



Interview with a Singaporean Nurse:

Pamela Koh, from Dover Park Hospice, about her work experience

By Dorothy Lim, 2015

Q: How long have you been a nurse here?

A: I have been a nurse in Dover Park Hospice for 5 years, since 2010. I joined immediately after my graduation. Initially after graduation, I joined as a volunteer here to provide basic nursing care as a nurse for 3 months and after which I decided to be full time nurse at this hospice.

Q: What inspires you to be in the hospice?

A: I had my first experience in a hospice in 2002, while I was still a school girl. My grandfather was admitted into Dover Park Hospice. Here, I noticed a difference between the healthcare workers in hospices and hospitals. I could see how the hospice healthcare workers handle long-term care, which was extremely different

from acute care.

There was an extremely different setting in the hospice, where doctors and nurses have more time to communicate with patients and establish a deeper relationship beyond the diagnosis of an illness. I felt inspired to be part of such an environment and wanted to work here. My parents also encourage me to work in a hospice and were supportive of my decision.

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Q: Do you feel that there is a social stigma attached to working in a hospice?

A: There is a general belief that the pay is not very high. Especially to my friends not in healthcare disciplines, it is harder for them to understand and for me to advocate job in a hospice.

But my passion for taking care of end-of-life patients keeps me going, so other issues such as the salary does not matter. Dover Park Hospice has also sponsored my study for advanced diploma in palliative care.





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Q: What challenges do you face at work? How do you overcome them?

A: One challenge is maintaining patients' dignity and self-esteem while meeting their needs. The patients are sick, but at times, they feel that they still have power and control to do things (such as visiting the toilet alone). It is difficult to talk them out of it, especially when it is in your last days of life, you understand that they would want to do it themselves and I cannot discourage them from what they want to do.

If they really do insist, what I do really depends on the situation. If the patient feels breathless or extreme pain, I would tackle symptoms first. But if the patient only feels slight pain, I will allow them to do what they want but watch over their every move. For bed bound patients, there is an option of using a hoist, which is a machine to help lift patient up. But when faced with such situations, you really have to

think on the bright side and understand that it is near the end of their life. For instance, there was once a patient who requests for a can of coke every few hours, but there is only a limited supply of coke in the hospice which comes from donations. So whenever the family comes to visit, I will remind the family to bring coke for this patient.

One other challenge is seeing young patients pass away as I am young and can relate to how they feel. Another challenge is when some patients stay for more than 3 months and I have developed a bond with the patients and the family. But sometimes have to focus on other work such as comforting the grieving family members and be there for them, as well as my other patients who are still living.

Q: How do you handle grieving family members then?

A: Being by their side, I feel, is most important. The mere presence of the nurse would help

them to better handle their emotions. Especially when they are sad & do not want to talk about it anymore, just being there for them would be good enough.

Many people and patients say that I would be used to facing death and grieving family members, since I have worked here for many years. But every patient is different as there is a rapport built with patient. However, whenever death occurs, I will have to acknowledge the fact that the patient is gone. But the fact that the patient has passed away peacefully and comfortably is the most comforting for me.

Q: Typically how many patients do you have under your care?

A: If full house, it will be 13 patients a day (per staff nurse). At the start, it was a challenge, but I am used to it, which makes it seem like a daily routine now.



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Q: How did you learn how to approach patients?

A: I observed how to talk to patients while following senior nurses and by joining courses and training sessions.

Q: Due to your job of having to witness death very frequently, you are likely to be more prone to burn out. If you had a bad long day of work, what would you do?

A: I prefer to share what happened at work with colleagues and go exercise for relaxation. But also, having an optimistic attitude is very important. After a patient passes away, everyone is sad but I think that it is in a way good news as their sufferings are gone and they have passed away peacefully and comfortably. As a nurse in a hospice, my mindset is different from other healthcare workers in hospitals or clinics. It is not to cure the patients but to help them leave peacefully by providing comfort and pain control for patients.

Q: What are the skills necessary for a palliative care nurse like you?

A: Communication skills are extremely important. You also have to be very patient, optimistic and understanding to patients if they have any unreasonable demands.

Q: What do you enjoy most about your work?

A: When patients' wishes are fulfilled, I find it very rewarding & fulfilling. Appreciative family members make me feel very happy as well, where my efforts are recognised.

Q: What is one thing you dread facing at work?

A: Unreasonable patients or family members. There was once a bedbound patient whose wife insisted for showering everyday. A bedbound patient would require assisted bath hence more time and manpower which we do not have at the hospice. However, the wife still insisted despite my explanation of a shortage of manpower.

So I tried to talk to patient's wife and we came to agreement that I will try to accommodate to their request for first 2 weeks. But subsequently as patient gets used to it, we slowly reduced to once or twice a week. It ultimately boils down to communication and managing patient's and family members' expectations. We really want to help accommodate requests but sometimes some requests are beyond our means.

Q: What was the most painful experience you had with a patient in your job as a nurse in a hospice?

A: There were not many painful experiences that I had, but I have one experience where I felt quite sad. One patient had craving for durians and since the smell might disturb other patients, so wheeled her outside of the ward to eat. However, because she has swallowing difficulties, so I only could buy her durian ice-cream. Since she could not fully have her wish of eating durian fulfilled due to her medical ailments, I felt bad as these are simple things and pleasures many take for granted.



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Q: What is your role in the team?

A: As a nurse, I educate the caregiver, any new staff and students on attachment, as well as be an advocate of hospices through giving talks and outreach programmes, and most importantly, provide support to the patients and family.

Q: What is one most memorable patient or event for you in these 5 years of working in the hospice?

A: One female patient had a boyfriend for many years and wanted to get married and be

addressed as Mrs _____. But being a patient at Dover Park Hospice, she had a prognosis of less than 3 months to live. In the hospice, we worked as a team and managed to solemnise the wedding at the hospice. Some of the staff helped with decorating the room, while some nurses helped did the patient's makeup. Eventually, the patient managed to get married with the boyfriend here at the hospice. I really wanted to cry as it was a very touching experience but I controlled. I felt honoured that I could be part of fulfilling a wish and it was at that planned wedding

Q: Do you have any words of encouragement for your fellow colleagues in palliative care?

A: We are doing something very meaningful on a daily basis, just do not give up. At the end of the day, we are a team and no one is alone, where everyone in the team supports each other.

Q: How can a regional network like APHN support people like you?

A: I feel that I can gain from the sharing of good practices and APHN can raise awareness of palliative care.