Marion McKenzie

September 22, 2021, Edmonton

MM: I'm originally from Jamaica. I arrived in Toronto in 1970, I can't remember which month it was. I think I saw my first snow in April, so snow wasn't around.

Q: You came directly from Jamaica to Toronto?

MM: Ya.

Q: What brought you from Jamaica to Toronto?

MM: It was mainly to get more opportunities, because in Jamaica your opportunities aren't there. It was to better my life and help my family. There weren't a lot of black people around, and there were a lot of women coming at the time from Jamaica?

Q: Why were there a lot of women coming from Jamaica?

MM: Some were coming up for domestic work and for better opportunities that weren't available in Jamaica.

Q: Did you come by yourself?

MM: I had family here, distance cousins, third cousins and stuff.

Q: They were living in Toronto?

MM: Ya, so that's why I came up and stayed with them for a while.

Q: Then you found work?

MM: Ya, I started to work. I worked part time; back then they had telephone operators. I worked at Kentucky Fried Chicken, because I had to do some upgrading because my papers that I brought from Jamaica weren't acceptable. So I had to go back and do upgrading to get into college. While I was working I did night school and some correspondence to get up to Grade 12 plus I did a few subjects in 13.

Q: How did your interest in nursing develop?

MM: When I was growing up it was always, you're going to be a teacher, you're going to be a nurse. So that was at the back of my mind. In Jamaica I did some telephone operating and then it was IBM machine where you'd punch in all the stuff. The papers that I had out there and brought here weren't acceptable, because it's different. I thought, oh I always wanted to be a nurse or a teacher. Then I was thinking about physiotherapist or dental hygienist. Then I investigated nursing and I thought, that's where I'm going.

Q: Where did you go next to enter the nursing profession?

MM: I went to George Brown and I did some pre nursing courses. I did a year at George Brown and I went to Scarborough Hospital and did practical nursing, it was called, CNA. I did that and then I wanted to do more. I had friends when I was working as a telephone operator, but then they moved to Alberta. A at the time, the thing was Go West Young Man. So everybody was coming west because of the oil boom, so they moved out here. My family was still in Jamaica, the cousins and stuff. My friends moved out here. So I came out to visit a couple of times, and I wanted to further my nursing. So I came around the hospital and investigated and thought, okay I'm going to go to Alberta to further my nursing.

Q: So where did you go to continue your nursing?

MM: The U of A. Then it was the University of Alberta Nursing School.

Q: When was this?

MM: I came out in 1982, that's when I started at the U of A as a nursing student. Then I worked as a practical nurse during my time as a nursing student, so I worked as a casual nurse.

Q: What were your expectations when you came here?

MM: Well my intention was to come out, do my nursing, and then go back to Ontario. But life gets in the way, and I met someone. From there I said, okay, I'll stay in Alberta and start a family.

Q: Did you encounter any industrial action at that time with UNA?

MM: At the University Hospital we had Staff Nurses Association, so that's what I was involved in. I call myself nosy: I always wanted to know what was going on. When I grew up, my father was very political and discussed political stuff. I always wanted to know where's my money going, what's happening, who's doing this and who's doing that? I was always going to the staff meetings for Staff Nurses Association, going to their workshops and getting myself involved that way.

Q: Did you hold any position in the union?

MM: Ya, after a while I was the ward rep.

Q: That was still in SNA?

MM: Yes, SNA.

Q: Did the strike activity or climate of UNA affect SNA?

MM: It was like two unions. It was what UNA is doing and what Staff Nurses is doing. If UNA was on strike, SNA would be working still, because we could go on strike, because it was a different union and a different, I don't know what they would call it now. It was like the Staff

Nurses couldn't strike. UNA would strike and the Alec and all of them would strike, but we weren't striking, we would still work.

Q: You'd pick up their workload?

MM: Ya, because the strike at the Royal Alec, maybe they'd get more patients and stuff so they were busier. If there was overtime and stuff, we used to do that stuff. But Staff Nursing Association didn't strike.

Q: How did you feel about that?

MM: At the time I thought, well everybody has a right to strike and fight for what they need. I didn't feel like I was taking the jobs from somebody else, but I felt UNA had to do what they had to do.

Q: What were your work conditions like at the time?

MM: When I started it seems like everything was so much better to me. When I started on the unit, you had time for people to mentor you. You'd come along much easier than just pushed into the workforce. There were people on the unit, older staff, so they mentored you for quite a while before you get into the big responsibility. I didn't feel overwhelmed, because I had these other senior staff. The younger ones now, I think they're pushed in faster.

Q: You were still at U of A Hospital?

MM: Yes.

Q: What ward did you work on?

MM: I started initially as a casual, so I worked on the pulmonary ward. Then I got fulltime on the nephrology unit, and that's where I spent the rest of my career, because I liked nephrology.

Q: What is nephrology?

MM: The kidneys, working with people with kidney transplants and dialysis and that type of stuff. My initial thing was I like surgery, but I couldn't get a position there at the time. Nephrology was a combination of medical and surgical, because we did all the kidney transplants. It was really active. We'd get so many people coming in and so many codes and stuff like that, it was busy and stressful.

Q: Stressful for the nurses?

MM: Yes, stressful for the staff, especially when the organization was changing in different ways. Our manager would have six or seven units, and that was changing to different, I forgot the name. Somebody came and took over the administrators, so everything was kind of uncertain. We had somebody come in from the States and they had a different way of doing things. There was a lot of things going on there. When Klein came in, I wasn't new, so it didn't affect me. I think it was two years or something like that before you were laid off, so I was. . .

Q: Was there a lot of turnover, staff moving around a lot?

MM: Staff moved around, because you could bump somebody out from that position or that unit, because you had more seniority. A lot of bumping went on. Some people got paid out, because they were laid off and so they got paid out.

Q: Were they shrinking staff or combining work?

MM: They were combining work after the cutbacks with Klein.

Q: Did you see somebody today, and tomorrow they're gone?

MM: They would know they were on the bumping block, so you know that they were going to be bumped because they were under two years or their seniority was lower. So they could bump somebody from the next unit, or if not they were paid out. So you'd lose somebody you'd developed a relationship with.

Q: If you lost your job and got paid out, then you'd have to go find work somewhere else?

MM: Ya.

Q: Did that affect your registration as an RN?

MM: You could go as a casual with an agency; some people did that. But I'm not quite sure, because I didn't have to do that. But I know some of the people came back after two years, they came back to work. I worked with a couple of nurses, and in two or three years you could come back and start again. You would start again at the beginning like a new nurse. You wouldn't start at the salary you left at, you'd start at the base salary again.

Q: Did that change?

MM: It took quite a while for us to get back where we were, because they had frozen the salaries. It took quite a while for us to get back to where we were.

Q: UNA was also bargaining for SNA?

MM: No, UNA was bargaining for them. But you couldn't give UNA something and then Staff Nurses would get it.

Q: So whatever UNA negotiated, you benefited from?

MM: Whatever SNA benefited, UNA would benefit. Say we get three sick days, UNA would get it and Staff Nurses would get it. But then Staff Nurses would have something in their contract that UNA wanted too. I think Klein was thinking they would fight each other out, and instead of that they came together and formed one association. I think Klein was trying to have a rift in there to break us apart. That's what we felt. So negotiations was going on behind the scene. I was just a ward rep, so I wasn't privy to those things.

Q: Did they report on negotiations as they progressed?

MM: I can't remember.

Q: To the staff reps?

MM: We knew that something was going on, and I don't know if it was public to Alberta Health what was going on there. But I know we knew that something was going on. I can't recall much of that. But I know we thought the government thought there would be a big rift, and instead we came together.

Q: So the Labour Movement was victorious.

MM: Yes, because it became one, so we're stronger with one instead of two.

Q: What other cuts did they try to force upon you? Did they shift people around a lot?

MM: There were different administrators coming in all the time. We had one that came from the States that came in. I can't remember her name, but it was really an upsetting time, because policies were changing and procedures were being changed.

Q: Can you give an example?

MM: I can't remember.

Q: The person was a nurse from another hospital?

MM: No, an administrator of, what do you call it now? Anyway, she was the administrator and she was coming and changing stuff for the hospital.

Q: Changing it for the better or for the worse?

MM: It was upsetting everybody. It was for the worse, because everybody was upset about it. We were glad when she left. She was gone within 18 months to two years.

Q: Did the presence of this person cause any industrial action?

MM: No, because Staff Nurses weren't as militant as UNA. I don't remember what the term of the contact was, but we couldn't strike. We would try to bargain things with the union and the administrator to get what we want and to get policies and benefits and stuff. I wouldn't say UNA was radical, but we were different. It was like we were essential, we couldn't strike.

Q: After that administrator left, did things settle down? Was there anything that was impacting you in the workplace?

MM: I can remember there was a lot of saying where you could work, in this unit or that unit. I can't recall all of that now.

Q: So there was some bumping?

MM: Ya, bumping. This continued [22:50] when people were coming back. When that really big cut came in, it lasted about four years when people were bumped and some people went to the States. I have a friend that went out to Victoria in B.C., and other people just went and worked casual because they didn't have no security for casual. They're in the union, but you don't have a position and you don't get the benefits. What you have is you can choose when you want to come in and you can refuse hours. If they call you can say, I'm busy or have something else to do or whatever. But you have to have money, so people would come in and work quite a bit casual. But there's no benefits with casual.

Q: Were these regular nurses working extra shifts?

MM: No, these were the ones… We had a casual pool where people maybe with family would prefer to work casual because they could take the hours they want. But there were no benefits for the casual pool. People put in their time that they want to work three days, and then in the morning somebody calls in sick, they go to the casual pool, they get a nurse from the casual pool. Say you want to go to the surgery unit, the kids, or whichever unit, you would go there.

Q: Is it difficult for a nurse to be a partner or partner under the working conditions?

MM: Because of the shiftwork, it's harder. It's all shiftwork. When I started out I started working on days, evenings. The day part would've been 12 hours and evenings would be eight hours. That was difficult, because now I was a single parent. You would have three 12s and two eights. Two weeks you would be on evenings and two weeks you'd be on 12-hour shifts. That wasn't good for me, so when somebody left I got their position, and I did days and nights, which were 12-hour days and 12-hour nights. You'd have two weeks when you're doing maybe two or three days, then you'd have two days off and come back on the nightshift. In our contract you can't come back eight hours, you have to have that rest before you come back. You could come back if you want overtime and you have somebody to look after your family, but you could pick up overtime because sometimes they were really short, and you could pick up overtime hours like that. But most people didn't, because after you work 12 hours and eight hours you're completely exhausted. My hours would be like Saturday, Sunday, Monday 12 hours and then I'd have two days off, then I would come back and do nights the next two or three nights. You'd get your 40 hours in; your pay is every two weeks, so you'd get your hours in for your two week slot.

Q: As a union person, did you have to go to additional meetings, and did you get time off for that?

MM: I would get a babysitter and come in for Staff Nurses meeting, or you could ask for a day off, which the union pays for your day off to attend like say an AGM. The union paid for that, so you know it's coming up and you ask a supervisor if she can work it out with staffing to have

somebody to cover you for a day or two. Then she would give you the time off to attend the union meetings or workshops.

Q: Did you participate a lot in training?

MM: Union training and nurses training. When I was ward rep I would go to the meetings and report back and see what concerns they have, then take it to the meetings. When I met you we were in UNA then.

Q: Were there any significant cases as a union rep that stand out in your mind?

MM: The main thing was always staff shortage; that was the main thing. You can't get somebody to cover you or they don't enough staff.

Q: Were there any significant cases at that time?

MM: There was undercurrent and nobody wanted to talk about it. Say on the unit somebody's not getting the right assignment, maybe it's because you're black or whatever nationality other than white.

Q: Were there other people of colour on your ward?

MM: When I started there was one nurse working on the unit. The unit is the medicine unit and then you have the dialysis unit. After I was working there for a year I was trained also to do the dialysis, so if they're short on the dialysis unit they would pull somebody like me to go and work on the dialysis unit, because I have the training. Then they'll just get a general nurse to fill my place on the unit. Sometimes you'd think, oh that person got that assignment because they're black or they're Filipino or whatever. But my incident that stands out with me would be when I just started as a new nurse on the unit that I stayed on, the nephrology unit, my first week and my first day I was assigned to this patient who was completely immobile, couldn't do anything for herself. I was assigned and I went in and introduced myself who I was. She said to me, I don't

want a black nurse. She told me, I don't want you, I don't want a black nurse. So you can imagine being a new nurse in a new unit and somebody tells you that. I was really hurt. I went out and told the supervisor and she said, come with me. We went back into the room and she said to her, she's a nurse, she's qualified, and she's going to be your nurse. She went I and said, she's qualified, she's capable, and she's going to be your nurse.

Q: What did the patient say?

MM: Nothing. She was on that unit I would say a year. You had to do everything for her.

Q: How did she continue to react to that?

MM: I continued to have her as an assignment. My philosophy was as long as you don't hit me, when it comes to racial things or whatever it is, I let it slide like water over a duck's back. Back home we have this saying, let it slide. Just take it, let it slide, and you do the best you can and show them the other part; you just turn the other cheek. It wasn't mentioned, but you feel it.

Q: What impact did that have?

MM: Well it's like you wouldn't get promoted. But after a while I got so much experience, because I stayed on that unit. When new nurses were hired, there was about five of us that would take turns teaching those nurses the skills. With dialysis and renal problems, there's skills you have to develop to do the procedures. I was one of those nurses that taught the new staff. You'd take them for a couple days and go train them into the workshop. But I felt after a while it wasn't happening and I was wondering, is it because I'm black? After that supervisor left, another supervisor came in, and it wasn't happening.

Q: And that patient was still there?

MM: That patient that I talked about was there for quite a while until she was transferred, maybe a year, and she was transferred to a long term care home. But there are other incidents. Lots of times I was in charge for the weekend or nights.

Q: You were the charge nurse?

MM: Ya, the charge nurse. I was at the desk and the computer, and she came up to me. I had my name tag on and everything. Who's the nurse, where's the nurse? I said, I'm a nurse. She looked me up and down and thought I couldn't be the nurse. Then once I went into the room and a patient wanted something and said, get me a nurse. I said, I am the nurse.

Q: Did the patient refuse to accept treatment from you?

MM: No. But I felt like you were the cleaning person or you were the unit clerk. Once I was there and I don't know what happened with a patient, but I was in charge. A relative came up and said, who's in charge? I said, I am. She said, you? I said, ya I'm in charge for the whole weekend. Is there something I can help you with? She just went back to the room. So I just found the nurse who had that patient and said so-and-so needed something in that room.

Q: How did this make you feel?

MM: You know, I think I'm bigger than that. I pity them, because they don't know better. They don't know me, and I just pity them. At times initially being a new nurse you would feel low down here, but when I worked and had confidence in myself – that's you, it's not me. But in here, you have it in here and it stays in there, but you try to go beyond there.

Q: You didn't let it affect your patient care.

MM: No. I always look at my patient as one day I'm going to be in that bed. This is how I'd like to be treated, because one day I'm going to be in that bed. And because of my faith, too. Going to work I always pray and I have my mantra that I say. I would go and and they'd say, oh it's so

busy. I said, well everything's going to be okay; I'm here and I have somebody who's going to help me through this night. Whether it was busy or not, I just said, I can do this. There were times it's so busy you finish a nightshift and you're so tired because it's so busy. I would often go into the staff room at the end in the morning and rest, because I didn't feel I could drive home. I was so tired, because you didn't get a break. So I'd just call my babysitter and say, I'm going to be a big late. Then too, I developed a good relationship with my babysitter, so she'd get him ready and send him off to school. It didn't happen to frequently, but when it happened you know you can't drive. I remember after one nightshift I was going home on 114th Street before you reach 63rd Avenue, after nightshift. I was so tired and I felt have fallen off to sleep, and I got up on the curb and it woke me up. I said, not again. So after that I started driving with my car windows down. I would take an apple, because you have to crunch it, and eat it to keep awake. That was more dangerous on the weekends because there's more traffic. But Sunday morning there's nobody on the road. So it's more dangerous, especially if you're so busy that you can't get your break. Or you're on your break and something happens and you've got to come back.

Q: Was this because there were more patients, or because of shortage of staff?

MM: It was busy because of the acuity of the patients, that they were so sick. You're busy doing what you have to do, and sometimes it was short of staff and there's no one to cover your break. At nighttime sometimes you have enough staff so you could take turns going, but sometimes you don't have enough and there's not a float who would go and cover breaks on different units to cover. Then you couldn't go for your break, especially if you were in charge.

Q: Were you the only person of colour on your ward?

MM: There was another nurse that came, but she was casual and she went to work on the dialysis unit. Until I left, there were people came and worked as casual but not as fulltime.

Q: Your whole career was at U of A Hospital. How long were you there?

MM: I started in 1982 as a practical nurse and I finished in 2012.

Q: What did you experience in the period following the Klein cutbacks?

MM: After the Klein years and when we became part of UNA, I think it was settled more because then we could bargain as one big union. I think things became better, because there was no trying to get at one side and get competition between both unions. So things became better because the bargaining was steadfast and you felt stronger that you had more power. When it came to strike, we'd always go and demonstrate.

Q: Which ones were you involved in?

MM: I think one was on Whyte Avenue. I can't remember the years now. I can't remember if it was in the Klein period or not. And over by the Legislature grounds, carrying the placard and marching around.

Q: Why were you doing it?

MM: Because it was fighting for your right and for more staff, for better wages, for sick leave and all those things we were fighting for.

Q: Did you get what you wanted?

MM: You never get what you wanted but you get as close as you can. You have to compromise. After years I became, UNA became, because UNA still have U of A as Local 301, so I become a local executive on that board. In the hospital it's divided up into different areas, so there'll be area 1, 2, 3, and 4. I was in charge of area 5; it encompasses 12 or 13 units. So I was area rep for those units.

Q: So you were responsible for those units?

MM: Ya, I was responsible for getting information or talking to them and letting them know what's coming up, what's the union going to report in, especially monthly meetings, what's the concerns of those units.

Q: So you were a local executive of U of A Hospital.

MM: Yes, U of A Hospital as 301, and that's like a local. We have our president, vice president, and then we have a secretary and then you have the area reps.

Q: And you were an area 5 rep.

MM: Yes. You would go to the meetings, because we had monthly meetings for the local. Then before the meetings you would go to the units trying to find out what's a problem going on with staffing, getting hours, getting time off. What's the workload like, what's the acuity of the patients, and the staff ratio to how many patients?

Q: For how long did you do that? Until you left?

MM: Ya.

Q: When did you start?

MM: Oh goodness. It probably was 2004 or 2006, I can't remember. You have to be elected at the annual meetings. The first year somebody else was moving out when I got it and they suggest I take it over, because I've been so active as a ward rep. So I got it and then that year I didn't have to run for it. So the next year I ran for it and I got it again. Each term is two years, so I think I had it for 2 and a half or three terms. But the last term I had was 2011. What I did before I was retired, I was fulltime and then I went part time, because I was planning for retirement, so I was seeing how I can do on part time. So I did that, and that's when I became the local rep for area 5. Then I went casual in 2009 and I was still the rep. In 2011 was another election for the area rep, and I lost that to another person.

Q: What was your role as a ward rep?

MM: I was quiet like silent water streams. I just worked. As an area rep I was just a nurse helping my coworkers. I didn't think I had any power, I just report what I saw and what they tell me, and speak up for that area.

Q: Did a lot of people file PRCs?

MM: Yep, I would encourage people to fill out PRCs.

Q: Then you'd take those report to union meetings?

MM: No, it goes to HR. But I would know that the PRC is filled out and I would say, so and so filled out a PRC because they didn't get their time off or they didn't get a break or whatever, the acuity of the patient was too high and they weren't able to manage, or whatever it was.

Q: So when you came to drop of the documents, they'd better run.

MM: No they said, here Marion comes, what do we have to tell her? I usually go and try to get to every unit before the monthly meeting and then make a report and report at the local monthly meeting. I would also go to UNA's, each one of the area rep can attend UNA big monthly meeting twice a year or something. Also within UNA too there's divisions, the north division, south division or whatever. You get together I think it's every month, and each unit rep is allowed to go to one of those meetings a year. Then the big UNA AGM.

Q: Did you attend those?

MM: Always, even before I was a rep I always attend. Like I told you, I'm nosy and I want to know what's going on. I wanted to know how my money is spent, because at that time they make decision on what policies and what they're going to take forward. I wasn't standing up

there going to the mike, but before you go to that big meeting for UNA every year the local get together and you have issues that you want to bring to the general meeting. It's all typed up, so you go and discuss it and vote on what you want to bring forward.

Q: Would you say you were passionate about making a contribution to UNA?

MM: I was passionate about it but I feel like I know I was being heard, but I didn't feel like anything big. I felt like, this is what I'm doing. I'm helping my coworkers. My thing is if it wasn't the union I wouldn't have a good salary, I wouldn't have a good life, I wouldn't be able to do things. Without the union I wouldn't be able to do these things.

Q: So you feel that the union brought you some benefits?

MM: Oh lots of benefits, ya.

Q: So you worked with your staff to encourage interest in the union.

MM: Ya and encourage people to attend the meeting. I would say, if you want to know what's going on, come to the meeting. If you want to have your say, come to the meeting.

Q: Were there any other issues that UNA fought for, that you were part of?

MM: I remember we went to a conference in B.C., and that's the general Canadian national nurses union. There's so many things that you march for, I can't remember specifically.

Q: What were some things that you marched for, and where you marched?

MM: That was in B.C. and we went and marched around the Leg in B.C. But I can't remember what it was, what the issue was.

Q: But you were there supporting the B.C. nurses?

MM: No, the national union, so it was nurses from all over Canada. . . . I just get involved and do my little part and support.

Q: Did you go to conferences or other events around Alberta or elsewhere?

MM: Ya, I went to the Jasper labour school several times. I've gone to Toronto for the national union of nurses, and I've been out to Newfoundland on a conference for the national nurses.

Q: How were you chosen?

MM: Because I was an active nurse in the union.

Q: And also a nurse of colour?

MM: That wasn't per se considered. When I asked for time I'd always get it, so that was good. I was active and I think it's a part of the contract at the time that you have to give nurses the time to involve in union advocacy.

Q: Did you have any other involvement beyond area rep?

MM: No, just as area rep and then I would go to the different UNA workshops. I'm one that loves to go to workshops, because I always want to know more. So if there was a workshop and I could get the time, I would go.

Q: Were you involved in any Workers of Colour activities?

MM: In UNA there's a section, I don't know what you call it now, but it was for people of colour. We'd get time to go and discuss things that's important to nurses, whether you're feeling racial problems or you're getting your time off or what we think UNA need to do to help people of colour to have a voice. Beryl was always pushing for that. She was the mouthpiece, she was a

very active person, very active. We could go to her and she'd help you, because she was on the board of the union.

Q: Did UNA listen to the voices coming from the Workers of Colour group?

MM: I think so, I'm not quite sure. Beryl would take all our stuff that we had discussed. When we get our time to go off and discuss, it was allotted in the conference to have time to go and discuss. It would be for us to vent and help each other and talk about experiences that we have in the workplace or the unit, with either patients or management or whatever.

Q: Did you have a lot to report?

MM: Yes, well I don't know. When I worked I think I got more pushback from relatives and visitors than the staff, because I could pull my weight as anybody else. It's only towards the end of my career I was feeling some kind of like I'm not getting to mentor a university student or something. I think maybe it was because I was colour or because I was towards the end of my career.

Q: So this would be something you'd raise at the Workers of Colour meeting?

MM: Ya.

Q: Were other people having the same experience?

MM: Mhmm.

Q: Were there any other issues you felt resulted from you being a worker of colour?

MM: A couple times I was working when I injured my back.

Q: From turning a patient?

MM: Pushing a patient in a wheelchair, and the brakes came on and hurt my back. When I came back it was like I should take on more workload, because you had to gradually start working four hours for so many weeks. Then they thought I wasn't pulling my load. I had that feeling.

Q: Were any comments made to you?

MM: No, it's like say I would be, I remember one incident that was turning up the bed. I didn't just bend over, I stooped to turn the bed up. To me that was better body mechanics, whether you have a bad back or a good back. It's better to stoop down instead of bending over. Somebody reported that I'm always stooping down.

Q: A fellow nurse?

MM: I don't know who it was. I said, well I have a bad back and it's better mechanics to stoop, and it helps me.

Q: And somebody reported you for that?

MM: Ya, because the manager said to me, somebody told me you're bending down all the time or stooping down. I said, well it's because of my back. I have to bend down so I don't stretch over, plus it's better mechanics. Well don't put that in, because everybody's going to see this. What I do, I try not to as a person of colour use it as an excuse or anything. I see something and I say, well I'm not going to say it's because I'm a black nurse. I always try to take the upper road.

Q: And you suck it up?

MM: Ya. Because the incident that bothers me is like when they expect that I wasn't a nurse; she's black. That's when I felt. But with my coworkers I could. . . when something was bothering me. I can recall my initial first week on the unit when that patient told me, I'll never forget that. I

was a new nurse and it cuts your confidence down and puts you like that. So that gave me the strength from that time to rise above and to not let anybody cut me down.

Q: Were there any such experiences with your colleagues?

MM: I can't recall, because I don't let it stick if it happens. What I can recall is because it hurt me then, but otherwise I don't let it bother me.

Q: That's your self defense mechanism.

MM: Ya, I don't let it bother me. It doesn't stay to prevent me from doing my work or whatever. I just say, it's their problem. But if you think I wasn't a nurse, I'm not supposed to be a nurse, how can a black person be a nurse – that's different. But when the staff say something I kind of say, oh that's her, it doesn't bother me; she has the problem, not me.

Q: Were there a lot of those experiences?

MM: A few. But I can't recall them, because I don't let it bother me. But what bothers me, I can recall. But the other ones, no. What I know I know. I always try to… if somebody does 100 you have to do 110. So I always try to do 110, because you know there's that undercurrent there.

Q: Is there anything else you'd like to add?

MM: I enjoyed nursing, I loved it. I thank the union for fighting for nurses for their benefit, their wages, their working condition. I think without them, workers or nurses don't have, that's their mouthpiece to get good working conditions and a good work life.

Q: Did you meet other workers of colour that you had solidarity with? You mentioned Beryl.

MM: Beryl, and there's another nurse Sylvanie. There's Jenny and Gloria. Gloria went to the meetings too. Then I met Joyce through the union.

Q: Who's Gloria?

MM: Gloria McFarlane. There's this other, she was on SNA too, Ruth. I think you're interviewing Ruth. And another lady, she was part of SNA. She moved to Ottawa, then I found out she was my cousin. Through my mother.

Q: What's Sylvanie's last name?

MM: I can't remember. She was one of the mentors when I started on the unit. She was the only black person there, and then I became the only black person on the unit. . .. .
I started on that unit in '85, the nephrology unit. But I started working at the U as a practical nurse in '82. And Jenny Walker, she was always active. And Kelly West. Jenny and I worked on the same unit before she went to the dialysis unit. Jenny was casual and then she got on dialysis. Jenny would know Sylvanie, because they worked on the same unit. . . .

Q: What was it like being a telephone operator?

MM: That was in Toronto.

Q: Who was the employer?

MM: It was a small alarm company. I didn't spend too long on that side because they had two sides and they had the big box where people call in and you'd switch the calls in and out. So I worked there maybe two or three years, but I worked on that side for three months. Then they needed somebody on the other side where there was an alarm company, and then I worked on the other side for the alarm company as the operator that checks in people for those big business and jewelry company that had to have a code to go into the building. So I worked on that side for the company. But the telephone operating part, which was the big box thing then, I just did that for three months. The wages then was $2 an hour.

Q: This was in the early 1970s.

MM: Ya.

Q: Were you working fulltime?

MM: Ya. Then I was working nights. I'm a night person, so I prefer working nights than days.

Q: You'd go to school?

MM: Ya.

Q: And taking care of your family?

MM: No, when I was in Toronto I didn't have a family. I worked at night, came home, sleep, and then go to night school. Then from night school I'd go to work.

Q: Can you tell us about working split shifts and the effects on your life?

MM: When you're on days and you know you're going to go on nights, it's like you're off for two days but you're preparing yourself. You go to sleep and then you get up and have supper and whatever, then go off for the night. It's like your body is shaken like that, especially when you come off the nightshift to switch back to days, your body is in turmoil. Sometimes you don't know what day it is. That's how it is.

Q: When do you do your personal chores and that kind of thing?

MM: You do them in between. When you get your days off, you do everything. When you're on a 12-hour shift you cook on the time when you're off so you can take it. I was a single parent then too, so I had to make sure to get up in the morning, get my son to the babysitter, and then

get back home, because by the time I get home it will be late. So I arrange it with the babysitter that he would have supper at their house.

Q: Would you have to drop off food for him?

MM: No, it was part of it, that he would have supper. My son would get up around 6 o'clock, especially when he was young, and he'd have breakfast and then he would tell them, I had breakfast. But I would just give him enough to get him there, and then he would eat breakfast there and they would get him to school. So you're always in a rush to drop off at the babysitter and then get to work for 7 o'clock in the morning.

Q: Did you find that you were able to manage your personal life?

MM: Initially I was living close to Superstore there, those condo townhouses, and my baby sitter was in Millwoods. So I had to get up, take him to the babysitter in Millwoods, and then get back to go to the University, and get back in time to change and get on the unit for 7 o'clock.

Q: What was the traffic like?

MM: The traffic then, Whitemud was good because it wasn't like now. There weren't a lot of people on the road in the morning.

Q: So there wasn't too much hardship on your body.

MM: I didn't like driving in the mornings. I would prefer to go in the evening, because then the roads were better on the evening shift. But in the morning I didn't like that because you're the first one on the road, because it wasn't as busy as it is now. So it would be slipperier. Your digestive system goes out of whack because you can't develop a pattern, because you're eating at different times.

Q: Did the shift changes impact your ability to sleep?

MM: No, I was able to sleep. I could sleep for 10 minutes and dream, so I was adapted. I adapted myself to that. Even after I retired, for one year I kept my clock waking up at the original time because it was like, oh I can go back to sleep.

Q: Did you miss work?

MM: That's why I did casual, because I gradually weaned myself out. Then casual was getting to be, oh I really don't want to go in, I said, I'm not doing this. It was getting to be a pain to go in. So I gradually weaned myself from fulltime to part time to casual, gradual exit.

Q: Is this what nurses normally do, because they can't let go or feel so attached to the hospital?

MM: Some do, but some just quit. But I wanted to wean myself, then I felt good and didn't feel like guilty that I'm leaving. You've been giving all the time, so you have to get yourself off that giving mood and wean yourself off. That hyper thing too, because even after I retired I was always busy. It was like, I got to go, I got to do this. So I was gradually getting myself down. Even now I find myself, oh I got to do this, I got to do this. I say, no I'm retired, it can stay. Sometimes you feel like you need a roller skate or you're in an octopus to stand and do this, because you're so busy.

Q: That's when you were working.

MM: Mhmm. It went from when I started nursing from that to da-da-da-da. Patients became sicker, workload became more heavier, you start getting more patients. Say if you're having four, you start getting five and six.

Q: That you have to personally manage?

MM: Ya, do everything, give medications. With medications, you have five nurses to get in to do it. So you gotta focus, because you're rushing and a patient doesn't have one medication, they'll have six or seven that you gotta pour and mix and hang and monitor.

Q: As charge nurse, you knew how to manage the nurses who were doing that?

MM: As change nurse, you've got to know the patient acuity so you can make the assignment even for everybody. You can't give a nurse that has three patients with the acuity of five, you have to give her acuity of two and then one of five. Five means that they take a lot of time, two is not as much. So you have to know how to give the assignments to the nurses that you have, so everybody's even and nobody's saying, oh you're giving too much. Which does happen sometimes, depends on who's in charge and their friends.

Q: Do dialysis patients need turning, like Covid patients? You haven't talked about what you're seeing during this Kenney period.

MM: Those patients that we're seeing most of the time are in ICU, and where I was working was on the ward. The patients that are sometimes heavy have different complications. They have kidney problems, they have heart problems, they have diabetes. It's not always one, because you have diabetes that's related to heart that relates to kidney. So they have multiple problems. We'll get a patient who's on dialysis but they come in and it's for their heart, because the dialysis affects the heart too and your lungs, because you get too much fluid so they have to get dialysis off and they're getting short of breath and they're swollen or whatever. So then they have to go to dialysis, and there's different types of dialysis. There's the one that you have to go to the unit to get your blood pumped out, and there's one where you get it in your stomach with a bag that you do four or five times a day. Then there's ones where you have a machine that you put it on, and the machine monitors it overnight. You put the big bag on there and it does its thing and you do it overnight. You also train patients to do that. We train the patients to go home and do peritoneal dialysis at home, and also the hemodialysis, which is the blood part. There's different staff that trains those people to have those machines at home to do their hemodialysis at home. But there'll be a patient that comes in, a medical patient, they come in

and they're on dialysis but it's to put in an access to get the dialysis either in their tummy or what we call a graft or a fistula. Then when it's an emergency, they put it sub cranial, a temporary one up here. The doctors used to do the ones up here on the unit, and you have to assist him and get everything ready to do that. So dialysis patients have lots of medical complications.

Q: When you did your training at U of A, how was it different from what nursing students experience today?

MM: When I did the nursing school, it was more hands on. You'd do so many hours in the classroom, say the injection. We'll go practise on an orange and then you do it supervision with your clinical instructor. A clinical instructor would have five to six students that she observes on one unit. You're going to do your procedure and she'll come and do it with you, and after that the nurses on the unit will follow up with you and see that you're doing it right. So they will be your preceptor. The preceptorship was different and it was a lot of classroom stuff compared to now it's a lot of computer stuff that you do on the computer, and you come to the unit. For me I think the nursing school was more hands on in teaching, and then you had the instructor right there to help you. Now you don't have the instructor there, the instructor might have 10 different units, and by the time you call her to do something you're behind in your workload. When you could get the preceptor to do it...When I was preceptoring to this university student and also a student from Grant MacEwan, it was more hands on. They would come in and do six weeks with you, and you preceptor them and make a report on how they were doing, and give it back to their instructor. But the instructor was not as close as when I was there. The instructor was there with you. Say you're on surgical unit for six weeks, the instructor was there with you. You also had the nurse preceptor on the unit, but the instructor would be there for you to have backup and she'd be coming and asking you questions and so forth.

Q: Was the instructor also a nurse?

MM: It would be a nurse who has her degree who's the instructor, who would teach the class and then follow up and come into the practise. For injection, catheterization, or if you have a

patient going to surgery she'd be there. Then you'll make your assignment up and what you intend to do for this patient who's going to surgery and come back, and she'll go over it and ask questions – what is he going to do with this, what do you expect this patient to have, what's your plan? So you have to have a plan for that patient that day. You will only start off with one patient when you're doing preceptorship for the student, and then gradually the student will get two; as she progresses she gets two patients. There will still be a nurse that has those two patients, but then the student can go to the nurse for whatever she wants to help her with.

Q: How did that change?

MM: I think too there's a class section, because those who are doing the degree think they're up here to the regular RN. To me the RN, you have the knowledge and the practical and you can problem solve. To me, the degree nurse has a theory but to put it into practical it's different. We have both combined, because we study it and practise it. They have a lot of paper knowledge to me.

Q: Did they think they were better than the older nurses?

MM: Ya. Especially lately they were thinking, she's an RN, I've got my degree. But you have the basic bedside practical nurse thing, more hands on.

END