

Stella Ajuzieogu

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Interviewer Donna Coombs-Montrose, camera Don Bouzek

SA: I have to start by thanking you and thanking ALHI and UNA for this project. I am originally from Igbo part of Nigeria. As a young girl, when I was around the age of 10 or 11, I know I loved caring for people. I also loved encouraging and teaching. So I decided that I'm going to get into a profession where I can care for people and put a smile on their face, whatever it is that I have to do to get that done. I had that in my mind growing. I loved caring, supporting, teaching. When I finished my secondary school I decided to go into nursing. I had two choices, either to go into nursing or to go into teaching. For some reason I believed that with nursing I could also teach, which is true, which is very true. So I decided to go into the healthcare where I could naturally make an impact. So I started my training as a registered nurse in Nigeria; that was 1996. When I finished my nursing I got my registration. In Nigeria you have to do what they called a condensed program to get to be a registered midwife. So I did that and I got the registration. In Nigeria my license is registered midwife. So I worked in Nigeria for years. I loved what I did. I had this desire to be an international nurse. It was a desire, an inborn desire, that I wanted to expand in my career, wanted to reach out to other places. I went to Australia and did my degree there, and I worked as well. I got my registration and I worked as a registered nurse. Of course, like I said, I had this desire and I wanted to reach out. I wanted to practise nursing in different countries.

Q: Were there any political concerns in Nigeria that interrupted your training?

SA: Honestly, the Biafran war was not really, we're not taught about it in schools. The history is really kept away from us. We only heard it from my parents, and it's not something they wanted to discuss. Whatever happened there was really bad, I believe; so a lot of them did not talk about it. My dad didn't really want to talk about it.

Q: Was he Biafran?

SA: Yes, my father was an Igbo man. It's all sad stories, so many people that lost their loved ones in that war, so many people that are greatly disadvantaged. I learnt that the world behaved like nothing was happening, that our people were cut off from getting aids. So millions of women and children, about three million plus, died due to starvation. I learnt as well that if you are from Biafra it doesn't matter what you had, it doesn't matter whether you are a millionaire at that time or a billionaire; it doesn't really matter. After that war, you're only entitled to 20 pounds. All these things I get to learn at this old age trying to get to know who I am, what really happened. The sad story though is that in Nigeria Biafran people are still marginalized. During my school years my parents had to struggle to train me in my elementary school, in my secondary school, in my nursing school. For my nursing school I have to work and then with the family support I was able to go through my nursing school. In the same country there's what they called quota system; so some states while I was in school some students didn't pay. If they are from that state they don't pay any money to go to school; they get allowances from the government. So it was one of the things that got me really troubled. Then I didn't know much about the history of Biafran war or what happened. Then I started asking, are we not from the same country? Why do I have to labour to go to school, and some other person have to go free? But they said it's how the country was set up. Because that region, which is the northern region, didn't really have a lot of people that were interested in going to school, they had to put something in place to encourage them to go. People from the south part of Nigeria want to study, want to go to school. So that's what I was told; that's why it's that way. So pretty much I would say people from the Biafra side are still struggling in Nigeria. They're still struggling to get into places or things that other people can get with ease. I struggled to understand why that is, because for me even humanity encourages equity, encourages fairness, encourages love for one another. I'm not sure what is happening. I think that the international body really need to look into what is going on in Nigeria, why are people suffering and what can be done to alleviate this suffering and bring a solution to it, whatever that may be.

Q: Do you think that your circumstances caused you more to get your nursing credentials than if you were from the south?

SA: Well I'm from the south; Biafra is in the south of Nigeria. It did. If your parents struggled so much to provide for you about everything, where they got maybe only 20 pounds out of what they had laboured for, then it's clear that you will struggle to get your training. It's clear that you will struggle to be somebody. But we are determined. So all of us had to do whatever we have to do to be somebody in life.

Q: And you went to Australia after that?

SA: I went to Australia. I worked for a few years in Nigeria and then I went to Australia to do my Bachelor of Nursing degree.

Q: And then what happened?

SA: I worked there a little bit and I had to move to New Zealand, because New Zealand is very close to Australia and it's easy for you to get registration if you have studied in Australia or New Zealand. I worked in New Zealand for a few years, a couple of years, and I have to move again.

Q: Why did you have to move again? Because of citizenship?

SA: Not really, but there is that. At this point I am working okay, I have a full time job, but I still had that quest to really fulfill working across the West to know what's happening. I had two choices – either to go to Canada or the U.S. Canada was really fast in processing my application. CARNA was really good. It was really fast in processing my application. So they gave me my temporary work permit. I got a temporary work permit to come to Canada.

Q: And subsequently, you changed status?

SA: Yes. When I came to Canada I was employed directly as a registered nurse, but because I have to do the CRNE exam, I have to do that exam to get the registration. But you have a temporary permit as a grad nurse, which is what I got.

Q: Did you come directly to Edmonton?

SA: That's a very interesting part of this whole thing, is coming to Edmonton. At the time I didn't really know anyone here in Canada. I went through an agency. So I asked them that I want to go to Canada or the U.S... Do you know about their weather? I'm like, no. So the agency person says, you know their weather gets as cold as -40. I'm like, okay. Are there people living there, and are they surviving? They said, yes. I said, okay that's good. If people are living there and surviving, then I should be okay. So at this time I looked up the provinces of Canada. I knew about Toronto; I hear about Toronto lots. I hear about Quebec, and I think there's another city I normally hear about. But other than that, I don't know any other thing about Canada. I went and found the first province, A, Alberta. Wow, that sounds intriguing. I would like to go to that place, the first place that is on top of the list. I think I want to go there. So I googled a little bit on Alberta and there are two cities that have two big teaching hospitals. I like working in a teaching hospital because I believe that's where I get more experience and get more exposure. So I said, okay, Alberta is good, Edmonton. I kind of like the name and where I was in New Zealand was a smaller city but I loved it because I have observed that people that live in bigger cities are really so stressed out. People in smaller cities, where things seem to be closer and people are not overly stressed with transport, a lot of things that happen in the city are more relaxed and more welcoming. That's actually what informed that decision. So I said, okay, Edmonton I believe will be a city that is much welcoming, even though I don't know it, but that's my belief. I'm a Christian. I believe in God, and I believe when God directs your move. So that's how I came to Edmonton.

Q: You said you had a temporary work permit. So then did they give you the status of grad nurse?

SA: When you are coming, what they are giving you is a grad nurse. But then when you pass the exam, you have to take the Canadian Registered Nurses examination; that's for every foreign nurse that comes to Canada. It's for everybody. When you take that exam, they pay you retroactively from the day you started. They pay you the money of an RN; they pay you the difference that covers you.

Q: You came as a New Zealander?

SA: No.

Q: You came as a Nigerian?

SA: Yes.

Q: Was there any racism that accompanied that move?

SA: Well, there's some. But we have this resilience that when you set your mind to achieve something, nothing stops you. There is that piece. When you decide to go explore and go and figure out what's happening elsewhere to improve yourself to get a better living, you are able to adapt and adjust. And if you're able to speak for yourself. I'm somebody who can always speak for myself, and respectfully I will redirect you and I will ask you, what did you mean by what you said, and stuff like that. I think it's a world thing. We cannot shy away from it and we need to look for solutions how can we better love one another, and stop pretending like racism doesn't exist. It exists right across whichever place in the Western world you go to. There is also some discrimination among people of the same colour too.

Q: In Australia and New Zealand did you have some experiences that caused you to leave?

SA: It didn't cause me to move, no. There's no racism that causes me to move to anywhere. But yes there was some of that. When somebody treats you differently because of your skin colour, you will know. When you are singled out among, there's five of you and something happens and you don't even know, but it's you that's being pointed at. It's purely racism. Or the way you are being treated or talked to. There's a lot that is spoken by words; so many are done by actions, intentionally or unintentionally. It's there and we can't shy away from it. It's our reality. It's the truth.

Q: What happened when you came to Edmonton?

SA: I landed and it was a great experience. AHS, I think at that time it was under, I'm sorry, I can't remember--Capital Health, thank you. It's called Capital Health at that time, and they have a very good package for the nurses that they bring over. I remember being picked up at the airport by limousine. It was a very good welcoming time; it was a nice package. They were able to put me in a hotel if you wanted to, and support you for 45 days. So I think it was good. It was a sign for me that actually it is home, like I'm making a journey to a place I can call home. That reception meant a lot. Then I have to go for the course to get my registration, which they also set up. It was a three-day intensive course, and then we took the exam and I made it at first sitting. So I got my registration as a registered nurse in 2008, July. It was really good. People were quite receptive and cordial when I came. People were nice.

Q: Was the exam set up at a central location for all incoming foreigners to take at the same time?

SA: Yes it was set up in a centre. It looks like they do it batch by batch or something. But there were a lot of us, including Canadian, like those nurses that are trained in Alberta. It is the examination that gives you the registration as a registered nurse. Regardless of whether you came in as a foreign nurse or whether you trained here in Canada, in Alberta that's the exam that you have to take that qualifies you as a registered nurse.

Q: Is the qualification Canadian-wide? Can you use it in any other province?

SA: I think the way it works for Canada is every province have their nursing body. They consider it maybe on individual basis to give that registration. I have not tried to register elsewhere, but I do believe that is what happens. I might be wrong, but I think that's what happens.

Q: After you got your certification in 2008, what happened next?

SA: I was employed at the U. I worked fulltime; I've always worked fulltime hours as an RN.

Q: In what department?

SA: Medical Department, medicine unit.

Q: Is that your preference?

SA: Yes, I choose to work in medical surgical units, so it was the medical units that I worked, acute medical units, because that was my background where I'm working. So I came and then I started working. The only thing I found is that there are these small--I call it culture; I call it unit culture. It has nothing to do with your qualification; it has nothing to do with your experience as a registered nurse. In terms of experience, I think I have earned quite a lot of experiences and I'm resourceful. But there is that small cultural where you have some cliques here and there. When I started, it was really good. I don't know anything about Canada. So I don't know how Canadians behave, to be honest. I have to learn it, like wherever I go, I have to learn. So I had to start learning what is it that they do, what is the culture.

Q: What did you find out?

SA: That clique is not really a healthy thing, but it happens. For whatever reason, if there's somebody who doesn't like you among the clique, then the clique will not respect or value you unless you are assertive. You have to really prove who you are, prove that you have what it takes. This is the culture. For me I always had to say, you know what, this is not clinical, because my clinical I have expertise in it; I just need to keep updating my certification as I'm required. But these are just small things that are not even work-related. So there is some racism there.

Q: Did they make you feel unwelcome?

SA: When I started, they welcomed me. When I started, my first two or three months was okay. I wasn't planning to really pay attention that there's anything like that. I feel like the world, life, is very easy. I have this feeling that love does it all. I have this feeling that respect for a human

being does it. I have this feeling that trying to understand the other person also goes a long way, not just what you know, but what about the other person? What you know is not what I know, where you're coming from is not where I'm coming from. So let's meet at the middle. It has always been me – let's meet at the middle so that we can all be happy. It's a very short life that we all have to be in a place where sometimes people want to talk down on you. I always say, it's not about talking down on me, it's about let's get the job done. I know the job; so let's do our work. We can keep personal friendship outside the work, but we can get together for the common good of our clients, our patients, which is why I'm here, to care for people. So let's get those things out of the way and work with with our clients, so at the end of the day we go home happy. So it was good at the initial time, but there were some challenges. Three months, four or five, sometimes when I wake up to come to work I get a little bit tensed up. I think at this time I didn't know much about UNA. Sometimes I wish I knew more and get into UNA earlier, because there's that protection you feel. But overall, I was able to resolve stuff. They were not big deal, just like racial things where you feel, like, as a Black person, you are being singled out or going through what you shouldn't be made to go through. Then you have to speak and say, no this is not right; I don't think this is appropriate. Sometimes when you speak up people see it as if, Canadians say, you have a chip on your shoulder, whatever that means. But there's a difference between assertiveness and whatever that chip on the shoulder means. If you are in a place and you are discussing, I think everybody has a right to air their opinion. It's important to listen, because you're not sure what the person is bringing. The policies of this country, we don't know; it's different people that bring different opinions and at the end of the day it is considered and becomes the policy if it's healthy, if it's going to help people. At the end of the day I got to learn, like I said, that it's all about culture, learning the culture.

Q: What did you conclude about Canadian culture?

SA: I think it's very important, very important that they, when I say white Canadian nurses, get to receive the nurses that are African descent or black nurses, don't judge them just by seeing them. Work with them, allow them to evolve before you start being judgmental. The culture of where we come from, there may be some different. You don't expect somebody to just come and start behaving like you. That would be a very unfair thing to do to anybody. If somebody is

to come to visit my village in Nigeria, I will offer you my food but I have to know that it might be something that you've never seen before. So I need to walk you through and I also need to make provision in case you don't like it, and I have to respect you for that. So I think we need more of that understanding, to understand the hurdles we have crossed to be here. Some people have to go through this exam several times before they get it. A lot of people have families and they don't have that support here. So we need to put everything in context before you start really judging that nurse harshly, that just by their being Black nurses, they don't know anything, because there's that impression.

Q: Were you judged harshly?

SA: Not me. I do know some nurses, I do know some people cry, and I have to sit down to really counsel them and speak to them, that you have to speak for yourself.

Q: These were nurses of colour?

SA: Yes, they're nurses of colour. I have also met some other nurses that are not nurses of colour that went through that too. But it's somehow this culture, I don't know. You have to behave like and pronounce it like me; you have to call it the way we call it in Canada. I have to learn a lot of things that I didn't know. I have to know about flashlight and torchlight; I have to know about washroom and toilet. When it doesn't rhyme with what they want to hear, people start looking at you like you don't know anything. Those cultures cause stress, these things that look small. I don't know if it's because people don't know that they're actually putting stress on their colleagues, or if they know and intentionally do it. I don't know. But what I'm saying is it is some of those things that happen. Most of it is not the job we do. The job we do is a clinical job. You go for training for it. You don't get that license without earning it; let's not make a mistake on that. So for anybody that have that registered nurse to be on the floor or to be working with you, it means they went through the training you went through. For me, I've been through quite a lot of training. I have worked in different countries and I'm registered. So that's what I'm bringing here; that's what a lot of us are bringing here. A lot of us have some clinical expertise. It's just we need to integrate to the expected thing we should do in Canada. We need to certify

according to the standards that are set in place. But like I always say to people, anatomy of the body is anatomy of the body – it never changes. If you know about the eyes, you know about the eyes; it does not change. What changes is some procedures that are set in place that suit a particular place, policies that are guiding your practise. But not the actual core training of nursing. I think there should be that openness. We need more welcoming hands. If you're not sure, if you don't understand where the person is coming from, ask. Clarification. You need to understand, not assumption. When you assume, you don't know what that person has. But overall, I think it's a noble profession. I think I'm happy practising here. I have met great nurses, great white nurses. They are my rock. I've met a lot of them. I would say in my career I've been fortunate.

Q: How long have you worked in Edmonton?

SA: It'll be 12 years in July. I'll be 12 years in Edmonton.

Q: Did you have any experiences of being bumped from your job?

SA: I would say I'm lucky, I didn't get affected by the bumping. I had some seniority at the time when this bumping came.

Q: Was that when you'd just started?

SA: No, I think the bumping happened in the last four or five years.

Q: Just before COVID?

SA: I think so. Yes.

Q: Was this imposed by the government?

SA: What I learnt from those that were bumped, what I learnt is that sometimes they give you choices. For us that are UNA members they go by the seniority. If somebody is bumped, they give you some choices, maybe two or three places, to pick where you want to be. That's what I learnt. One of the biggest thing I think that's happening is that I think they need more nurses.

Q: Why do you think so?

SA: There's a heavy workload and our patients are getting older. The acuity of their conditions changes quite rapidly. While the nurses are delivering their best expertise, actually they are working around the clock with the pandemic and everything, I think they need more nurses. Wherever they get those nurses that are trained, it will be good. For us that are here, I think we need to be appreciated more, especially when we cross the hurdles to be here. We love what we do. We care so much about this home, Edmonton, Alberta. We are passionate about those we look after, because they're our families. You have to be empathetic to really care for people. You have to imagine if that was your family, so you want to give everything you have to help somebody. I think we bring a lot. I do know that the Alberta public know too that the nurses are doing good. But I think the Black nurses are underappreciated.

Q: Why do you think that?

SA: Sometimes it's hard to get to certain positions.

Q: Even if you're qualified?

SA: Well if you're qualified and apply, you go for the interview. But I do know some people who didn't get what they're supposed to get. I know that after an interview you have a right to ask to know what happened, where you need to improve or why you didn't get it. But I think there should be more reception, more open embrace for these people who have come to be part of the care system. We have a lot; we have families that we support. We do have to adjust a lot to fit in, and that's a whole lot. That's like your life you are changing to fit in to do what works, to be accepted. Why should we be working so hard to be accepted? Why? I've met many people

that have not travelled outside Alberta; they're scared of travelling somewhere. But we embrace it. We embrace it because we want to help, want to be part of that healthcare system, want to make an impact, aside from looking for a better future. You have to be passionate to do this job. People like me that choose to do it from a young child: it's beyond anything about money. I'm pretty sure I know many nurses of black colour or of African descent that did that too. If I'm able to care for your relative, why am I not good to be accepted the way I am? So I leave that question out there.

Q: Why do you wish you'd become involved with UNA earlier?

SA: I think it's good to have a union, a strong union too. A lot of things are written in the contract. When you don't know the contracts, some things can happen. You go, yes, because you don't know. I do know that some of my colleagues at that time were telling me about UNA. I didn't know what it was all about. I took a while before I joined. In that timeframe I remember there was an issue I had one of those days. It was to be a nightshift and I had an emergency. I was supposed to have a personal leave, which was granted. What happened was that my shift was changed because it says that I will not be at work the next day and the next day. So my shift was changed. I didn't want that shift to be changed. I have to go over and beyond to look for another way to manage that crisis. When I look back, I feel bad that I didn't know that I had the rights. I had the right to say, if you're going to change my shift, I'm supposed to get a notice; at least I think it's two weeks notice for a shift change. So I didn't know. It haunted me and made me feel bad all through. I didn't know how to talk about it. I felt that I was neglected. But because I didn't know that UNA has all those guarded, I had to go through that. I was not supposed to go through it. I was supposed to say, at that time, if you change my shift it's going to be overtime, which would not have gone anywhere; they would have left me and my shift alone, because nobody wants to pay double shift for that reason, for the quick switch of that rotation that is not important. So it was an issue of my shift changing and they wanted to change it very rapidly. I didn't want that to be done, but it has to be done because I don't know my rights.

Q: Were you still at U of A at this point?

SA: I'm in the community now.

Q: When did it happen?

SA: It was my first four years at the U, or my first two years I would say.

Q: When did you shift to the community?

SA: I went to community 2019. But the U was a great place. I'll still go there if I have to apply for a job to go there. There are great nurses. Albertans are blessed. There are great nurses with passion and empathy to do this work. I worked at the U for years.

Q: What made you change?

SA: And I worked at different units. By the way, my unit really supported me. Like I said, when we sorted out that cultural thing, I call it, we're okay. I didn't have any issue. They were very good and supportive with everything I did. I was really supported when I was pregnant with my son. I think everything worked out really well. But I think things happen on your way of learning, trying to adjust, trying to learn certain things. A lot of things happen and at the end of the day add together to build you, to give you a more better understanding of where you are and how things work. So I worked there. I also worked on the surgical floor. I did floats, which is awesome. You get to work with different people and take different assignments. So I worked as a float from the floor on the surgical wards. I need to experience different aspects. Then I worked in a unit that is almost like a step down from Emerg. It's a rapid unit where people come in and go. Then I worked in Emergency too. I've had quite enough experience in the acute section. I want to find out where we send our people when we send them home. My being in the community was at the right time. I wanted to know where I sent my clients when I discharged them. They are going to home; they are going to community. So I was really curious. I want to find out what is going on, where are they going, what kind of help they're getting. So I

was so excited and motivated for this community, and I'm so happy that I have the privilege to be working in the community.

Q: What does your job entail now?

SA: I work on a site called a supportive living site. I work as the in-between person for AHS, like I work as a case manager. I'm the eyes of AHS there, simply put, the liaison person. Then we have managers that we report to.

Q: Was this a promotion?

SA: It's not really a promotion. It's still the same RN but it's a different caseload. It's different from being on the floor. It's not a grid up. The RN on the acute care is the same thing we get paid, but it's a different caseload, different kind of nursing care you're delivering. It's more of management but not management as in being the manager. It's the coordinator between the site that AHS contracted and then you are the person in between. You report to your manager, you find out what is happening on the site, you plan the care for them, and stuff like that.

Q: It sounds like a lot of responsibility.

SA: It is, but I like it so much.

Q: When you talk about caseload, are these patients?

SA: Our clients, patients, yes. They are people living in their homes but they are home supported by Alberta Health Services. People that cannot live in their own home and manage safely, they have to live in this supportive environment where you have 24-hour staff that look after them and provide their care needs and their medical care needs. I oversee the kind of care they need. I assess them and make a care plan with them and their families. Then the staff that work with the site would provide the direct care.

Q: These are seniors' homes?

SA: Yes. But there are different senior homes. It is owned by the government but they call it contracted service provider.

Q: Your caseload is stationary, is constant?

SA: Yes. The AHS do have different levels of senior care placement. They have the ones that people can be where they can basically meet their needs with minimal support, and you have those that are in long-term care. There's specification and division the way AHS divided it.

Q: You've been there two years now?

SA: Yes, I've been there two years now; this month will make it three years.

Q: How did COVID impact your work?

SA: I think the question about COVID is a big one, because it affected everybody. My personal experience was that it felt so surreal having to drive from home to work. As I'm talking about it, it's so emotional, because it was big. Driving from my house to work, I barely saw up to ten vehicles. It got so clear to me how important the job we do, how critical we're needed to be there. As I was driving I was asking, what is happening in the world? I've never seen anything like that before. I've never had to drive from my home to work, which is about 25 to 30 minutes, just being able to handpick the vehicle I saw. So it was that bad because there's that anxiety. Everybody's inside their house; you are the only one going; there's very few of you going to work. But there were protocols to keep us safe. We are still studying it. Nobody knew what it is. It has a name, but it's still being studied. So there's that anxiety; there's that fear. But we are like the soldiers. So we have to go to work anyway. We have to go and care that we must provide care for. So it was a scary situation. I think AHS in general we supported one another. There is that support in supportive living, that we're having a meeting every week to see where we are to provide that support comfort. So it was really nice to get those supports, to check in how the

staff are doing, how we're managing, and knowing that you're not alone. That was the biggest one, knowing that you're not alone, that everybody is feeling that, and there's no right or wrong the way you feel about the whole COVID hitdown. It was a global thing; so we have to do what we have to do. We have to do our job. We have to protect ourselves with what we have available, and hope that we make it through. I think we're making it through.

Q: Did you participate in any UNA events?

SA: I'm somebody that has always loved to get involved. I like to be involved in things around me, because that's how you get to learn. That's how you learn how you can give more, too. That's how you learn to network and learn a little bit about the things that you don't know. So I like to attend UNA events, which I started from when I was in acute care. They do organize wellness education sessions. UNA always organize stuff; they organize educational sessions. There's a lot on the website. If I click on my UNA and go to events, there's a whole lot of events that are supporting UNA members. The only question is, are the members taking the advantage? There's a whole lot about wellness, about support during COVID.

Q: When your work moved to the community, did you change locals?

SA: Yes. My local at the U is 301. It's a big local. I was involved. I do go to meetings; I do ask questions. I never get to run for any post, because I have a young child; so there's a lot of commitment I cannot get into. I can't say they don't have those opportunities, in fairness. I think it's how many of us are committing. I would use this opportunity to call on nurses of African descent. It would be nice for them to be involved. It would be nice for us to contribute. I know many of them are registered, but a lot of time they don't come to events. I think it's only when we participate that we can have our voices heard on the things that affect us directly. Nobody can talk about your problem unless you talk about your problem, unless you say what is bothering you. What is bothering you might be different from what is bothering the other person, and when they go to focus, it will be about what is bothering them. I will say that the nurses of African descent need to rise and be really active in UNA things, UNA events. It's good to be part of this union. Then we can bring up the things that are pertinent to nurses of African

descent. No one else can talk about that except us. If you are trained here, you grew up here, all you know is here. In all fairness, they will not really understand where you're coming from, what you're talking about. They might be minute, but they are your problems. They won't, because they don't know. So I do need to plead that nurses of colour, nurses of African descent, should actively participate. One thing is to be registered and one thing is to be involved in the affairs. It's a very strong union.

Q: What is your new local?

SA: My new local is 196, Local 196.

Q: Is it a strong local?

SA: It is. I attend meetings and we have some events. There's some educational events, which are good. I have one that I have to be attending soon. I look out for those things. Sometimes it depends on being able to get time off too to attend them. But like I said, it's also knowing some privilege you have as being a UNA member and utilizing them effectively.

Q: Has the job affected your family in any negative way?

SA: I have a full family support in the job I do, in the work I do. My job is not just being a registered nurse. It's something that I'm passionate about. When you do something that you're passionate about, regardless of what the system is, regardless of the hurdles, you keep moving. It is beyond you. It is something that is inherent in you – you want to give. So my family are fully in support of what I do in my job or when I have to go. But sometimes it's hard when you have young children or a young child and you don't have other family members here to support you. I think that's where the government probably need to look into. During COVID we needed to go to work, and when you have a little child that cannot go to daycare and you don't have any other person and you have to go, what do you choose? What decision will you make? A lot of us that came from Africa or other places that don't have family members here, I don't have any auntie; I don't have my village. I don't have any other support system here. What are we doing

to really accommodate the people that don't have that family support here? What policies can we put in place to help support these people, other than just take your child to the daycare? Well the daycare is not open, and I have to go to work. So what do I have to do? Those are the big challenges that we have. I think those things need to be put into consideration, that we're going through those challenges and they are big. We also have some of this challenge like when you are bereaved. I do know there are some days you are given to take care of it. But I've lost quite a few people. Excuse me. I know one of them happened during COVID. I couldn't travel, but I did get bereavement leave that is being given. It still feels like yesterday in a way to me. My sister, I lost my younger sister. May her soul rest in peace. So it's good that we have bereavement leave, but it's not enough to cover somebody if you have to travel to Africa. You spend two days on the flight and you spend two days coming back, and you have say one week. So I think they look at what's purely on Canadian nurses or people that are from here. I think there's a need to pay attention to these cultural differences. We need to be part of, sorry. If you want to go bury your mom or bury your sister, you have only one week. Do we use one week to go home and be part of the cultural way to mourn with our family, to bury that person, and come back?

Q: Do you need a minute?

SA: I do. . . . I'm just saying it's good that the government realizes that people need bereavement leave, but I think more need to be done. If somebody has lost a relative back in Africa or back in Jamaica and they want to be part of that, it's closure. When you are there, if you want to travel, if you can get time off to travel, and if you have only one week and you have to use your vacation to go and mourn somebody, I think we need to look at that. I'm talking about it because I'm affected. But I didn't travel because of COVID. But if I was to travel I will not have enough stipulated time to cover my trip, to be part of the planning, the burial, and mourning with my people before coming back to work. So I think it's an area that needs to be looked at, to give nurses or other workers to have those times to be able to travel outside Canada to mourn their loved ones and be part of the cultural farewell. Wow, that was a big one.

Q: Are you happy with your career in Alberta? Have you met a lot of nurses of colour?

SA: I have; yes. Yes, I'm happy with my career in Alberta. I want to show gratitude that I'm able to be part of the healthcare team here. I love what I do and I enjoy what I do. I have met and I know a lot of nurses of colour. They have different challenges. Some of them are the ones I pointed out. The challenges we face, some of them are not really like something that you can see. It could be like you going to work with your food. Now let me go to food. It might seem like it's minor, but these things go a long way to impact people. Food is cultural. A lot of cultures have food that is part of who they are. I always say that every part of this world God blesses us with what we need to feed on to survive. What grows in Canada is not what grows in my village, in my country, and in Nigeria; well, Canada is my country. But that's not what grows there. U.S. have different plants and fruits that grows. So we have to respect when people bring their own dish to work. There's this language that people will say sometimes – the food is smelling. I have not had to go through that because I can stand and say no, that's my food. But I've had people report experience, even outside the nursing career, people that work in different offices. They open their food and people say it's smelling. Or when you have to open a food that has fish, you have to say I'm sorry, I have fish. My question is, why are we not accepting people for who they are? This is a multicultural society. I love here, because the first year I came here I had the privilege to go to Heritage Festival. It was mind-blowing. I felt at home. I was so happy that I chose Edmonton, because there's different countries represented with what they do with their food and stuff. Everybody's tasting this food. So when people come to work, some people are scared of opening their food because another person will say, oh, it smells. What about you ask that person, what kind of food is that? How do you make that food? Show interest like you want to learn what they have, as opposed to making them feel down or feel like they're doing something bad or that they're not supposed to bring such foods to work or something like that. I think it's one of those racial biases. Whether people do it intentionally or unintentionally, knowingly or unknowingly, in general I think people need to know that is affecting people. It's causing a whole lot of mental distress on people when they go home. They're not able to say it, but it causes that mental distress – why is it that I cannot open my food at school? Why is it I cannot open my food at work? Why are they saying it smells? If somebody cooks food with Indian spice it will smell in the house. If somebody cooks my food with a fish called Okporoko, it smells. That aroma is what makes it special for me and that's the reason I bought that particular

fish. Now when I come to eat it and you are making me feel like, what is this you're eating, not as a way to know but a way to bring the person down, like what you're eating is not good. I think it's tiny things like that look tiny but they have a massive emotional and mental distress on those that suffer it.

Q: It's an experience that lots of immigrants have had from different cultures.

SA: Yeah, so there's a need to educate people to accept people. I know there's a whole lot of this inclusion and diversity that is all out there, but it can be written. It can be talked more on the news, it can be talked more on the media, because that's how you get to everybody. All these small things that impact people hugely need to be talked about.

Q: We can make Heritage Days every day.

SA: Exactly. Tell people, if you can go to Heritage Days and taste the food, why are you condemning people's food when you see it? Why do you see me when I have my dress and you say it's a costume? Those are racial stuff; we should stop doing it. It's hurting those people that that is their identity. We cannot be stripped of our identity the second time when those things are done. It's good to keep saying there is diversity, there is inclusion, there is this. But these things still exist. We need a lot of things to be in the policy too, because if it doesn't get to the policy it can be talked about for the rest of our life and nothing happens, no changes. Yes, there are people who don't know that what they are doing is affecting you. There's a whole lot that do it intentionally. We go through it. When we talk about racism, it's me that will tell you what I feel that is racist behavior. It might be when I have my hair you're asking me, is that your real hair? Who sees somebody and says, is that your real hair? That's a racial bias. We should stop all those things. People ask you that at work. Why? What's your concern with my hair? What's your concern with the way my son shaves his hair? All these things are the things that are really creating a lot of stress on people of African descent. Then we talk about the things that can be changed in the policies. We cannot be saying we want to change this and change this and change that if there are no laws backing it, that if you do this and that this person has the right. One is having them as a policy and another thing is having those who are able to follow it

through or if somebody violates a law, somebody who is not being biased as well. So there are those ones too.

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

SA: I think people need to show more love. In the nursing career, in every career, in walking around and meeting people, show more love. You don't know what they've gone through. Stop judging people. You have no clue what they have been through in life. Encourage them to be their best version. Be a supportive person to the people around you, black or white, it doesn't matter. But we are more disadvantaged, that I can say. We are called immigrants, but I came here as an expatriate. I am a registered nurse. I trained, qualified, worked in other countries. So we need to also pay attention. I don't know if the government is looking into that. When you say everybody that comes here is an immigrant, everybody in the world is an immigrant. That's the truth. We need to distinguish, because that makes it. . . I have worked in a shift that was so busy and somebody was asking me, did you come here as a refugee? Not everyone has come here as a refugee. We came here because we bring something to the table. We contribute massively to the economy of Edmonton, Alberta, and Canada as a whole. As a registered nurse, I have paid enormous tax that takes care of other people, and I'm happy to be part to be able to do a job that other people benefit from my tax benefit. There is that need to actually represent us accurately, what we go through, what we bring to the table. Our economic contributions to this country cannot be undermined. The relevance needs to be brought up and people need to know it. I was asked if I came here as a refugee. I said, I actually came here as a professional. I have to tell the person professionally. I said, no actually. The question came in two parts. Did you come here as a refugee? I said, no. Did you come through marriage? Did you marry a white guy? That's an insult. No. By the way, I'm a registered nurse midwife in my country of origin and I studied in this place and this place. So no, I came here as a professional. I don't know if people are naïve or people don't know, or if people know and they want to classify everybody that way so that we are there. A lot of us were professionals before we came here. In my community, if you see ten people from my community, those ten families are all professionals from the country of origin. They are doctors, they are registered nurses, they are social workers from the country of origin. These are people who have gone through years of studies – four years, five

years, six years; some have doctorate degrees. They come here and you're asking me if I'm a refugee. I respect the support to help refugee family. I'm a huge supporter of humanity. I thank the province and Canada for always being there to help. But it is very derogatory to tend to classify everybody like that. When everybody is constantly being classified as an immigrant, immigrant workers, then it takes away that professionalism. The first person you are telling, that person will first of all look at the immigrant first. They will look at the immigrant before they go to their skill, before they start asking, what skill do you have? How about we put the skill first? Then that actually represents the person: what they are bringing to the table, as opposed to they're coming to beg or they're coming to look for help. I think there's a lot that needs to be done for humanity, but I think human beings need to show love, show care, accommodate the other person. Will I say tolerance? Why do we have to tolerate? If you love, you respect the person for who they are. You give them the respect they deserve, the dignity of a human being, a human soul. If we all have that, then I think we'll have a better world and not this fight everywhere and destruction everywhere. I am really happy here. This is home, and I'm happy. I'm happy that I'm part of those contributing to the growth of this province and this country. I'm happy to be a UNA member. They're doing a great job. But we need to get involved and we need to hear our own stories. This is my word, my story.

Q: In the decade when you were working at U of A, was there a change in the intensity of the workload?

SA: I think in acute care when I came here, if I compare that time to now, there were more nurses. There is a huge shortage of nurses. I'm not sure what is happening. The people are being burnt out. I did notice that sometimes when you are working short. . .

Q: What does that mean?

SA: The shift is short of the right staffing. What that means is that you have to kind of do a two-staff task. Regardless of what the system is, regardless of the shortage, you must deliver the right care to the client at the right time. So what happens is some nurses get burnt out and they take stress leave or they get hurt at work because there is not enough staff. I have observed

myself when I was there that things started going down. When I came, there were more nurses. I don't know if it's because there was a massive recruitment of nurses at that time that a lot of foreign-trained nurses were recruited here. But as the time goes on, it wasn't the way it was before. The load kept increasing; the workload has greatly increased. I don't know if it's something the government is doing something about, but I believe that the workload has increased. But the nurses are still delivering their optimum care to the clients. So the care you give to the clients is not compromised. You have to give the care: you need to give. A simple example would be like you have five people or you have ten people, there should be two of you or three of you. Then one person is not there. If that happens regularly, then it means that there will be a burnout of the nurses or it will take a little bit longer for somebody to receive what they need. I don't know, I think it's out there. I do hope that the government is paying attention to it. But all I know is that they need more help. Whatever have to be done to get more help there is needed.

Q: Your caseload is greater than it was then?

SA: I think the caseload where I work is where they have kept it before I came there. But I'm talking about the floor, the people on the floor.

[END]