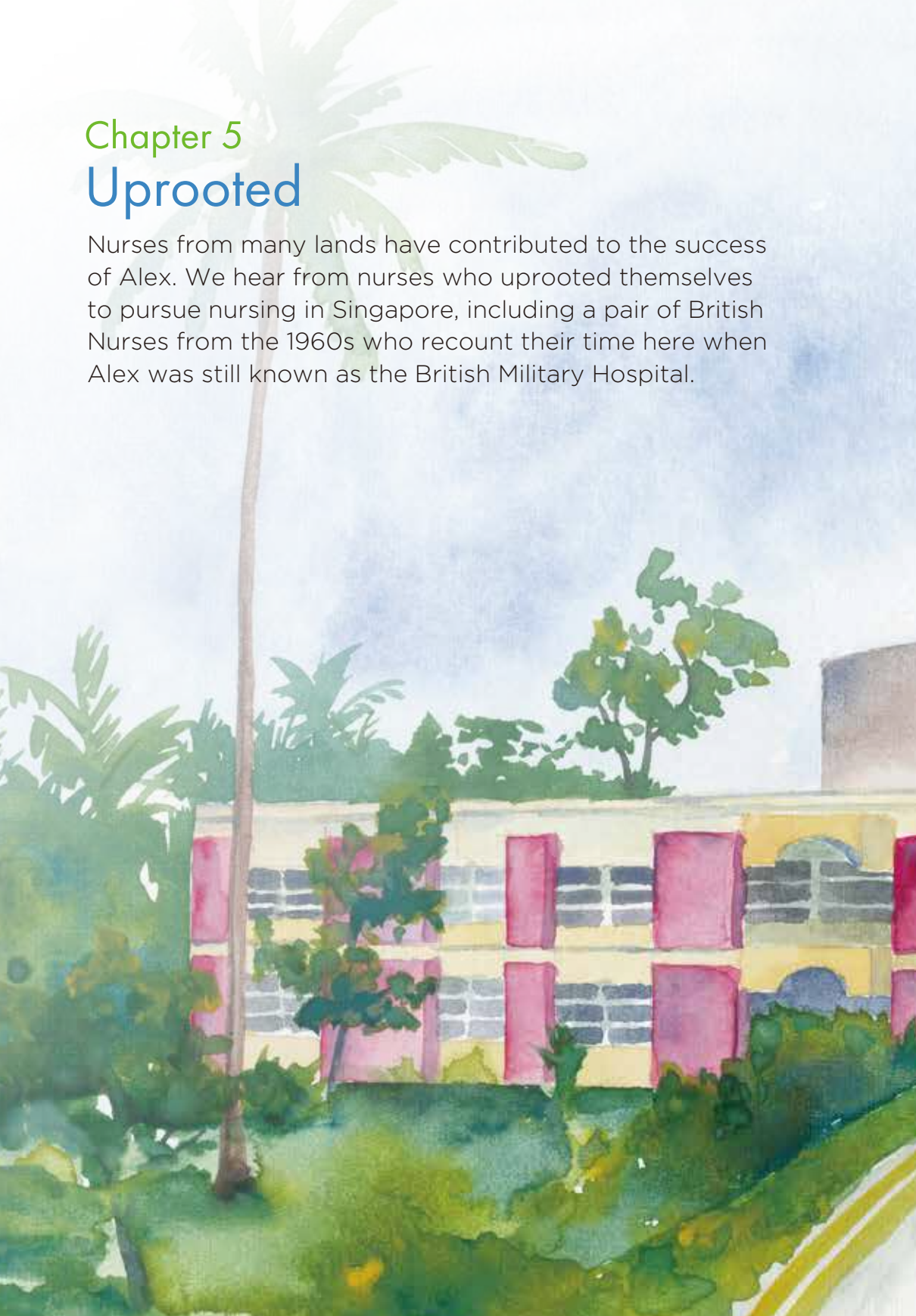
One can never resolve a conflict in the ward or overcome a tangled situation with poor teamwork and communication.

*Reflection by: Ms. Nur Syahidah Binte Rahmat*

## Chapter 5

# Uprooted

Nurses from many lands have contributed to the success of Alex. We hear from nurses who uprooted themselves to pursue nursing in Singapore, including a pair of British Nurses from the 1960s who recount their time here when Alex was still known as the British Military Hospital.



## **Blocks 19A and 20**

Block 19A (in the foreground), also known as Alexandra Hospital, was built around 1965 to complement Elizabeth House (Block 19) and Margaret House (where Block 20 is today). It was one of three billets and the only air-conditioned facility for non-commissioned nurses working with the Queen Alexandra's Royal Army Nursing Corps.



### **They Need Care, Not Simply Technical Skills**

Elisabeth 'Lisa' Saint Quentin's desire to come to Singapore as a Nurse could be said as something that had happened on a whim. Her only initial knowledge of the island was that it was in a far-flung location from England, and the prospect of being shipped to an exotic destination was what captivated her. This compelled the then-nursing wannabe to sign on with the Queen Alexandra Royal Nursing Corps (QARANC) in the mid-1960s.

After her initial training, Private Lisa's dream posting of Singapore was granted. After stopovers in Beirut and the Maldives, landing at Seletar Air Base would leave a lasting impression on her. "It was so hot and humid, just like a greenhouse."

Lisa was billeted straight into Margaret House, at the far-northern end of Alex's campus. Although it would be demolished later and replaced by a new office block, Lisa recalls that around 60 Nurses would have been staying at these ordinary-rank quarters, in addition to others who were already billeted at the two-storey Elisabeth House and the air-conditioned red brick Alexandra House. In her time here, this portion would be out of bounds to other servicemen, and gentlemen who wished to take any of the Nurses out on a date would have to patiently wait at the gate outside the hospital's main store.

Jumping straight into work at the Alex, Lisa ended up serving the bulk of her time in the eastern wing of the main building. She would be assigned to the Paediatric Ward on the ground floor and the Families' Ward on the middle level, but her most vivid memory was of the Orthopaedic Ward on the top floor. The main ward housed 40 beds, but was supplemented by an additional 20 in the corridors. This would prove necessary, as this particular ward was perpetually filled with patients. Servicemen wounded in the Vietnam War, as well as wounded personnel based in Malaysia and Gurkha troops made up most of these numbers.

After 2 years in Singapore, Lisa flew off in December 1968. She would later extend her tenure beyond her initial 4 years contract, getting commissioned as a Nursing Officer. Her subsequent career saw her travelling within the UK as a health visitor, promoting disease prevention and healthy lifestyles.

Lisa's ethos is based on the premise that nursing should always be rooted in providing hands-on support for patients. "Nurses should be there for patients who may be frightened or dying. They need care, not simply technical skills." Human touch has certainly played a pivotal role in the way Lisa has provided care, and more than five decades on, these words still hold true to her.

*Reflection recounted by: Mrs. Lisa Gadsby*



### The Journey of a Lifetime

The nursing career of Rayna Lindoe kicked off just like any other doe-eyed damsel in northeast England would expect. The native Wearsider went through 3 years of training prior to becoming a state-registered Nurse. What proceeded shortly after was a life of relative monotony. As a Ward Sister at the helm of a 38-bedder unit, taking care of Gynaecology and General Surgery patients, 4 years there made her feel like she could run the ward even with one eye closed.

Luckily for her, an advertisement in the local press offered an opportunity. "Join the QARANC (Queen Alexandra Royal Nursing Corps). Travel the world. You could be delivering bonny babies in Singapore, or you could be nursing people in Germany." With the journey of a lifetime beckoning, Rayna sent in her application, which was accepted within weeks. When she was asked about her preferences for her overseas posting, she chose Singapore.

The expectations of being in an island paradise, Rayna recounts, weren't exactly fulfilled upon her arrival. Passing the sea along the Nicoll Highway, the stench from rotting junks were the first thing which caught her attention. Thankfully, this episode of buyer's remorse wouldn't last long, as she was kept occupied with work.

Being placed in the eastern wing of Alexandra Hospital meant that she would be dealing with cases in Isolation and Paediatrics. Children filled the beds, along with a few Vietnam War casualties. The most harrowing account, according to Rayna, was an ill-fated experience with a young hotel dancer who suffered from agranulocytosis (an acute condition of severely lowered white blood cell count). The lady would end up being the only fatality she witnessed in the Isolation Ward during her year-long stint here.

As quickly as her military career progressed, the now-Captain Lindoe saw herself voluntarily leaving the service, upon her marriage to Army Surgeon Keith Stephens. Still, giving up her rank epaulettes didn't mean giving up on nursing; she spent the next few decades plying her trade as a School Nurse, before volunteering to look after Gurkha babies in Nepal. She ended



her career as a Senior Practice Nurse in a general practice, after skipping along various countries throughout her husband's career.

Despite acknowledging that the nursing service has changed since she set foot here more than 50 years ago, Rayna gamely encourages interested parties to come on board. "I know it's changed beyond recognition, but I loved it!"

*Reflection recounted by: Mrs. Rayna Stephens*



### Facing Challenges Head-On

From young, I have always dreamt of becoming a nurse. I am proud to be able to achieve that dream despite the lack of support from my parents who wanted a different path for me. I was steadfast in my heart's desire and graduated with a Bachelor of Science in Nursing, and then had the chance to pursue a nursing career in Singapore.

I started as a Healthcare Assistant (HCA) and was then given an opportunity to upgrade my career. Unfortunately, I nearly all lost hope when my country was hit by a strong typhoon and all the qualifying documents needed from my school for my upgrading was swept away by a flood. I thought it was the end of my journey as a Nurse.

I felt utterly devastated at that moment and even thought of quitting. Crying was my only way to ease the pain I was feeling. But the people around me, from my superiors to my colleagues did not stop supporting and believing in me. They always push me to do my best and never get tired of encouraging me.

Through their unwavering support, I was able to pull through with my promotion and here I am now as a probation Staff Nurse. It is quite an upgrade in job description and responsibilities, but I am hopeful every day as I always recall those difficult days, when my colleagues helped me with work problems and shared their knowledge selflessly with me. It has made me stronger and ready to rise up to whatever challenges I might face.

I could never have reached the achievement of becoming a Staff Nurse today if I had really quit back then. Facing challenges head-on will only make you be better person and that is why I am doing my best to become a better nurse.

*Reflection by: Ms. Norruega Eloina Leandra De Veyra*

## I Always Believe That Life is About 'Give and Take'

I came to Singapore from a small city in China 15 years ago. As the youngest in the family, my parents and sisters have always pampered me, and I did not even know how to cook rice or operate the washing machine before I left my hometown. My sisters always asked me why I made the decision to leave my family to pursue a nursing career in Singapore.

After 3 years of nursing school, I became a Registered Nurse in 2008. Since then, whenever I feel down or upset with my patients, I still question why I left my comfort zone to become a nurse here. But I always believe that life is about 'give and take' - when we give up something, God will replace your loss with something greater.

My dad suffered a severe heart attack in 2013. When the paramedics sent him to the hospital, they could not even read his skyrocketing blood pressure. The doctor told my sister that the hospital in my hometown did not have the facilities to perform the stenting procedure for my dad and that he needed to be transferred to a hospital in other city 45 minutes away. The doctor also said that there is a risk of my dad dying during transportation. My sister called me for my opinion, but I was so busy with my patients in the ward that I missed her call. Fortunately, my father survived after two weeks in the Intensive Care Unit.

I felt very guilty that I did not pick up my sister's call immediately and was unable to give her any suggestions or support when she needed me. I could not imagine what would happen to my family if my dad did not make it through at the time.

A few days after my dad's incident, one of my patients also had a heart attack. We tried to resuscitate her for almost 2 hours, but she did not make it and passed away. Her family was able to spend her last few moments with her. I could empathise with them as I had just gone through a similar experience. I offered emotional support to them and they conveyed their appreciation to me before they left the ward.

From then on, I knew that even though I cannot always be with my family, I can support my patients and their family - I can help them, offer suggestions, care and emotional support in a timely manner when they need it. I also believe other nurses can do the same for my family.

Nursing to me is not just simply about caring and serving patients, we need to understand patients' physical, social, psychological and emotional needs too. We have a duty to provide holistic nursing care not only for our patients but to their family members as well.

*Reflection by: Ms. Wang Shanni*

### Opportunities to Grow in My Personal Life and Nursing Career

*“It’s not how much you do but how much love you put into what you do that counts”* – Mother Theresa

Nursing was not a career of choice when I finished my secondary schooling in Malaysia. Due to my family’s financial circumstances, I left home to come across the Straits to start my journey in nursing at the National University Hospital.

2 years ago, I was asked if I was willing to venture out of the Oncology Unit to explore general medicine. It was a tough decision as oncology is a great love for me – it meant a lot for me to be able to be there for my patients who are struggling with diseases, and many went on to become my friends. Finally, I decided to take on the challenge to move over to Alexandra Hospital.

In June 2018, Alex opened its doors as an integrated general hospital. It was scary yet exciting time as we have been given an opportunity to try a new model of care to improve health care delivery to the Queenstown community.

The move to Alex gave me many opportunities to grow in my personal life and nursing career. The early days of teambuilding and getting to know my new colleagues will always be deeply imprinted in my memory. We all came with the hope of providing a better healthcare journey for our patients and to achieve the vision of one patient, one care team.

As I am writing this essay, I received the news that my 85 year-old father-in-law has passed away. Even though we will miss him, we are glad that he has gone to a better place and has lived a good life.

This piece of news set me thinking about all the elderly patients at Alex. One patient who left a deep impression on me is Mdm. M, a 92 year-old lady who was very similar to my father-in-law. Both were independent and strong-willed individuals who lived independently till the end of their lives.

Mdm. M was admitted for functional decline after a fall at home. During her stay, she was chair-bound. Even so, she loved sitting out of bed and doing her rosary prayer. Being very frail, she had a fall, incontinence contact

dermatitis and also an episode of pneumonia. Through all these trials she remained cheerful and prayerful. I enjoyed our morning chats despite that my substandard 'Teochew'.

My interaction with Mdm. M taught me a lot about caring for the elderly. She taught me that the simplest care that our elderly patients want from us is to be treated with respect, provided basic care with joy and love and lastly, to give them time to do whatever tasks they find meaningful. These elderly patients have lived long lives with unimaginable experiences – learning from them will surely enrich our lives and our careers.

*Reflection by: Ms. Keren Heng*

Uprooted

A Perfect Balance of Work,  
Friends and Family





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*I am Alex.*



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