

NURSE



MOLLY



RETURNS

A NOVEL

KATHERINE



SOH



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## PROLOGUE

**“SO DID YOU** enjoy England?” the man in the middle asked with a smile. He seemed to be the main interviewer, flanked by another man on the left and a woman on the right. I never found out exactly who they were, or in what capacity they acted on my behalf. They sat in a row behind a six-foot-long cherry wood office desk, looking very distinguished and intimidating in their executive wear.

That morning, three days after returning to Singapore from the UK, I’d dressed my best for the interview with these no-doubt important personnel from the Public Service Commission office, which had sponsored my Bachelor of Nursing degree at the University of Manchester. It was September 1996, and I was having to reacclimatise to my homeland; gone were the frigid, wintry days of England, my woollies ditched for light cotton T-shirts.

This PSC interview was a significant one, and could potentially change the course of my life for the next eight years; I would need to exude professionalism both in demeanour and attire. Unfortunately, I’d never had an eye

for fashion. My long, tight black skirt with a slit up the right thigh could have been worn by a lounge waitress at the Marina Mandarin Hotel, and my thin, striped, spandex turtleneck blouse and maroon cotton blazer might have been more appropriate for some retro costume party.

Without standing up, they'd begun their formal introductions, which I completely missed whilst trying to concentrate on the pointers from all the self-help books I had ever read on how to achieve interview success: stand tall, walk with your back straight. Smile, not too broadly, don't show your teeth unnecessarily. Exude an air of confidence by holding your chin up and looking at the interviewer squarely in the face. Do not show fear.

I'd approached the tall chair facing them and sat down when the man in the middle had signalled me to do so. It was a swivel chair that was too high for my feet to touch the ground, and spun all too easily. Caught off guard, it had been all I could do to not fall off in a catastrophic roll-over-and-play-dead scene on the carpet.

"Did you enjoy England?" the man in the middle asked again. His smile began to fade, and I sensed an irritation at not receiving an immediate answer.

"Yes, I did," I replied with a smile of my own. The books all said that I should mirror the interviewer as much as possible.

"We see that you have done quite well with an upper second-class honours, and we received very good reports from your professor."

I smiled broadly, showing my teeth now, thinking that I should exhibit more confidence. Besides, I had nothing to say in return. Whilst remembering to keep a calm and composed face, I flexed my abdominals for all they were worth to keep my upper torso balanced, whilst my previous pointe training in ballet was put to good use in forming some resistance to the damn pivoting chair. I was like a duck in a pond: whilst its body floated above water seemingly with ease, it was paddling wildly underneath.

Then came the bombshell I was waiting for: "What do you think is the single most important quality that a government should have to run a country successfully?"

There. That was it.

My neural synapses raced down whatever grey matter was left functioning under all that stress and found a passage I had read about four years ago in church. The words just popped up in my head like I was reading the text there and then: *King Henry VIII was infamous for having been married six times, but that did not stop him from wielding perhaps the most unfettered power of any English monarch. He prided himself neither on morality nor justice, but his people were enamoured with his charisma. Under his leadership, he brought about the "Dissolution of the Monasteries" and the union of England and Wales. He also introduced Protestantism to England.*

"A charismatic leader," I answered without hesitation and with full confidence. I narrowed my eyes too, believing it would make me look wiser. The interviewer looked slightly taken aback at my pronto response.

It was also an epiphany for me. It made sense that a charming leader would make all the difference in implementing changes, as he would have the support of his people. Wasn't that how ex-Prime Minister Lee Kuan Yew had led our country to greatness? Without fail, his National Day Rally speech every year had invigorated and spoken directly to every citizen of the country. His fluency in the Hokkien dialect, Mandarin, Malay and English meant he could reach out to every race in Singapore. Most people believed whatever he'd said was for the good of us all, and things had turned out well, as evidenced by the way Singapore had developed since its independence.

Now I was ready to be challenged. All I needed was for him to ask me why I'd given that answer.

"And do you think we have enough charismatic leaders?" he asked with one amused eyebrow raised and a slight chuckle.

He had not given me the satisfaction of explaining my most learned answer on how the rise of England's peace and prosperity during the Tudor reign was attributed to the magnetic leadership of King Henry VIII. Instead, alarm bells rang in my head as I wondered if it was a trick question to test my political affinity.

"I do not think I am in a position to comment on that," I replied diffidently and with a silent sigh.

It later dawned on me that if I had said "honesty", "integrity", or some other commonly accepted values, he might have bombarded me with paragraphs of pre-meditated responses grilling me further for justification of my opinion.

Instead, just as suddenly as the interview had begun, he closed my file and said firmly, "Right, we have posted you to National General Hospital, and we wish you all the best."

"NGH?" I said, trying to hide my nervous uncertainty. Had they just served me my fate for the next eight years on a proverbial platter without even asking what my preferences were?

This didn't seem right. My predecessors had told me that the interviewers would ask me where I wanted to go and I would be able to state my request then. The general advice was to request a posting to St Joseph's Hospital, where career progress was faster and more supported by management.

Perhaps I should have made my preferences known. I desperately wanted an opening gambit, but found none. Before I knew it, I was smiling and nodding self-effacingly, uttering words like, "I will do my best," and striding out of the office with a sure look on my face.

I could have kicked myself.

As a teenager, I had seen ads on television calling for people to step forward and make a difference in the lives of the sick and needy. And with my strong grades and Christian impulse to help others, I felt ready for my noble and rewarding career as a nurse.

I could just see myself: a modern day kind and gentle Florence Nightingale dressed demurely in a white starched frock, helping a recently paralysed stroke patient to take his first step. Yes, gently now, focus on your muscles, lift up your foot and there you go! A leap for mankind! He's done it!

He's taken his first step! I give an encouraging smile, and he returns my demure gaze, eyes watering with gratitude at my perseverance and patience. In the background, someone claps in awe.

Oh yes, I couldn't wait to be a nurse!

However, almost all my Public Service Commission nursing seniors had cautioned me about an appointment at NGH, the largest tertiary and research hospital in Singapore. They spoke of its notoriously draconian management, the fast-paced work environment, and the insufferable fates of scholars who arrived there and were never promoted to management levels even after five or six years.

I was a diligent and responsible girl; most of my school report cards had reflected this fact. I was also willing to work hard and do whatever it took to get the job done. So how bad could it be? I also wasn't too concerned about the lack of speedy promotions. I had gotten into nursing because I wanted to care for the sick; being promoted to Sister would mean much fewer bedside hours, which was not in my life plan. I wanted to make a difference in someone's life. Nursing was the way to make my own life meaningful; I was sure I would be happy in the vocation, come what may.

If I did my work conscientiously and stayed out of management's way, I should be able to get by, right?

## 1 INTERNAL MEDICINE

**AT AGE SEVENTEEN**, I signed twelve years of my life away for what I had thought was a good deal. The government had offered to sponsor my four-year studies in England: tuition, living expenses and other miscellaneous items like books and warm clothing. I would be financially covered for all my years overseas, plus the money might cover a few trips around Europe if I lived frugally. After that, I would have a job that would feed me for the next eight years.

When I had pulled out my calculator and done the math, I thought it was too good to be true. I would have been a fool not to sign on the dotted line.

So now, at age twenty-two, it was payback time. I'd had a wonderful four years, but now I would have to keep up my end of the deal. The only thing was that it had never crossed my mind to wonder if the people at my future workplace would warm up to me, or even worse, go all-out to make my life hell. What would I do then?

This was exactly the situation in which I found myself on my first day in my first ward in the Department of



Internal Medicine.

“So tell me, Staff Nurse Molly Goh,” said Senior Staff Nurse Shanti d/o (daughter of) Shankar, “why did you choose to take the scholarship and do a degree overseas when you could have done it locally at Nanyang Polytechnic?”

I looked at the swarthy, astute face sizing me up over the open nurses’ counter, eyes gleaming and nose flaring, with a red dot between her well-preened eyebrows. Her long, black hair was gathered up in a bun so taut that it pulled her non-sense eyes longer at the sides. My sweeping scan also couldn’t help taking in the shapely body under her made-to-fit tight nurse’s frock.

Behind her, a frenzy of activity was taking place in an interminable series of rooms branching off the sterile hospital corridor. Auxiliary nurses wearing uniforms of different colours were traversing briskly across stations to attend to the ménage of patients that needed their teeth brushed, faces washed and bodies showered. Patients were wheeled like clockwork to and from the common bathrooms. Those who had already been cleaned sat upright in beds with newly changed sheets, waiting for breakfast to be served.

A scrawny staff nurse pushing a huge medicine trolley almost three times her size dished out oral medications in little disposable cups, calling out names and checking patients’ wrist bands and bed numbers. She had the fairest skin I’d ever seen, but she was extremely thin. She looked even more malnourished than some of the patients. Nonetheless, she worked like a stevedore up and down the corridor, with eyes

sharp as diamonds focused on serving the right medication to the right patients. I wondered if I would get to know her. Weaving around her were teams of doctors, all with stethoscopes slung around their necks, pacing between the rows of beds to see their patients.

I had arrived at eight o’clock in the thick of ward action that resembled a marketplace. Especially when a gargantuan food trolley arrived just then and a healthcare assistant shouted, “Breakfast!” before plugging the trolley’s heating cord into a wall socket to keep the food warm.

“Well?” Shanti persisted, staring down at me. The red bindi on her forehead blurred as my eyes tried to focus. It didn’t help that I was a mere five foot one. Everyone was always towering over me, whether they meant to or not.

“Oh, I’m sorry, are you waiting for an answer?” I’d thought it was a rhetorical question.

“What? Did I not sound like I was asking a question?”

“No... uh, yes. I er, was er...” I stammered and blubbered, but was saved from giving an answer as the station’s nursing officer, Sister Tay, surfaced from her office adjacent to the nurses’ counter and interrupted the bleak conversation. All nursing officers were called Sisters, but it had nothing to do with Catholicism. It was a title of respect given to higher-ranked nurses who were either in charge of a station or ward, or who were clinicians in medical specialities.

“We all so busy here,” she began, with unmistakable local grammar, her head shaking rhythmically. “You know, we are mother ward of Department of Internal Medicine!”

Gleaning her disposition, I could sense a tempest brewing.

“And take in all other strays also! If there any cases just *slightly* related to general medicine, bed management will throw to us. You think if patient has a chest condition, he should be sent to the respy ward, right?”

I tried to follow the testy Singlish conversation by nodding affirmatively. Meanwhile, I saw Shanti hurry away into a six-bedded room nearest to the nurses’ counter to help an assistant nurse lift a patient onto a commode.

“Wrong! Bed management say he got weird fever. I just on the phone telling them off! Can’t keep sending us all sorts. We *very* busy here.” She shook her head furiously and rapped the counter hard with a firm index finger. I’d never handled aggressive communications very well and her emotional ventilation was setting off all sorts of alarm bells in my head.

“And we are full house!” she cried, her hands gesticulating wildly over her head, to my terror. “Not a bed to spare, so they can dream on, try to send me case at eight in the morning. *Ridiculous*, this bed management!” Her eyes glinted with self-righteous determination and her nostrils heaved with ruffled breaths. I was actually an inch taller than her, but her tenacious outburst made her seem larger than life.

Then, as though recollecting that I was an innocent bystander, she suddenly softened her gaze, relaxed her facial features and asked gently, and with improved English, “How’s your morning so far? I see you’ve already met Shanti. Did you get on well? She’s not your mentor, though. I assigned you someone else.”

There was something troubling about the uncanny Dr-Jekyll-and-Mr-Hyde metamorphosis I’d just witnessed, even as my heart cheered to hear that Shanti was not my mentor. Sister Tay’s angelic transformation made her younger, fairer and gentler. Even her naturally wavy hair looked softer. And she was definitely shorter than me now.

Without waiting for my reply, she cruised off in a stately manner down the corridor, her head held high and spine ramrod straight, as though her previous ranting had never taken place. Her air of majesty revealed her unspoken assumption that I’d follow obediently, and on that matter I did not dare disappoint.

It was a relief that she didn’t need any answers from me because I didn’t know how to tell her that my morning so far had been daunting, that I hadn’t gotten along well with Shanti, and not having her assigned as my mentor would probably be one of the highlights of my life.

We stopped briefly at the treatment room where the malnourished nurse I’d observed earlier stood clearing the colossal medicine trolley and locking it in place. She looked weary. I kept thinking someone should get her something to eat before she keeled over. Perhaps she’d be my mentor.

“Oh Vivien, did you see Ah Cheong?”

Vivien looked up, swinging back her lengthy but spindly ponytail. Even her hair was thin! Her beanpole figure made her head look unusually large. She could not be more than twenty with that immaculate, porcelain skin.

“I think she’s in Room 18, giving an I.V.”

Expecting an introduction, I stood squarely facing Vivien and waited confidently with a polite greeting ready at the tip of my tongue. But to my chagrin, Sister Tay moved off without making introductions, and so I hurried behind her, much to Vivien's amusement. I liked that she had the sparkle of merriment in her eyes, and it took away some of the jadedness I'd seen earlier. I was sure I'd like her if I got to know her.

Room 18 was two doors away, but before we could get there, a middle-aged nurse walked out. Her wiry hair was short but alarmingly thick, a jet-black bird's nest that contrasted starkly with her fair features. What was even more alarming was the deadpan expression on her face, almost sullen. Not a good sign. I prayed that she wouldn't be my mentor either.

"Ah Cheong!"

The woman stopped. My heart sank. I tried to convince myself that she just had a steely exterior, and that she was really nice underneath.

"Just in time. Ah Cheong, this is Staff Nurse Molly Goh. Molly, this is Senior Staff Nurse Cheong." Sister Tay leaned over to me and lowered her voice as though whispering a secret. "We like to call her Ah Cheong. She's a fast worker, as fast as her name." Then as suddenly and sharply as a criminal interrogator, she narrowed her eyes, edged so close that her face was only inches from mine and slowly drawled, "You understand Hokkien, right?"

"Y-yes, I do. I am H-Hokkien," I stuttered, progressively

getting more worried that the nurses in Singapore were more like the Gestapo than the kind Florence Nightingale types I had seen advertised on TV.

"But you do *speak* Hokkien, right?" she said, her eyes studying me with keenness. I understood the joke—in Hokkien, "cheong" is a verb that refers to movements or actions that are swift—but I was too intimidated to say so.

"Y-yes, I speak Hokkien fluently. My family speaks Hokkien all the time. In fact, I'm a third-generation Hokkien. Ha ha, a true blue Hokkien nurse, lah!" I babbled, even adding a little Singlish accent toward the end of my last sentence. I was all ready to speak a few words of the dialect just to prove myself when Sister Tay straightened up, satisfied with my bloodline declarations, and continued the conversation addressing Ah Cheong in now perfect English.

"Molly's our Public Service Commission scholar and will be with us for six months. I'd like you to be her mentor during this time."

Ah Cheong did not once acknowledge me, and merely nodded to Sister Tay with the faintest of smiles. Although I might have imagined the slight lip movement as a smile.

"So I'll leave you two. Good luck," Sister Tay said before bustling off.

My usually sanguine self might have grinned and given a thumbs-up sign in return, but there was something in the way she'd said "good luck" that bothered me. It felt like the point in a movie that portends doom upon the heroine.

It would have been easier had Ah Cheong at least

addressed me and told me her expectations or sent me off on some task with a patient. But it was not a senior nurse's duty to make a junior nurse feel at ease in the ward. On the contrary, a junior nurse standing in front of a senior nurse was totally at her mercy and expected to follow the latter's bidding, no matter what.

So I trailed her submissively to the nurse's counter, where she flipped through a stack of patient files for a good ten minutes while I stood beside her, fidgeting like a Primary One student next to the school principal.

"Are you supposed to take cases?" she asked. These were her first words to me.

"I don't know."

"Do you want to take cases?"

"I don't know."

Her raised eyebrows broke the monotony of her deadpan face, but they worried me. Both Shanti and Vivien had also appeared at the station, carrying their own stacks of files collected from their patients' bedsides.

"I mean, if I'm supposed to, or, uh, allowed to," I tried to explain, "I would want to, that is, take cases."

Ah Cheong pursed her lips and looked back into her files. Time stood still. There was no comforting mention of, "Oh don't worry, I'll take you through it," or "I'm sure we can find out if you're to take cases."

Only silence.

Finally, she said matter-of-factly, "Room 18 needs a Ryle's tube insertion. Do you know how to do that?"

"I... I don't know," I said and then hurriedly added, "I mean, theoretically, yes, but the one and only patient I had a chance to perform it on for the first time, uh, refused the procedure so, in practice, no, I haven't done it before."

At this, Shanti snorted in disdain and burst out laughing. Vivien looked stunned for a moment, then joined in with light laughter, her expression sympathetic. Ah Cheong remained true to her unaffected self. So there they were, the three senior nursing teammates whom I would work closely with for the next six months: one always laughing at me, one laughing with me, and one not laughing at any time or at anything.

Hearing the commotion, Sister Tay came out of her office.

"What's all that noise, ah? You don't have work to do, is it?" It became apparent that her English became Singlish whenever she was upset or angry.

"Ha ha, ask Molly!" Vivien chirped happily.

"What is it, Molly? What so funny?" Sister Tay said, her eyes flashing. I gulped.

"I don't know," I murmured.

My answer brought about another round of uncontained laughter. Auxiliary nurses began to gather around to tune in to the latest joke in the ward: me. Someone in the back, but just within earshot, whispered, "She's a scholar but she doesn't know anything!"

"All right, break it up right now!" Sister Tay said, the noise immediately ceasing. "It's nine o'clock. Shanti, your team will go for first break. Vivien, your team takes second

and Ah Cheong, yours go third. And Molly,” she sighed and shook her head languidly, “you can go whichever break you want.”

Miserably, I decided I could do with a recess pronto, and escaped the ward with nothing short of the lightning speed of a mouse with three cats after her.

What a start to my eight-year nursing career.

I could feel my enthusiasm flagging. The staff must have all thought I was a wimp for going on break after working only an hour, during which I’d done absolutely nothing! Ironically, I felt completely exhausted, as if I’d worked twenty hours non-stop. I’d been told that nursing was tough, but I’d expected the difficulty to come from working with cranky patients, not from antagonistic, disgruntled and jeering staff. Before I’d started work, severe animosity culminating in open hostility was not what I expected from my colleagues. I was bummed, big-time.

And as if all that was not enough, ordering a *teh* at the hospital canteen was another challenge. The ten or so people in front of me in the queue left with countless takeaway plastic bags of tea or coffee, with or without condensed milk, evaporated milk, sugar or some other unimaginable combinations of all of the above.

I wanted tea with evaporated milk and no sugar, but got severely confused after the canteen operator tried to explain that *teh-O* was tea with sugar but no milk, and *teh-C* contained sugar and evaporated milk but no condensed milk. To avoid looking more foolish than I already had the whole

morning, I decided not to add any letters to my tea order, and for some reason the result was a rather sweet, milky tea. Although I had been brought up in Singapore, my mother had never allowed me to go out on my own, except perhaps once a year with my friends after my school examinations, so I’d never really had to order any drinks myself before. This was the extent of how sheltered I’d been, to the point that I couldn’t even order a drink at age twenty-two.

As I sipped feebly at the scalding drink, a ticking clock in my head reminded me that the break was only half an hour. It had taken five minutes to walk to the canteen, which meant I’d need the same time to double back, as well as ten minutes spent in the drinks queue, leaving me only ten minutes to down my drink.

It then became clear why the people ahead of me in the queue had had several orders each. They were buying food and drinks for their colleagues on second or third break. That way, those staff members didn’t have to travel to the canteen and could save the precious extra minutes to rest their weary legs.

When my break was up, and my cup of tea, too hot to down in ten minutes, was left half-finished, I walked in a daze back to my assigned ward, my knees trembling with a life of their own as I wondered what was coming next.

Not that I had time to let my thoughts meander, for the minute I stepped back into the ward, I was thrown into action. Shanti was coming back from her break just as I was, and we both heard the commotion from Room 18.

“Get me the restrainers!” Sister Tay barked from the room.

A petite assistant nurse named Roslinda binti Mohammed, all wide-eyed and cheeks flushing, came running out, dashing down the corridor and disappearing into the treatment room to retrieve the commanded item.

Vivien was obliviously buried in a pile of patient files at the nurses’ counter, scribbling furiously. Nursing was one of those jobs where utter concentration was required to complete innumerable widely varied tasks throughout one’s shift with not a spare moment to play, and Vivien was completely engrossed in her role.

Her look would become very familiar in the days to come, a look that said, “I will finish my reports before my break.” It was the classic expression of any nurse about to go on second break, implying that she had completed nearly all of the tasks ordered by the doctors after their morning round. Plus, if she was able to finish the reports before her break, it meant she’d have a higher chance of being on top of things when she returned, and could focus on the other tasks to be done, such as giving intravenous drugs and oral medicines, tending to the odd wound, arranging for the discharges of patients and so on.

“Another patient who refuses treatment! Silly man!” Shanti said, rolling her eyes dismissively. “Looks like we’ll have to go help out.”

“Huh?” I said, returning to the present.

“Well, aren’t you coming along?” Shanti said, strutting away. “You’ve not done a Ryle’s tube insertion, right? Here’s

your chance. We’ll hold him down whilst you practise.”

Nothing could have prepared me for the sight in Room 18. All the ethical laws of patients’ rights, in an institution that had been deeply entrenched in me after four years of repetitive discussions and moral debates in university, screamed with outrage from my pounding heart to my squeamish brain and into my quivering stomach.

Forty-eight-year-old Mr Tan Chee Huat lay helplessly squirming in a bed with its rails up, looking definitively trapped, held down expertly by Ah Cheong and Sister Tay with firm grips applied to his left and right shoulders. An intravenous line ran a dextrose drip into his left forearm. His speckled grey hair was coarse and unkempt, as was his crumpled, light blue hospital pyjama suit, most likely from several attempts to break the formidable duo’s death grip.

“Here are the restrainers!” Roslinda now returned, panting. Hospital work was all about speed, and I knew that a fraction of a second could sometimes mean life or death. In this circumstance, however, I didn’t think lightning speed was called for. In her hands was a pair of three by two inch blue cotton swatches, with two cotton, apron-like strands coming off every corner. There were little loops on one side of the cloth patches that looked like they were meant for the strands to go through and be secured onto the patient.

As I stood nearest the door, Roslinda was about to hand the restrainers to me, but changed her mind hastily with one look at my dubious and, no doubt, ashen face. She walked the extra steps to Shanti and handed the restrainers to her instead.

“Molly, you get the other wrist!” Shanti cried as she threw me one of the restrainers, walking swiftly to secure hers on Mr Tan’s right wrist, which was on the further side of the bed from the door.

I clutched the patch cloth in my hands, my heart filled with inhibition. Its shade of blue was the very colour of the tiny patch cloths Chinese people pinned on their sleeves when in mourning for their parents. How more coincidentally morbid could it be?

Restrainers had been banned in the UK, along with cot-sides or bed rails, as these were deemed to be a form of imprisonment that would impeach a patient’s freedom of movement. I had been told over and over again by mentor after mentor on different placements about the importance of never using these restraints, and how research had proved that using bed rails was more hazardous to patient safety than not, since patients tended to climb over them and sustain serious injuries. Yet, here was a whole room of nurses not only making sure that the cot-sides were up, but also about to tie the patient down and hold him still whilst I, a bungling novice Ryle’s-tube-inserting nurse on her first day of work, would have full freedom to poke and prod until I got it right. Oh God, what to do?

“I-I-I don’t know how to apply it,” I stammered. And for the first time that morning, I actually felt relieved that I didn’t know something I was supposed to know.

Of course, my assuagement was quickly replaced by foolish awkwardness as everyone cast expressions of disbelief at me.

Roslinda strode over to me with her pretty lips pouting and eyebrows scornfully raised. Imperiously, she took the restrainer from me, turned her back sharply and moved deftly to apply it onto Mr Tan’s left wrist before securing it to the bed rails. Then, satisfied, she rose up, chest out and chin high, stepping back from the bed with a look of superior confidence.

“Well, I hope you saw how that was done, so next time, you can do it,” Shanti said, smirking.

“Okay, Molly,” Sister Tay said, “I hear that you haven’t done a Ryle’s tube insertion before. Now would be the perfect opportunity for you to have a go. Roslinda, pass her the Ryle’s tube.”

A Ryle’s tube was commonly used, on a temporary basis, with patients who were unable to swallow and required nutrition to be given to them through the tube in the form of calorie-specific, milk-like feeds. It came in different lumen sizes, was usually about 100 cm long, and its tapered end was to be inserted through the nose of the patient, down the oesophagus, and all the way into the stomach. The remaining length of tube outside the patient’s body would then be anchored on the patient’s nose with a piece of skin-friendly tape, and its funnel-shaped end capped. When needed, the cap could be removed easily and a bigger funnel or syringe could be used for passing liquids or medications through its lumen and directly into the stomach, without the need for the patient to masticate or swallow.

The difficulties in inserting the nasogastric tube were

threefold. First of all, the patient would likely be in great discomfort from having a tube pushed through a sensitive organ such as his nose, and would often struggle; some ease could be provided with lubricant gel applied on the tube before insertion, but it was still undoubtedly an uncomfortable procedure.

Secondly, the tube sometimes would curl out of the mouth rather than go down the oesophagus, especially with struggling patients. Such a horrible situation! Just imagine: the nurse inserts the tube, the patient struggles, sees the tube emerging from his mouth covered with horrible looking muck, which is really the lubricant gel, and rolls his eyes and head back with terror. The nurse knows she has to retract the tube to re-insert it, causing the patient more pain as he struggles harder, and the cycle starts all over again.

Lastly, and perhaps most importantly, it was really a blind shove of the tube into the stomach and there was no telling where it had gone when we saw it disappear. According to both UK practice and textbook guidelines, we could only ensure that the end of the tube was in the right place (that is, the stomach and not the lungs) by doing either a pH litmus test of the aspirate to concur with gastric acidity levels, or an X-ray. The old way of auscultating for air sounds over the epigastrium after introducing 10 cc of air through the tube with a syringe was not recommended as it had been deemed unreliable.

However, in Singapore, it was evident that the NGH nurses would be applying no litmus test, and certainly no

doctor was going to order an X-ray to check the tube's position. Yet, if the entire population of nurses was doing it and had successfully inserted thousands of Ryle's tubes with no recorded incident of patient harm, then perhaps this was okay?

Roslinda reached into her pocket and pulled out the Ryle's tube package. Deftly, she peeled open the plastic pack, applied a generous slathering of lubricant gel from the middle to the inserting end of the tube, and held out the device to me. All this was done within five seconds, demonstrating, once again, her expertise.

I, on the other hand, about to embark on the procedure for the first time, merely looked at the tube held out to me. I asked the first rule as decreed in my textbook about Ryle's tube insertion: "Has the patient given consent?"

Slowly, I looked at each person in the room. Ah Cheong remained expressionless, though a slight crease between her eyebrows had now appeared. Shanti sneered and shook her head. And Sister Tay's disbelieving expression was quickly replaced with a helpless, what-am-I-going-to-do-with-you-for-the-next-six-months look.

In contrast to the bustling sounds from the rest of the ward, the silence where we stood was deafening.

I wasn't sure how I'd done it, but I had managed to bungle every question and task meted out to me from the moment I'd stepped on the ward. Hell, I couldn't even get my tea right at the hospital canteen. At least the patient had stopped struggling, but I wasn't sure if he had understood



what I'd just asked. If he had, he might have wondered if the way he was being handled was legal, and then where would we all be? In court?

After a long moment, Ah Cheong finally broke the spell.

"Pass the tube to me. I'll do it. You can observe for now."

I almost sighed aloud with relief, since I'd been given permission to have no part in the procedure.

The tube found its way into Mr Tan's nostril in no time. Unfortunately, he was not letting it go down without putting up a good fight. With his tongue, he flicked the tube off course and it emerged from his mouth. Ah Cheong pulled out the tube and Mr Tan reared his head in protest. She tried again, but this time, she timed her insertion with dropping about 20 millilitres of water into his open mouth, so that he would swallow by reflex and she could simultaneously get the tube down his throat.

This did not feel at all right, as surely the patient had swallowing problems and that was why we were inserting a Ryle's tube in the first place, but no one else seemed perturbed. It was as though this had been the practice for the last hundred years and no one, least of all I, should dare contest such an empirical practice.

The second insertion failed too. This time, Sister Tay declared authoritatively that she would take over. Within seconds, her face contorted into Mr Hyde's and she rasped, "Now, Mr Tan, you co-operate or this painful for you."

I shuddered at her words. It was truly intimidating to watch her in action, her eyes now like a hawk's and her lips

twisted with determination. I was not surprised that she got the tube down the right track with a single thrust. Anyone who'd seen her fearsome mien would do well to cooperate.

"Now, Molly," she said more calmly, "I hope you learned something there. You'll get your chance to do the procedure next time." And with her Dr Jekyll face back, she left Room 18.

I wondered what she had meant for me to learn: her bloodcurdling disposition or her Ryle's tube insertion skills. Or both.

Shanti strutted out after her.

Mr Tan continued to look uncomfortable with the tube *in situ* and Roslinda now assisted Ah Cheong with improving his appearance in bed. I tried to follow suit, but as Roslinda already had her hands on straightening his pyjamas and Ah Cheong was combing his hair, I wasn't quite sure how I could contribute.

For good measure, I thought to look busy tucking in his bed sheet, only to find upon commencing that it was a fitted one, and was already as snug as could be. Desperately, I skirted around the bed to keep busy, and finally, arriving at his bedside locker, proceeded to conscientiously adjust its angle.

Nobody said anything.

By now, I knew what my biggest problem was. Everyone knew what they were doing or where they should be at all times. Everyone except me.

I looked at my watch. It was ten o'clock. I'd only been working for two hours.

Miserably, I trotted out after Ah Cheong, hoping against

hope that she might give me something that I could do. I was, after all, industrious by nature, and if only somebody were to ask me to do something that I knew how to do, I would gladly accede.

At the nurses' counter, Vivien had just returned from her break, all sprightly and glowing with touched-up makeup.

"Got that Ryle's tube in already?" she said, smiling prettily. It never ceased to amaze me how traditionally trained staff always knew what was happening with patients not under their direct care. Vivien was one case in point. Sadly, I never developed the gift of omniscience even after years of experience.

Ah Cheong nodded uninterestedly.

"Did you do it, Molly?" Vivien asked, beaming expectantly at me.

My hesitation was interjected by Ah Cheong's sudden cold announcement that she was going for break.

Vivien's countenance fell fast. She took in the picture almost immediately.

"Let me guess, you didn't try," she started, then shook her head and corrected herself. "You didn't know and you didn't try."

"Well, I thought to check if the patient had given consent, and—"

"Molly," she interrupted my explanation mid-sentence. The grave look on her face worried me. "We don't take consent for Ryle's tube insertions."

"Right." I blinked fast and thought hard. What was

considered an invasive procedure in the UK was not so in Singapore.

"You also don't need consent to take blood specimens from patients," Vivien intuitively offered. I later wondered how she knew what I was thinking and concluded it was that miraculous omniscient gift at work. But there and then, I was only grateful that finally someone was teaching me the ropes.

I nodded earnestly.

"And whatever you learned in the UK, it's going to be different here. It's going to be different even just going to another ward in the same hospital."

"How do you know I trained in the UK?"

"Are you kidding? Everyone has been talking about you for at least a month before you came!"

"Oh."

"You're going to be a Sister soon, aren't you?" she said. Then almost immediately, she pursed her lips, rolled her eyes to the right as though contemplating what she'd just said, and looked back at me with a pained expression that revealed her doubts. I knew I was failing to cut an impression of a Sister in her mind. I didn't know if that was good or bad.

Quickly enough though, she shook her head and waved me off with a hand.

"Anyway, I've got work to do," she said. "There's endless work in this ward. Ever since I started here, I've lost three kilogrammes and have never gained them back, no matter how much I eat."

With that, she left me, the vacillating newbie, standing at the nurses' counter, whilst I watched her expertly update patient documentation, peruse laboratory reports, identify blood specimens to be sent off in the tele-car, and browse X-ray reports, electro-cardiograms and any other test results that had returned from the various diagnostic laboratories. On top of all that, she managed to speed off to help an assistant nurse sponge an ill patient in one of the isolation rooms.

Everything was so fast-paced that I could barely keep up my mere observations. And my mind kept meandering to Mr Tan, a man who'd been declared a difficult patient because he'd opposed his doctor's treatment plans.

Without thinking, I trudged back to Room 18 and peeked in on him.

His eyes were lightly closed and his thin, bony body was motionless, except for the periodic rising and falling of his chest with every breath. Such was the regularity and steadiness of his respiratory pattern that at first sight, one might have thought he was fast asleep, but I couldn't help construing his behaviour and countenance as one resigned to his fate. And for one crazy second, I contemplated heroically untying him.

But my reverie was marred swiftly by the potential repercussions. Surely, the other nurses would just as quickly tie him back up and worse, become very upset with me for the inconvenience I'd caused. Who knew, they might even tie me up! On that note, I sobered up lickety-split.

I reminded myself that it was the norm to restrain non-compliant patients. It was hospital practice, a standard

procedure set in place for the good of the patient. Therefore, it would not be considered unethical if it were the common practice. Right? Before a judge, I could determinedly purport, "I am innocent! Everyone is doing it! I was not the only one!"

Alas, I never found out if I'd be cleared of my charges that day as a familiar, baleful voice seared through my imaginary court scene.

"What are you doing?"

There stood the fearsome Shanti, the full force of her gaze searing into me.

I didn't know myself then as well as I did later, didn't realise I was the sort of person who was prone to saying the wrong things in the wrong situation. If I had known, I might have been more cautious.

"Well, I was just thinking, is it not possible to nurse him without restrainers?"

The sudden change of colours on her face was disconcerting. It was a shade paler, then flushed purple, before attaining a portentous crimson tone.

"Oh?" Shanti exclaimed, covering three sarcastic tones in one breath.

I knew too late that I'd asked the wrong question.

"Then who's going to stop him pulling out the Ryle's tube?" she asked with mock innocence.

"Well, in the UK, we used to do one-to-one nursing for patients who might harm themselves. Perhaps we can do that for him?"

“Oh?” Shanti’s voice rose three tones higher with her exclamation. Then with exaggerated patience, she angelically continued: “And if you had twelve patients to manage, and you volunteered to look after this one patient, who’s going to take care of the other eleven?”

Sardonic as she was, I knew she was right. There was no staffing available for one-to-one nursing. Singaporean nurses did not have the luxury of their counterparts in the UK, where bank agencies could sometimes provide a pool of nurses to come and work on last-minute notice. In Singapore, each staff nurse in a general ward had to manage twelve patients, who comparatively also needed more help, as Asian patients were not as accustomed to being independent.

So, as with many future conversations I was to hold with Shanti, I was rendered speechless whilst she strutted off like a triumphant peacock, sashaying her hips. She looked completely satisfied that I’d just proven her assumption that I was a smart-ass idealist who’d never worked a day in my life, and who thought I could march into the ward and start implementing some change theory from a textbook without any contingency plan to test its feasibility. No wonder all the local nurses resented nursing scholars who’d been trained overseas. We didn’t understand the local system and the sensitivities surrounding many senior nurses who’d been waiting years for a promotion, only to hear from management that there would be a brood of scholars returning from overseas who would take that one coveted position away from them.

The rest of my first day showed no signs of improvement, and time seemed bent on torturing me.

Ah Cheong returned at 10:30 sharp, saw me standing rather sheepishly about, and having concluded that I needed a lot of her time, which she wasn’t able to give, told me curtly to remain in an observatory role.

Of course, I tried my best to follow what everyone else was doing, but it was a futile effort. I could feel derogatory eyes judging me everywhere I went, as though I was doing everything wrong, even if it was the simple task of retrieving a patient’s bedpan.

At the two o’clock handover time, I was even more baffled. The afternoon staff apprehended the morning report with poised lips, affirmative grunts and corroborative nods. It might have been the local accent or the supersonic speed-reading of written reports, but whatever it was, I was the only one who couldn’t follow. Then, as quickly as it had begun, handover was over and the afternoon staff scattered in all different directions to accomplish tasks that everyone expertly resumed.

I wish I could have blacked out or feigned some form of illness so that I could leave earlier, but my twenty-two-year-old blood circulated well and I wasn’t a very good actor. I also became starkly aware that I’d developed a stupid leer on my face in response to the frequent bemused glances of the afternoon staff, whom I was sure were trying to reconcile the klutzy image I was cutting and the sterling leader they’d had in mind.

By the time I was seated on the MRT heading home, I was plagued with strained shoulders, a pounding headache and an empty stomach, not having eaten the whole day. At home, I still wasn't hungry, and wouldn't have minded going straight to bed, except that I was still living with my parents; I remained subject to their governance despite the fact that I was already an adult, and had lived independently in England for the past four years. I could be as old as Methuselah, but in my parents' eyes, I would always be a kid.

So I sat listening to my mother at the dinner table, reminding me to work hard and be mindful of my behaviour toward my bosses, and to try and find a life partner as soon as possible because time was flying by and I wasn't getting any younger.

Thankfully, my pager went off halfway through her verbal diarrhoea and I escaped to make a call to my saviour.

Tan Hong Whye and I had met in England when I was in my third year and he was in his first. I was twenty and he was twenty-eight. Everyone knew that a bachelor in his late twenties in a school full of youthful girls just embarking on their first degrees made him one of the most eligible men in the university.

Needless to say, my girlfriends and I had spent a considerable amount of time discussing him. Like a strong leader, Hong Whye had an authoritative streak that could be quite attractive. However, he liked pretty and demure girls with long, sleek hair and big, bright eyes, and since I was neither pretty nor demure, I was quite sure we would never be more than friends.

As his mechanical engineering course was a conversion from a diploma to a degree, he graduated at the same time as me, and we both returned to Singapore within the same month.

"Are you coming to church this Sunday?" he now asked.

"Yes. I haven't started shift work yet at the hospital, so I should be able to come."

"Great! There's someone I want you to meet."

"Really? Who?" My curiosity was piqued.

"You'll see when you meet him. He does folk dance."

Hong Whye's reasoning begged for more answers; what did a guy who did folk dancing have to do with me? Hong Whye knew I loved dancing, from traditional ballet to modern dance, but surely he couldn't be pairing me with a man only because he had a dance background? However, I kept my questions to myself and left the conversation at that. I'd have to wait and see. At the very least, there wasn't any harm in widening my social circle.

That night, I went to bed dreaming of Alexander Sommers in shining armour, coming to save me in the soaring turret where I'd been locked up and tied to a hospital bed with blue cloth restrainers. I'd met Alex the same year I befriended Hong Whye in Manchester. Almost six feet three inches tall, he was blond, with bluish-grey eyes and a deep, masculine voice. Properly English. Some of my friends had thought he bore a resemblance to Harrison Ford. So did I. Thinking of him always made me go *mmmm* on the inside.

Exuding gentlemanly demeanour on our dates, he'd

always had time to listen to me. He was also the first man to give me a glimpse of what true love could mean.

At least, that's what I was sure it was.

He repeatedly told me that he respected me and constantly inquired as to what I wanted, which made me realise over time that I was not in touch with my own yearnings. They were buried somewhere deep in my subconscious, beneath duty, honour and filial approval. And doing what would make others proud.

His words challenged me to think for myself.

"I love you and I respect you," Alex would tell me. "What do you think? What do you want? Nothing you say can shock me. Just say it."

Still, I'd held back. I always had done what would please my family, my boyfriend from junior college (whom my mother had approved of) and the community. I knew what they wanted and I obeyed. It was so ingrained in my Chinese upbringing that a girl would seek to please her family before marriage, and her husband after the nuptial day. Yet there Alex was, asking me to make my own decisions, as though the authority was in my hands to steer the course of my life. However, I was not ready to step out and change myself.

Deep down, I knew he talked sense. Why else had I broken up with my boyfriend once I had left Singapore? And there was even a sense of relief when I did it, as though I'd been liberated.

Something was not right with the conservatism of my family, but there was still a tiny voice that asked: what if

Alex is wrong? Could I really choose my heart's desires regardless of obligations to others?

A few months before I was due to return to Singapore for good, he'd called me on the phone. "I love you and I know my feelings for you," he'd declared. "They won't change even if you don't love me back, because you're worthy of my love."

I fell silent as the reality of his last sentence sank in. I was in awe. Despite his matter-of-fact tone, his words spoke volumes about courage, honesty and integrity.

I couldn't believe he was not looking to take anything from me, but was merely stating his love as it was. More importantly, he knew what he saw and what he wanted. I, on the other hand, seemed to live life in a daze, pushed along by societal demands and a voiceless state.

No one had loved me this way before. Everyone I knew who had ever said they loved me had wanted something from me. My mother wanted excellence in my grades, my father demanded my obedience, and my ex-boyfriend expected my submission. Love was always conditional.

So what was this unwavering love that Alex was referring to, unafraid of rejection and which would not waver, regardless of what I, or any other person, thought?

My spirit beckoned me to love like he did, for it carried a liberating power to the hearts of both the giver and the receiver. Unfortunately, his kind of love was new to me. I respected him deeply and wanted the friendship to be more, but I had too many qualms. I wasn't sure that I loved him. But it was great to be told by someone that he loved me.

So, I left him in picturesque England with his two cats and little brick house in Middlewich, Cheshire, and went home to hot, humid Singapore to serve my sponsors with eight years of my life for the education I had received.

Surely, if Alex and I were meant to be, our paths would cross again.

Or perhaps, I would forget him with time. After all, if he truly loved me, surely he would pursue me?

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**“Part fiction and part reality, *Nurse Molly Returns* is a wonderful rendition of life for all service professionals.”**

—Neo Gim Huay, co-editor of *Sushi and Tapas*

**“What a wonderful account of nursing experiences this book is. It is full of emotion, happiness, sadness, anger, laughter and hope. A pleasure to read.”**

—Sue Levene, former nurse, Barnes Hospital, UK

**Following a glorious period of independence overseas, Molly Goh returns to Singapore ready to start the next chapter of her life —as Staff Nurse at National General Hospital. Will she find a bright and boundless future? The man of her dreams? Perfect job satisfaction? Or the bombardment of bossy supervisors, quirky bureaucratic rules and bad first dates?**

**Nurse Molly has returned. But can she survive?**



Born in Singapore in 1973, Katherine Soh has known writing as a way of life from a very young age. She obtained a Public Service Commission scholarship to study at the University of Manchester, where she graduated with a Bachelor of Nursing (Hons) degree in 1996. Her writing has been previously published under the pen name of Katherine Rachel. *Nurse Molly Returns* is her first novel.

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