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10-1/80/06/25. 30 JUN 1980

Acc No.	NARC
80 0024	4.

SUMMARY OF SPEECH BY DR TOH CHIN CHYE, MINISTER FOR HEALTH,
AT THE NURSES' GRADUATION CEREMONY AT THE SINGAPORE
CONFERENCE HALL ON WEDNESDAY, 25 JUNE '80 AT 11.00 AM

As Singapore enters into a future of manpower shortage it is necessary that we should make adjustments to make effective use of our working force. One way is not to impose artificial limitations so as to curb the development of manpower that can be deployed more efficiently. As an example the Ministry of Defence requires medical orderlies and the Ministry of Health male nurses. Both ministries have worked out a programme which allows deferment of males from national service during their period of training as assistant nurses. On completion of their training they will then be enlisted into full-time national service as medical orderlies.

From the point of career development these medical orderlies on discharge into the reservist force will be eligible for further training to become staff nurses. Sixty-five males have been selected for assistant nurse training. In this way not only the needs of both ministries are satisfied but also the future of the individual in civilian life is assured.

Steps have been taken to increase the depth of practical training of assistant nurses. The reason for this move is to make assistant nurses better equipped to move into staff nurse training. We expect 200 assistant nurses and midwives to be taken in for staff nurse training in July and another batch in the later part of this year.

Singapore's manpower stock can be improved if women who have fulfilled their family responsibilities are

encouraged to *return to work*

encouraged to come out to work. We are therefore removing the upper age limitation of 25 years for training as a nurse. Those who already possess a nursing qualification and would wish to return to work can also apply for a nursing post.

In China barefoot doctors are responsible for primary health care in the countryside where they have to look after farming communities. They may be called barefoot but they are not bare-brained. Those we met have a Junior Middle School education equivalent to our "O" level. They are taught to take blood pressure readings, diagnose and prescribe both traditional Chinese medicine and western medicine including giving injections of antibiotics. In addition the female barefoot doctor visits homes to deliver babies. They are not expected to perform dramatic or heroic medicine. What is recognized is that a large proportion of physical complaints are minor, that these symptoms can be identified and treated. However, they know what are their limitations and when they should send patients to the nearest hospital.

In Singapore we do not have a countryside but the demand for primary health care exists nonetheless. In 1979 there were 2.9 million attendances at outpatient dispensaries and another one million at Maternal and Child Health (MCH) clinics. Each outpatient doctor sees an average of 118 patients a day while the MCH doctor sees 84 patients. The situation would have been worse if nurse practitioners were not introduced in mid 1975 to help the doctors. Since 1977 nurse practitioners have taken on a wider role. Every year about 1000 new outpatients are referred to psychiatrists and another 1000 new patients are admitted into Woodbridge Hospital. Psychiatric patients are long term patients. Even if they are discharged they still have to be attended to as outpatients and so their numbers accumulate over the years. We do not have enough psychiatrists to give this large number of patients the attention they need. We have therefore to supplement physician manpower with psychiatric nurse practitioners. A beginning was made last year and more psychiatric nurse practitioners will be trained not only to work at outpatient clinics but also in the hospital itself.

The role of the nurse practitioners is now recognised in primary health care and in treating the chronic sick. Those who wish to train as nurse practitioners must have powers of observation, ability to communicate with patients, be confident to exercise judgement, and above all to have commonsense in knowing when a patient should be referred to a doctor. I will go further to say that these are qualities which are not exclusive to the nurse practitioner and in fact should be cultivated during the period of training as a nurse and applied in their course of work. A programme designed to develop these qualities will help a nurse to perform her work with greater understanding while going about overseeing patient requirements and attending to the routine work of hospital life. This is a great challenge to senior nurses and nursing teachers. It is they who can help nurses perform their work more intelligently and positively so that nursing is not looked as a drudgery but as a satisfying vocation.

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