THE SHORTAGE OF LOCAL NURSES

Looking Beyond Economics: Perception, Stigma and Workload

By

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Traditionally, the image that “nursing” conjures up is that of the enduring bedside angel- a caring, warm and personal presence. In fact, international nurses’ day is celebrated annually on May 12, Florence Nightingale’s birthday, the renown nurse known as the Lady with the Lamp. Such sentiments about the positive qualities of nurses are embodied in the character of Marijana in *Slow Man* by J.M Coetzee. Marijana is an exceptional nurse: “Mrs Jokic- Marijana- seems able to intuit what he is ready for and what he is not. She treats him not as a doddering old fool but as a man hampered in his movements by injury. Patiently, without baby-talk, she helps him through his ablutions. When he tells her he wants to be left alone, she absents herself” (Coetzee 28). She is caring without being condescending, present, competent and enduring without getting in the way or infringing on the patient’s privacy and independence. However, the image of nursing has changed negatively overtime, degrading nurses into unintelligent sexual stereotypes, their position as inferior to physicians and portraying nursing as being an undesirable job. This has dealt a blow to the nursing industry’s employment rates. The industry in Singapore is no exception.

In Singapore, there have been many reports about the shortage of nurses. The Singapore government has taken steps to mitigate this through various schemes such as recruiting foreign talent to work in Singapore. This benefits both foreigners and employers- the former get jobs while the latter reduce cost: “instead of raising the salaries of nurses so as to attract more locals to take up this profession, Ministry of Health (MOH) has been dishing out “scholarships” overseas to attract foreigners to work in Singapore as nurses” (Emertius, “Government: Hard to get SG Locals to Become Nurse.”). However, this does not alleviate the shortage of local nurses.

The shortage of local nurses has been treated as a primarily economic one of demand and supply. However, economics are just one factor at play. We argue that social attitudes towards the nursing profession in Singapore is the primary reason for the shortage of nurses here. It perpetuates as well as worsens the problem. In this booklet we have tried to uncover locals’ social attitudes and their possible causes through interviews and surveys. We narrow down the issues involved in the shortage of nurses to economic reasons, workload and stigma, all of which ultimately tie into social attitudes and issues not only towards the nursing profession but in Singapore as a whole.
The standard approach used by the Singapore government and healthcare industry is to make the profession more attractive by implementing economic measures.

In 2016, the Singapore government announced the changes made to the current Return to Nursing scheme. As reported by the Straits Times, this scheme aims to boost the nursing workforce by attracting non-practising nurses to return to the industry; in using their relevant skills and experience, the scheme also hopes to improve the quality of nursing services in the community. The nature of the scheme is to reward the returning nurses with bonuses of up to $5000. This monetary incentive has so far garnered 19 people from its launch in April, a marked improvement from the previous scheme which attracted only 37 people between 2010 to 2015 (Lai, “Booster Shot for Community Nursing”).

According to data released by the Ministry of Manpower (MOM), the nursing profession ranks top in occupations most difficult to be filled by locals as other sectors are more attractive to them. In response, the Ministry of Health (MOH) has been offering scholarship programmes overseas to attract foreigners to Singapore to work as nurses. (Emertius, “Government: Hard to get SG Locals to Become Nurse”) They have also been increasing remuneration for nurses by up to 10% each year for 2014 and 2015. (Chan, “Healthcare Experts Concerned Over Lack of Manpower in Long-term Care Sector”)

While these measures have mitigated the problem to some extent, it does not solve it. Experts argue that this is not a long-term solution for the whole healthcare sector, as it only eases the manpower shortage in established hospitals. However, other healthcare sectors such as the polyclinics, nursing homes and new hospitals still experience the shortage problem.
“Our warped perception of what healthcare and nursing is has deterred many educated individuals from this career. The only easiest option left to meet this crazy demand for healthcare is to employ foreign nurses who work for money. Without them, our healthcare would be close to non-existent.” - Local nurse in Singapore
Taking an economic approach to the shortage of nurses only addresses the issue on a superficial level, and is not sustainable in the future. Instead of the continuous monetary incentives provided to attract people to become nurses, it is a valuable endeavour to correct the misconception of nurses in order to sustain a steady interest in the field amongst locals and thus solve the shortage in the long run.

We have narrowed down the factors affecting the shortage of nurses to three main reasons: Economic reasons, workload and nature of work both of which ultimately feed into the central problem of the image and perception of the nursing profession. The public’s image and perception of nursing has been largely shaped by how cultural products such as novels and the media portrays nurses.
Novels we have covered in this module that depict negative images of nurses include David Lodge’s *Therapy* and Fay Weldon’s *A Hard Time to be a Father*. *Therapy*’s protagonist Tubby Passmore deals mostly with doctors, but in the few times he encounters nurses, his portrayal of them is cynical and condescending. He “had an operation done at Rummidge General” (Lodge 7). While making his way to his room, he encounters an unpleasant nurse: “I took the lift and was told off by a sharp-faced nursing sister who stepped in at the first floor and pointed out that it was for the use of hospital staff only.

“Where are you going?” she demanded. “Ward 3J,” I said, “I’m having a minor operation, Mr. Nizar.” “Oh,” she said with a slight sneer, “You’re one of is private patients, are you?” I got the impression that she disapproved of private patients being treated in NHS hospitals. “I’m only in for one night,” I said, in mitigation. She gave a brief barking laugh” (Lodge 7).

This encounter portrays the NHS nurse as being not only uncaring, but hostile. Tubby’s impression that he needs to reassure her that he is only staying one night portrays the nurses’ intention as wanting to be rid of him, a patient who needs medical help. This is in great contrast to the traditional image of the caring, empathetic, enduring nurse. The other nurses Tubby encounters are those to wheel him into the emergency room. On the way, Tom, the porter,

“stopped for a minute to ferret for one of his hidden cigarettes. He and the nurse disappeared behind a mountainous bale of laundry, and I heard a little squeal and scuffle which suggested he had extracted a favor in return for the Benson and Hedges. I couldn’t believe what was happening to me. How could a private patient be subjected to such indignities? It was as if I’d paid for Club Class and found myself in a broken seat at the back of the place next to the toilet with smokers coughing in my face” (Lodge, 10).
Here, his direct comparison of his encounter with the nurse to being demoted from an upper-middle class privilege makes it clear that he views nurses as being of a lower, less civilised class as compared to himself. He also very condescendingly compares them to doctors, when he emerges from the basement to the operating department, he writes,

“I passed through swing doors from the nineteenth century to the twentieth, from Victorian to hi-tech modern. It was like stepping on to a brightly lit, elegant studio set after stumbling about in the dark, cable encumbered space at the back of a sound stage. Everything was white and silver, stainless and gleaming in diffused light, and the medical staff welcomed me with soft, cultured voices” (Lodge 10-11).

His main encounter with the nurses is set in the basement while his main encounter with the doctors is in the operating theatres. These neutral spaces are inflicted with his prejudices. The setting in which he encounters the nurses and their ‘misbehavior’ is portrayed as gothic and old fashioned while the doctors’ workspaces are hi-tech and modern. Being handed over to the doctors is like emerging onstage after fumbling around in the back, reflecting how, like in the novel, doctors play a leading role while nurses are backstage, unnoticed, disregarded. He only calls the doctors “medical staff” while he calls Tom by his first name and the lady “the nurse”. He does not regard them as healthcare professionals. Finally, he contrasts the “soft cultured voices” of the doctors to the “indignities” of Tom and the nurse which are likened to “smokers coughing in your face” (Lodge 10), making a clear class distinction between the doctors and nurses. Tubby’s condescending, classist view of nurses could not be more clear from how he portrays them.

Fay Weldon’s A Hard Time to be a Father also contributes to creating a negative images of nurses, portraying them as indifferent and robotic. Candide, the protagonist is at the hospital, and he complains to a nurse that he “can see a bone sticking out” (Weldon 242) of a rugby player’s leg, to which the nurse responds, “It’s asleep… a rugby player’s like a baby, if it’s asleep, don’t wake it. It’s just asking for trouble” (242), dehumanizing and infantilizing the rugby player. The same nurse later explains

“that the Triage Nurse divided patients into three CATEGORIES: those who were seriously ill and a DOCTOR needed to see QUITE SOON: those who were making a FUSS ABOUT NOTHING and would have to WAIT: and those who were only fit for PSYCHIATRIC anyway… From the sound of it… you’re ripe for psychiatric” (243).
Instead of seeing the patients as individuals with separate unique needs, the nurses in *A Hard Time to be a Father* group all patients into three large groups in which the patients lose their distinctiveness. Although this is a part of the hospital’s system, the nurse uses it against Candide, telling him that he needs psychiatry, disregarding his problems and medical needs. Weldon portrays nurses as being cold, robotic and rude.

Both *Therapy* and *A Hard Time to be a Father* contribute to a negative perception of nurses amongst their readers.
Media has a huge influence in shaping public perception and attitudes: “sociologists... warn against underestimating the culture industry while pointing to its great importance for the development of the consciousness of its consumers... In actuality, the culture industry is as important as a moment of the spirit which dominates today” (Adorno 88). It’s images and portrayals are the main factor shaping public perception. Media therefore shapes the attitudes and consciousness of the public towards the nursing profession through its depictions of it.

Landmark movies about nurses include Lady With a Lamp (1951) and One Flew Over the Cuckoo’s Nest (1974).

Lady with a Lamp traces the life story of Florence Nightingale and her nursing career during the Crimean War. It highly romanticizes Nightingale, emphasizing the heroism and nobility of her profession, as well as the satisfaction of saving lives.

By the time One Flew Over the Cuckoo’s Nest was screened, the media’s portrayal of nurses had drastically changed. In fact, this movie portrayed images of nurses that would persist as modern stereotypes. Nurse Ratched exemplifies the battleaxe figure whose uncompromising adherence to hospital rules overrides good treatment of the patients, whereas her silent colleague portrays the ‘brainless’ nurse who merely follows the authority’s orders.

The problematic portrayal of nurses in the media has persisted. The main medical shows in pop culture today are Grey’s Anatomy, House and ER. Jacquelyn Bishop argues that all three shows “fail to portray nurses with a positive image and essentially undermine the profession in various ways” (Bishop 2). These shows are primarily physician-centred, where “nurses are barely even background noise.” The media disregards the importance of nurses and gives the impression that physicians alone are enough to tend to patients, when in fact, “nurses comprise the largest single component of hospital staff [...] and are the primary providers of hospital patient care.” (American Association of Colleges of Nursing).

The media’s portrayal of nurses has been reduced to these limited choices—brainless, subservient maids, or tyrants, both of which are wildly inaccurate depictions of the nursing profession in reality.
We surveyed Singaporeans aged 15 and above about their experiences with Singapore’s healthcare system, in particular, nurses. Beyond that, we also probed at any underlying differences in perceptions towards local nurses and foreign nurses.

The majority of Singaporeans are satisfied with the level of healthcare provided here.

Before we begun our research, based on our observation and conversation with friends, we had the suspicion that Singaporean prefer local nurses.

Our survey results provide further evidence of this claim, as the 64% of the respondents attest.

**Fig. 1 response to the question: How do you rate the service of your main healthcare provider?**
To further investigate the nature of this bias, we researched on the main characteristics that an ideal nurse should espouse, and in the end came up with a list of 10 characteristics, namely:

1. Attention to detail
2. Empathy, comfort and understanding
3. Flexibility
4. Good communication skills
5. Interpersonal skills
6. Problem-solving skills
7. Professionalism
8. Quick responses
9. Respect
10. Responsibility

With this list, we asked respondents to select which they feel are the most important ones, and the top three from the results are as follows:

1. Empathy, comfort and understanding
2. Professionalism
3. Sensitivity

This data would later be compared with a survey that determines the outstanding characteristics of local and foreign nurses here. The rationale is to see whether the characteristics of both these nurses reflect the ideal which locals look for in nurses.
Based on the survey, here are the resultstop characteristics the public sees in local and foreign nurses respectively:

Local nurses
1. Professionalism
2. Good communication skills
3. Sensitivity

Foreign nurses
1. Professionalism
2. Respect
3. Empathy, comfort and understanding

These findings show how local and foreign nurses actually exhibit the same characteristics, and to a large extent fulfilling patients’ notion of the ideal nurse.

This poses a problem for us especially when a large number of patients would still prefer to have local nurses treating them.

This opens new avenues of discussion, as we can begin to ask questions pertaining issues such as classism, xenophobia and racism.
For the final part of this section, in understanding the attitude towards local and foreign nurses, we asked respondents whether they prefer local or foreign nurses. A majority 84% of respondents put local nurses as their choice. Although the respondents rated the standard of care by both local and foreign nurses as more or less the same, most of them would still choose local nurses if they had a choice.

When asked why, responses which expressed common sentiments included, “Good grasp of English language to understand the needs of patients,” “Not sure whether the qualification standard in the countries of foreign nurses matches Singapore standard of nursing care” and “Foreign nurse may not fully know the protocols or procedures, and may have been trained with different medicinal background which may undermine certain administration of medicine (eg in IV drips)”.

This shows that many other factors, including cultural differences and communication barriers affect patients’ perceptions and preferences.
Next we sought to understand how nurses themselves feel about their profession especially concerning public’s perception and patients’ treatment of them. As we wished to set this project in the interest of locals, we sought the opinions of local nurses who were kind enough to give their frank responses with the condition that their names are not revealed.

We found out that a staggering 85.7% of the respondents feel undervalued by the public and their patients.

The public perception of nurses in Singapore have not progressed in accordance to the changes in the role of nursing over the years. Nursing is still viewed as a job that requires minimal skill and knowledge, when this is certainly untrue. As a result, this profession does not get the recognition it deserves.

Local Singapore Nurse
The negative perception of nurses has persisted for many years, and so it is unsurprising that the shortage continues to become a problem for the Singapore government. What is slightly surprising is the reality that there remains a steady flow of new nurses that continue to enter the industry in spite of the negative portrayals. It could also provide an insight as to how young Singaporeans perceive this profession.

While it is heartening to see that 28.6% fulfilled their nursing ambitions, it is worrying that an equal 28.6% of respondents got into nursing due to grades.

Due to the demand for nurses, the entry point for nursing courses continue to be one of the lowest offered in local polytechnics and universities. In such an academically-driven society, it has thus created a stigma that nursing students are not academically competent. Despite that, many students in Singapore still do see the entry into polytechnic and university as an academic goal, and would therefore opt to get into nursing just to fulfill that ambition. Hence, in a way, nursing courses in Singapore might produce people who are initially disinterested with the profession but have no choice but to take it.
I always thought a noble job would be inspiring and helping people would be inspiring, but sadly nursing was not inspiring for me. A lot of people have told me that is a noble career, a career that requires compassion and resilience. But the truth is compassion is something that is very finite and in a place like healthcare, where we see all the suffering and frustration, soon enough this compassion will be depleted. Then what would become of us, when we are tired and drained? What will help refuel our energy? The answer is inspiration but sadly this is very lacking. I believe that everyone has their own heroes and idols, people who inspire us to be like them. Their very presence makes us flock to them and work hard to chase after them. I don’t find them here in nursing. Majority of the nurses I’ve met are broken. They are resigned to the crazy work environment that is healthcare. They have been spending 40-50 years as a nurse not out of compassion but out of convenience. Every day, I’d receive statements from the nurses around me, like, “there is nothing we can do about it” or “I hate this patient; this doctor; this treatment. A lot of hate going on;” “This place is so tough”, “Nursing is so tiring”. We may not want to admit it, but the truth is I am working among robots/ zombies. People who are so sick of healthcare here, they just function from task to task keeping their emotions in their pockets, waiting for knock off time. We are no different from white collar workers who hate their desk jobs. I dedicate part of this phenomena to the fact that as a society, our culture towards healthcare is that its a service not a privilege.

“We may not want to admit it, but the truth is I am working among robots/ zombies. People who are so sick of healthcare here, they just function from task to task keeping their emotions in their pockets, waiting for knock off time.”
The sense of self entitlement amongst our people is so strong, we think we can call earth, wind and fire whenever and however we want. And the misconception that medicine is magic makes it even more difficult. I believe the media has portrayed too many false medical practice and has led the public to think that doctors can cure anything with the right price. The truth about medicine is that it’s an investigation; an experiment. We try to find out what’s wrong with you and figure out which medication/treatment works for you and we test it out. Because no two persons are the same. Because there are millions of diseases, bacteria and viruses in the world. No one has exactly the same treatment. But there is a hazy mindset that everyone’s treatment for a particular disease would be the same. It does not work that way. Getting back to inspiring figures, I believe that if we want to have local nurses, then we need an inspiring figure; a Nursing hero. Someone who is not only good in nursing but protects us, supports us. The community has to let people know that Nurses must be respected and appreciated. To let people know that every time we bring them a cup of water, off their lights, cover them with blankets, feed them medicine, helping them to shower is a privilege. Things only your own mother would do for you. Singapore is a very educated community and nursing is a highly skilled job, that requires a significant depth of knowledge in medicine and treatment. And as an intelligent individual to be disrespected and ill-treated as maids or servants is very hard to swallow. Because we know our value as a person, so why do people devalue us when we help them?

Sometimes they say: “but we pay medical bills, I deserve to be treated like a king”.

-Part of a survey conducted with local nurses
1. How is your experience working with foreign nurses? How do you think they shape Singapore’s public perception of nursing?
Foreign nurses play an important role in Singapore’s healthcare as they fill up the lack of nurses that Singapore faces. My experience working with them has been fairly good. Most of them are hardworking. However they are rather cliquish and prefer to communicate amongst themselves in Tagalog rather than english. This can lead to misunderstandings and this can be a bad thing especially in a workplace where lives are at stake.

2. What are some of the complaints received from patients regarding foreign nurses?
The main complaint is the language barrier. Many patients are elderly and cannot speak english and only can speak chinese, malay or dialect and are thus unable to communicate with the nurses. A breakdown in communication can be very dangerous in healthcare.

3. Did you receive any strong opinions from family and friends when you told them your intention to join nursing? What are some of these responses?
No. They were supportive and told me that being a nurse will open many windows of opportunities. However, many encouraged me to pursue medicine as the prospects are better. Some people commented that I might be treated like a maid if i were to become a nurse.

4. Do you think Singapore is doing enough to encourage locals to become nurses? In what ways is it enough/not enough?
There have been more campaigns to raise awareness for nurses in the social media such as “Care to go Beyond” by the Ministry of Health and the TV drama series “You Can be an Angel Too”. However, I feel that they only portray the “pretty” and clean side of nursing and touch less on the reality of nurses which i feel is important to show as well, so that newly-recruited nurses will join the workforce with the right mindset. There are also many more “glamorous” jobs which are less physically demanding that I feel that locals are more attracted to.

5. Is the government doing enough to retain local nurses in this industry?
Definitely not. The pay scale for local nurses here is low compared to the pay for a similar job scope overseas, say the United States of America or Canada. The workload is very high here and a lot of local nurses quit due to burnout and lack of incentives (e.g. pay). Local nurses, as they become the minority, have a small voice when it comes to changes made in the nursing industry and there are not many outlets where we can voice our opinions. Having to work in shifts also becomes demanding on the locals as they have to juggle work-life balance especially during the period in their lives when their children are studying. It becomes difficult to work, pursue further studies and raise a family at the same time.
“The workload is very high here and a lot of local nurses quit due to burnout and lack of incentives (e.g. pay). Local nurses, as we are the minority, have a small voice when it comes to changes made in the nursing industry and there are not many outlets where we can voice our opinions.”

- Local nurse in Singapore
We have put together what we believe are the main factors tied in to the nursing profession— the images of nursing portrayed by novels in our course, the media as well as both the perspectives of the Singapore public and our local nurses. Clearly, the problem of the shortage of local nurses goes far beyond just economic reasons. In Singapore, the fact that most of our nurses are foreigners, in particular Filipinos, cannot be ignored in addressing this problem. How they are perceived will affect how nursing is perceived since the terms “foreigner” and “nurses” have become so intertwined in the Singapore consciousness. From our surveys, it is clear that the differences in culture and the language barrier, which ultimately tie into Singaporeans’ perception of foreigners as a whole, affect how foreign nurses and therefore the nursing profession is perceived. Furthermore, race and class are factors Singaporeans are culturally very aware of; the stigmas and stereotypes attached to each race and class are always subconsciously present. A person’s skin color and uniform is anything but invisible in the Singaporean consciousness. It prompts the question: Is the shortage of local nurses in Singapore caused by the much larger issues of classism, xenophobia and racism in Singapore? Certainly it is not so simple as low pay and lack of monetary incentives, as we can see in the inability of such efforts to resolve this problem. Therefore, it is imperative that to solve this shortage in the long run, Singapore needs to resolve deep-seated issues that permeate the local culture as a whole. Treating the shortage as a mere matter of economics is an easy solution; it is easy to talk about, and is much more comfortable than having to acknowledge and confront the racism, xenophobia and classism involved. However, as mentioned above in this booklet, that is a short-term and unsustainable solution. It also perpetuates these stigmas and negative perceptions of nursing as it renders them (openly) invisible, much to the detriment of not only Singapore’s healthcare industry in general but also to the local nurses themselves who have to endure working in a job which, far from being the noble, respected profession it ought to be, is one that is looked down on, and therefore suffer the consequences— mistreatment, stigmatisation and burnout.

We will never not need healthcare. We will always need nurses, and especially with our ageing population, it will not do to continue treating this shortage the way we have handled it as a nation. It would do better for us, as receivers of healthcare, local and foreign nurses and ultimately Singapore’s healthcare system as a whole to begin tackling this problem at the roots. It will be much tougher than merely raising pays and offering scholarships but we believe it will prove to be a worthy endeavor. Lastly, we hope that together, the Singapore community can move forward to solve this long-standing problem.


