

Group Nursing

- Nurses and care support staff are the bedrock of our healthcare system and they form an integral part of the patient care team. Over the years, the nursing role has broadened to keep pace with the care needs of the ageing population, a rise in the incidence and prevalence of chronic diseases, growing demand for healthcare services, and more complex medical and nursing care needs. NHG is committed to building up the nursing profession and providing career opportunities for motivated individuals with the passion to serve, and provide quality and safe care.

YOUR JOURNEY, OUR COMMITMENT

In line with NHG Nursing's strategic thrusts to build a positive and nurturing practice environment that empowers and engages our people, the NHG Nursing Council harmonised the progression criteria across the cluster for both nurses and ancillary care staff to create fair opportunities for career advancement. To ensure objectivity in the assessment, the following broad principles for progression apply:

- Years of relevant experience
- Performance rating
- Educational qualification
- Parity (e.g. between full-time and part-time staff)

In March 2022, the details of the harmonisation exercise and career progression criteria were shared with all nursing supervisors and nurses to guide them in their conversations with staff on their roadmaps in Nursing.



IMH, NSC, and WH nurses at the Community Treatment Facility (CTF) at Tampines NTUC Nursing Home.





NHG-CANS Nursing Leadership Dialogues were held to look at 'Deciphering Leadership Issues of Our Times'.



NHG-CANS NURSING LEADERSHIP DIALOGUES

From February 2021 to May 2022, NHG Group Nursing (GN) and the Centre for Asian Nursing Studies (CANS) collaborated to organise a series of NHG-CANS Nursing Leadership Dialogues themed 'Deciphering Leadership Issues of Our Times'. These dialogues sought to:

- a) Foster a culture of constructive and open dialogue
- b) Share best practices on challenging nursing leadership issues
- c) Serve as a cross-cluster platform/resource for NHG Nursing and CANS thought leadership
- d) Develop a Community of Practice (COP) for NHG Nursing leaders and nurses

The five virtual dialogues covered a range of topics, including performance management, staff favouritism, workplace bullying and harassment, intelligent disobedience, and Bed Baths: Dignified Intrusion.



WH nurses checking their personal protective equipment.

NHG GROUP NURSING'S STANDARD ON-BOARDING PROGRAMME FOR NHG NURSES

In November 2021, NHG Group Nursing introduced the in-house NHG Standard On-boarding Programme for NHG Nurses. The key objectives of this programme are to introduce newly recruited NHG Nurses to GN's strategic map and forge a strong NHG identity through GN initiatives and activities.

A total of 150 NHG nurses and healthcare assistants from all Institutions participated in the two pilot sessions via Zoom. The programme included e-learning and interactive engagement with Adjunct Associate Professor Yong Keng Kwang, Group Chief Nurse, NHG.



NHG Group Nursing's Standard On-boarding Programme for NHG Nurses.



NSC nurses at the Community Treatment Facility (CTF) at Ren Ci Community Hospital.

CONTINGENCY MANPOWER SUPPORT FOR COVID-19 COMMUNITY CARE FACILITIES

The resurgence of COVID-19 due to the Omicron variant in late 2021 and early 2022 resulted in the need for additional manpower to support patient care and ground operations in the community care sector. Between September 2021 and April 2022, some 203 registered nurses, nine enrolled nurses, and 47 healthcare assistants from the Institute of Mental Health (IMH), National Skin Centre (NSC), and Woodlands Health (WH) responded to the call to manage geriatric COVID-19 patients placed in the Community Treatment Facility (CTF) at NTUC Tampines Nursing Home. Another four NSC nurses were deployed to support the CTF at Ren Ci Community Hospital.

NHG Nursing deferred the advanced diploma in nursing studies of more than 100 NHG nurses at Nanyang Polytechnic from September 2021 to January 2022 to support the surge of patients due to the COVID-19 Delta variant. Following that, NHG Nursing also planned and coordinated the return of 121 NHG nurses from their Advanced Diploma in Nursing studies to the respective NHG Institutions for two weeks in March 2022 to support another surge due to the COVID-19 Omicron variant.

REFORMING HEALTH, REIMAGINING NURSING



With a focus on preventive care, the new *Healthier SG* strategy gets right to the heart of the nursing profession and provides another impetus to its on-going transformation.

THE MINISTRY OF HEALTH (MOH) RECENTLY ANNOUNCED A NEW *HEALTHIER SG* STRATEGY TO DRIVE PREVENTIVE CARE AND IMPROVE POPULATION HEALTH. From 2023, each resident will be invited to enrol with a family physician of his/her choice at a private General Practitioner (GP) clinic or polyclinic. This doctor will be the first point of contact for the patient's care needs, including health screening, early intervention, and coordination with hospitals and specialists, as well as social-sector partners to manage complex health conditions.

From left: Pua Lay Hoon, Chief Nurse, Woodlands Health; Dr Margaret Soon, Director Of Nursing, National Centre For Infectious Diseases; Shirley Heng, Chief Nurse, Khoo Teck Puat Hospital & Yishun Health; Adjunct Associate Professor Yong Keng Kwang, Group Chief Nurse, National Healthcare Group; Brenda Lim, Head Of Nursing, National Skin Centre; Dr Hoi Shu Yin, Chief Nurse, Tan Tock Seng Hospital & Central Health; Lim Voon Hooi, Chief Nurse, National Healthcare Group Polyclinics; Chua Gek Choo, Director Of Nursing, Yishun Community Hospital; Raveen Dev Ram Dev, Chief Nurse, Institute Of Mental Health.



THERE WERE
42,173
NURSES
IN 2020, MAKING UP
57%
OF SINGAPORE'S
HEALTHCARE
WORKFORCE



NHGP Chief Nurse Ms Lim discussing how the Next Generation Electronic Medical Records (NGEMR) Outpatient Dashboard works.

Through regular visits, it is hoped that patients will develop trust in and heed their doctors' advice. Family physicians can also gain a full picture of their patients' health and well-being, resulting in better care.

Naturally, this strategy means the primary care sector will assume greater importance than it already does. Healthcare clusters – including the National Healthcare Group (NHG) – will need to better support GPs operating within their respective regions to ensure continuity of care. Polyclinics must also build manpower capabilities to scale up their services. “Health promotion and preventive care are part and parcel of what we do as primary care providers,” says Lim Voon Hooi, Chief Nurse of the National Healthcare Group Polyclinics (NHGP). “*Healthier SG* is very exciting for us, and we look forward to getting more clarity on the details once the White Paper on it comes out later this year.”

Nurses, being the largest professional group of healthcare workers in Singapore, form the backbone of healthcare. They are the ones who spend the most time with patients, and they are likely to deliver the bulk of preventive services under *Healthier SG*. What they think and how they feel about the initiative will therefore impact its rollout.

To get their take on *Healthier SG* and its perceived challenges and opportunities, Lifewise speaks with nurse leaders across NHG. Alongside Adjunct Associate Professor Yong Keng Kwang, NHG's Group Chief Nurse, are Ms Lim; Dr Hoi Shu Yin, Chief Nurse, Tan Tock Seng Hospital (TTSH) & Central Health; Shirley Heng, Chief Nurse, Khoo Teck Puat Hospital (KTPH) & Yishun Health; Pua Lay Hoon, Chief Nurse, Woodlands Health; Raveen Dev Ram Dev, Chief Nurse, Institute of Mental Health (IMH); Chua Gek Choo, Director of Nursing, Yishun Community Hospital (YCH);

Dr Margaret Soon, Director of Nursing, National Centre for Infectious Diseases (NCID); and Ms Brenda Lim, Head of Nursing, National Skin Centre (NSC). With Singapore Nurses' Day falling on 1 August, we salute this profession and its critical contributions to healthcare and to keeping our population well.

FINE-TUNING THE '3 BEYONDS'

Preventive care is not a new concept. It is already built into MOH's 3 Beyonds – 'Beyond Hospital to Community', to provide better care closer to patients' homes; 'Beyond Quality to Value', to make quality healthcare more affordable; and 'Beyond Healthcare to Health', to nip diseases in the bud.

A/Prof Yong notes that the 3 Beyonds strategy has drawn a mixed



Healthier SG is a stronger articulation of intent for the 3 Beyonds, especially 'Beyond Healthcare to Health'.”

**ADJUNCT ASSOCIATE
PROFESSOR YONG KENG KWANG**
GROUP CHIEF NURSE, NHG





NCID Director of Nursing Dr Soon attending a Zoom meeting.

response so far. “There has been some attention on preventive care, for example, in school canteens which now serve more nutritious food. Adults and the elderly are harder to convince, though. It may be easier to get the message across to the young as they are still impressionable, whereas adults have already formed habits that are hard to break,” A/Prof Yong notes. Many seniors feel their best days are behind them and so are less proactive about their health, even though statistics show that life expectancy is increasing.

Cost is usually a deciding factor. “Many are not used to the idea of paying for something they cannot ‘see’ or where benefits are not immediately apparent, like for a health screening. There are also opportunity costs, as some feel receiving counselling and advice from nurses is a waste of time when they could look up the information online themselves,” A/Prof Yong elaborates. Not everyone can afford to

keep up with preventive health practices either, such as sticking to a healthy diet which tends to be pricier than hawker fare. Despite efforts by healthcare institutions to promote preventive care in the community, a lack of public awareness remains about the importance of healthy habits such as eating well and exercising regularly.

“The COVID-19 pandemic has highlighted how individual responsibility can reduce the chances of being infected, and how those with multiple chronic illnesses are at a higher risk of experiencing severe COVID-19 symptoms,” says Dr Margaret Soon. “But without regular reminders like what we saw during the height of the pandemic, people may lose the discipline to maintain good health over longer periods.”

That is where the *Healthier SG* strategy can make a real difference, As A/Prof Yong explains. “*Healthier SG* is a stronger articulation of intent for the 3 Beyonds, especially ‘Beyond Healthcare to Health’. It calls for a more concerted effort from healthcare providers and community partners to support and follow up on preventive services and healthier living. Hopefully, the enrolment scheme and the frequent nudges from family physicians will lead to sustainable behavioural change.”

Nurses, too, would need to innovate, continuously learn, adapt, and evolve to help meet the goals of *Healthier SG*. A/Prof Yong and his colleagues bring up various issues and necessary changes, which can be categorised according to the four interrelated thrusts in NHG Nursing’s Strategic Map:



DID YOU KNOW?

ONLY
3 in 5
SINGAPOREANS
CURRENTLY
HAVE A
REGULAR
DOCTOR.

SOURCE:
MINISTRY OF HEALTH

STRENGTHENING RELATIONSHIP-BASED CARE

While laypersons tend to associate preventive care simply in terms of not getting sick in the first place, it can in fact apply to other stages of life. To borrow from NHG's *River of Life* population health framework, the focus on preventive care means devoting resources not just to the 'Living Well' segment, but also to those who are 'Living with Illness' (through regular check-ups for patients with chronic conditions to avoid complications), or 'Living with Frailty' (by enabling the elderly to live in the community for as long as possible and stave off hospital admission and/or institutional care). Nurses are therefore moving away from transactional or episodic to holistic care and building long-term relationships with patients. After all, says Ms Chua, "Health promotion and prevention does not happen overnight."

The NHG-wide commitment to 'One Care Plan' is rooted in strong patient-provider relationships.



Under this arrangement, healthcare professionals across the care continuum – including nurses in different settings – work hand in hand to integrate care around patients, based on care goals that are co-determined with patients and/or their family. No matter whether a patient visits a primary care worker or a specialist, this single care plan makes the patient's medical records visible to all providers. They can then deliver shared care and adhere to shared referral protocols, thus ensuring the right-siting of care and preventing unnecessary hospital visits.

Relationships should be forged not only with patients but with their families too. Besides being the main caregivers, family members are the ones whose opinion matters most to patients. "A person's health-seeking behaviour is prompted by intrinsic motivation, and most of the time family members are the driving force," says Ms Pua. For instance, it is not uncommon for a grandchild who is passionate about clean eating to hold more sway than an 'outsider' in getting their grandparent to adopt the practice. If nurses have difficulty persuading older residents to make lifestyle changes, engaging grandchildren may be the key.

Extending this idea further, patient-centric care must consider the social determinants of health – an individual's socioeconomic status, education, neighbourhood, employment, and other non-medical factors that affect health outcomes. This is precisely what the Agency for Integrated Care (AIC)'s Community of Care (CoC) initiative sets out to do. Aimed at helping seniors age well in place, CoCs are networks of collaboration between health providers and community partners (e.g. social service agencies) that address the medical and social needs of older residents within their neighbourhoods.

"Currently, CoCs conduct activities mostly for those who have regular contact with patient touchpoints and are already motivated to look after their health," says A/Prof Yong.



ON THE WAY UPSTREAM



NHG manages the health of about 1.5 million residents in Central-North Singapore with primary prevention – stopping a disease or injury from occurring – being the best-case scenario, which is supported by a network of community and tertiary hospitals. Although these facilities may be too late to prevent diseases from developing, they help to reduce the impact on patients' lives through secondary prevention (e.g. screening tests for early detection and treatment) or tertiary prevention (e.g. chronic disease management, post-stroke rehabilitation).

For example, KTPH and TTSH each has a cadre of community nurses who is posted to heartland neighbourhoods and provides preventive health services within the neighbourhoods for residents, which include the monitoring of blood pressure, blood glucose/cholesterol, as well as weight management plans. KTPH patients who require sub-acute care and rehabilitation are transferred to YCH, where hospital staff aid their recovery to facilitate a smooth transition back to home or to a long-term care facility. NSC's dermatology nurses regularly visit nursing homes to assess and treat the skin condition of elderly residents, many of whom are frail and unable to travel for outpatient care, while venereology nurses provide sexually transmitted infection screening service. Meanwhile, IMH runs mental health awareness and support programmes to reach out to different groups in the community, including school-going children and youth.



Far left: YCH Director of Nursing Ms Chua in a multidisciplinary discussion with Dr Lee Kok Keng (Medical Director) in preparation for COVID-19 pandemic.

Left: Woodlands Health Chief Nurse Ms Pua at CCF Expo.

“CoCs will need to cast a wider net to draw in the not-yet-activated. This includes elderly persons who are reluctant to leave their homes, as well as working adults who let their health slide because they are busy with work.”

With GPs exerting a stronger influence under *Healthier SG*, A/Prof Yong notes it is imperative for them to be incorporated into CoCs, with nurses playing a bigger role to support and strengthen these interactions. Nurses will “break out of their silos” and coordinate with different stakeholders, he adds. For example, they can practise social prescribing and actively refer residents to non-medical interventions such as a brisk walking group, a community gardening club, or a mindfulness workshop.

Ms Lim from NHGP reiterates, “To encourage health-seeking behaviour among residents, we need to address their social determinants of health by emphasising the integration of health and social services. My hope is that we avoid medicalising what we do in the clinic, and instead work more closely with community partners.” NHGP’s Enhanced Maternal Baby Toddler And Child Surveillance (EMBRACE) programme, which offers integrated maternal and child health services for mother-child dyads, has an EMBRACE^{PLUS} component that does just that. The EMBRACE^{PLUS} team identifies vulnerable children under three years old from low-income families, and collaborates with community partners like KidSTART to address both health and social needs.

Given the challenges in getting the elderly to take up preventive care services – particularly those who live alone – NHG has specific programmes for them that feature social engagement. One example is the Wellness Kampung programme, launched by

Yishun Health in partnership with St Luke’s ElderCare and Nee Soon Group Representation Constituency (GRC) Grassroots Organisations. Residents can gather at these locations and take part in group activities such as exercise classes and healthy cooking sessions, as well as undergo health screening conducted by community nurses.

In a sense, these initiatives view residents less like ‘patients’ and more like ‘clients’ – individuals with holistic needs beyond their illnesses and hospital walls. The word change is subtle but significant. “It’s about putting clients first, and in the driver’s seat, when it comes to preventive care,” says Mr Dev.

NURSES BEYOND NURSING, NURSING BEYOND NURSES

Bringing more partners into the fold is crucial to delivering holistic care, but it could cause issues relating to the harmonisation of care among the various parties. One way to get around this is for nurses to upskill themselves across different fields so that they can handle certain cases themselves without



IMH Chief Nurse Mr Raveen coaching nurses on implementing nursing shared governance.

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LIM VOON HOOI
CHIEF NURSE, NATIONAL HEALTHCARE GROUP POLYCLINICS

the need to refer every patient to an Allied Health Professional. A/Prof Yong names three areas that are especially relevant for nurses – pharmacology, nutrition, and physical and occupational therapy. In addition, he suggests, community nurses can be mobilised to enhance the capabilities of CoC partners. This could entail being deployed to under-resourced GP clinics, where nurses would spend time with patients immediately after their GP consultations and counsel them on preventive care.

However, working closely with community partners and attending upskilling courses would increase nurses' already-heavy workload – and potentially exacerbate the well-documented nursing shortage. Allied Health Professionals (AHP) can help ease the burden by acquiring basic nursing skills. Another solution is to hire more laypeople as trained health coaches. Similar to the Health Promotion Board (HPB)'s Health Ambassadors, but working in a paid rather than volunteer capacity, health coaches are based in the community and give preventive care tips to their friends and neighbours. They also conduct wellness programmes such as workout sessions, health talks, and cooking workshops. Not only do they relieve nurses of this work but utilising a familiar presence in residents' lives may make them more receptive to the health advice.

Popular in countries like Sweden, the idea of health coaches has recently caught on locally, Ms Heng explains. "During the pandemic, when nurses had to deal with large volumes of cases or were down with COVID-19, we depended a lot on health coaches. We must keep up this momentum to ensure a successful *Healthier SG*." Doing so requires



KTPH Chief Nurse Ms Heng interacting with healthcare partners.

a mindset shift. "As clinical professionals, we are used to being paternalistic and may have frowned on non-medically qualified people dispensing health advice in the past. But times are changing," says Ms Heng. The focus is no longer on providing top-down care, but rather co-creating care through mutual understanding with patients and the general population.

Empowering patients and their families through self-management is also a key element of co-creating care and promoting preventive health. For example, TTSH's Project Carer Matters is a nursing initiative to support the caregivers of older adults warded at the hospital. Caregivers identified as being in distress are referred to the Carer Matters team who provide tailored resources and holistic

**TTSH'S PROJECT
CARER MATTERS
HAS HELPED
MORE THAN
600
CAREGIVERS
SINCE
NOVEMBER 2019**

SOURCE: CNA



➤ A CAREER OF CARING

Samantha Ong was just 20 years old on her first day as a nurse. Now 56, having recently stepped down as Chief Nurse of IMH, the recipient of the President's Award for Nurses 2019 reflects on what has been a humbling yet rewarding journey.

How much has the nursing field changed during your career?

Back in the day, nurses were simply assigned to morning, afternoon, or night shifts, and the only roles open to us were clinical nurse or administrator. Today, there's much more flexibility. The self-rostering system gives us more control over our working hours, and there are also many different tracks. You can be a nurse-educator, a nurse-researcher, an Advanced Practice Nurse, or specialise in nursing informatics. Training doesn't stop at a diploma either; bachelor's, master's, and even PhD degrees in nursing are now available. It is a highly-skilled and well-rounded profession with diverse responsibilities.

In your nine years as Chief Nurse, what has been your biggest challenge?

The COVID-19 pandemic has been a difficult time for all nurses. On the upside, the pandemic provided opportunities to learn and experience new things. With help from Dr Margaret Soon, Director of Nursing at NCID, we opened COVID-19 wards at IMH to nurse COVID-19-positive patients at IMH. We built up our competencies in managing patients' physical, as well as mental health.

What is the most valuable lesson you have learned?

Being Chief Nurse taught me what leadership really means – to motivate and influence staff, and to promote their professional effectiveness. At IMH, I implemented a shared governance model, where ground nurses can join or lead committees and workgroups, as well as engage in shared decision-making. This has empowered nurses and given them more autonomy and accountability. I also introduced the Back to Scrubs initiative to encourage all nurse

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CHIEF NURSE, KHOO TECK PUAT HOSPITAL & YISHUN HEALTH

support (e.g. how to use a feeding tube, respite care services, financial grants, support groups) to address their physical, mental, emotional, and social needs. Through such assistance, caregivers learn to care for themselves as well as their loved ones at home better – thus reducing the likelihood of patients being readmitted to hospital or of caregivers falling ill.

CULTIVATING A DIGITALLY-ENABLED WORKFORCE

Since the COVID-19 pandemic, residents – including the elderly – have become more tech-savvy. They are now adept at searching for healthcare news online and in using virtual communication platforms. It would be remiss not to ride this wave and leverage technology to equip society with the knowledge and skills to manage its own health.

At present, NHG is exploring ways to adapt some of its hospital-based digital innovations for broader use. One is TTSH’s smart bed-exit prediction and fall prevention system called PreSAGE. Intended for patients at high risk of falling, PreSAGE uses thermal imaging and video analytics to give advance alert of patients who are about to get out of bed, so that nurses can reach them in time

to assist. It has led to safer patient care and improved productivity, as nurses now require less time to conduct frequent rounds to monitor patients at-risk. “While the exploration is still in its early days, we hope to expand the use of PreSAGE beyond anticipating bed exits and apply it to the community, specifically to detect – potentially through activity analytics – aged residents who are at-risk and show early signs of dementia or musculoskeletal deficits. Through built-in clinical algorithm, we could monitor identified residents/ patients remotely to detect whether their condition is worsening, and if so, escalate for further assessment and hopefully early intervention. That way, residents can live longer in the community,” says A/Prof Yong.

NHG Nursing is also exploring to adopt a wound diagnostics mobile app as a decision support tool for wound care. A care provider would only need to take a photo of a patient’s wound using their smartphone. Subsequently, the app’s built-in protocol (powered by artificial intelligence) assesses the condition by detecting out-of-range parameters, recommends the best treatment, or advises the care provider to escalate for higher-level support.

Likewise, A/Prof Yong predicts that the wound diagnostics app may potentially expand its use to the community to manage more sophisticated conditions, for instance, patients with diabetes who are vulnerable to complicated ulcerated wounds. “What’s exciting about this technology is it can support NHG’s mission to enable activated patients to manage their own condition in real-time, as it is intuitively designed to enable patients to take photos of their wound through their phone. The app would analyse the image to track the wound’s progress in healing. If any deterioration is detected, the app would alert healthcare providers, so that patients can receive early intervention and possibly even prevent complications that can consequently lead to amputation.”

One-to-one telemedicine sessions between doctors and patients have soared during the height of the pandemic. Virtual meetings between primary care providers and specialists to discuss complex cases are now the norm. Moving forward, A/Prof Yong envisions nurses would host group telehealth sessions on preventive care topics like proper wound management. This would spread the message to a greater cross-section of the population – especially the not-yet-activated or those who prefer to stay at home – in a quicker and more convenient manner.

Under *Healthier SG*, MOH plans to introduce tools such as clinical dashboards to help family physicians track patients’ conditions and health trends. It is also ramping up adoption of the National Electronic Health Record (NEHR) among healthcare institutions island-wide. “As more care providers – public and private, acute and primary – contribute to NEHR and consolidate data on patients’ test results, drug allergies, prescribed medicines, and other essential information, the effectiveness of

leaders – myself included – to go on the ground and do some shift work. Working alongside staff nurses allows leaders to observe how things are done, hear from ground staff, and see if things can be improved.

What’s next for you?

I’m still based at IMH full-time, but in an operational role. Instead of clinical work, I now manage hospital processes and IT systems, and look at issues like innovation and quality. I do feel sad about not getting to interact with patients daily anymore, but I plan to work in the ward once or twice a month so that I can maintain my nursing practices and skills.

Can you give some advice to younger and aspiring nurses?

Nursing is tough work, so it’s important to find joy and meaning in what you do. Remember that every day is an opportunity to make a difference in patients’ lives. Draw strength from the passionate nurses who journey with you. Base your decision-making process on People-Centredness, Integrity, Compassion, Stewardship (PICS), as well as be resilient in your service, and you will be an amazing nurse!



TTSH Chief Nurse Dr Hoi at the opening of COVID-19 Ward 11B.



NSC Head of Nursing Ms Lim observing a nursing team handling emergency equipment.

**TTSH'S PRESAGE
WON THE
'OUTSTANDING
ICT INNOVATION'
CATEGORY
AT THE
ASIA PACIFIC
HIMSS-ELSEVIER
DIGITAL
HEALTHCARE
AWARDS 2019**

NEHR will improve," says A/Prof Yong. "It will readily present healthcare professionals a comprehensive health history of their patients, increasing adherence to the 'One Care Plan' and reducing fragmentation of care."

Ms Lim from NSC notes that it could even open the door for healthcare workers outside of NHG to adopt the 'One Care Plan'. "Provided the right IT infrastructure is in place to access patient data easily and securely, and the information is up-to-date, sharing our 'One Care Plan' with different healthcare clusters would help make processes flow more seamlessly. It would allow patients to receive the same level and standard of care, no matter where they go."

FOSTERING A POSITIVE PRACTICE ENVIRONMENT

The global shortage of nurses was of concern even before the pandemic, with heavy workloads and occasional reports of physical and verbal abuse from patients. The COVID-19-related stress and burnout over the last two-and-a-half years have contributed to the already stretched situation. If left unaddressed, these challenges could put the success of *Healthier SG* in jeopardy.

On one hand, demand for nurses is rising, as more facilities, such as nursing homes and the upcoming Woodlands Health campus, are springing up. However, on the supply side, the pool of working-age citizens is shrinking due to Singapore's ageing population, and caps on foreign nurses make it difficult to complement the nursing workforce. The problem is further compounded by the recent exodus of nurses.

"Finding meaning and pride in our work as nurses is what keeps us going," Ms Pua points out. "Nurses stay because they know the value they bring to their jobs. Conversely, nurses leave because they feel that they are not valued."

Nurses' Day in Singapore is an annual celebration of the profession and reminds everyone to respect and thank nurses for all their hard work and sacrifices. Beyond that, NHG's nurse leaders propose various measures to improve nursing recruitment and retention. Examples include offering more flexible work arrangements and shorter hospital shifts, expanding peer and staff support services, and sharing the incremental workload of preventive care with non-nurses. Nursing leaders are also systematically strengthening the meaning of nursing care for nurses. "Nursing must transform, and it will," states Dr Hoi. "Leveraging technology and robotics to perform mundane, labour-intensive duties will free nurses up for other tasks such as heading preventive care programmes. The future nursing workforce is one where patients will be viewed as 'activated' carers themselves."

Bringing their collective experience to bear and share feedback on ways to improve preventive care puts nurses in a unique position. Delivering care and showing compassion to patients will always be the bread and butter of a nurse's work. However, Ms Heng notes, the evolution to a *Healthier SG* presents opportunities for nurses to "move from compassion to courage – the courage to step forward as health advocates, expand skillsets, change our model of care, and elevate to the next level."



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MASAGOS ZULKIFLI
SECOND MINISTER FOR HEALTH