

United Nurses of Alberta

Risi Shokoya

RS: My name is Risi Shokoya. I work at Rocky View General Hospital on general medicine and palliative. I work part time there although I work almost full-time hours.

Q: How many hours are you technically working, and how many hours do you really work?

RS: I'm supposed to work two or three shifts a week, and I work four or five and at times six a week.

Q: Do you get off work and then the phone rings?

RS: Oh yeah, for sure. It's always like that. When you're off they ring, to the extent that my husband says, are you the only one at your workplace? It's getting so annoying. Last weekend I was off. They called me on Saturday morning at 10 minutes to 6, asking me to come to work. I said, would that be overtime? Because it's 10 minutes--6 a.m., expecting me to come to work at 7. The charge nurse said no, it's not overtime. I said, okay fine; I'm not coming in. So then they called me at 9:30 again. So I went in for overtime.

Q: That's good you stood up for your rights.

RS: Yeah, you just have to do that. This is all new to me and I'm learning. Each time I learn a new thing, I use it. It's good to be informed, because then you know your rights and you can fight for what are your rights.

Q: Have you just recently graduated?

RS: Yeah, I graduated from Athabasca University at Mount. Royal. I graduated with a Bachelor of Nursing in April 2007.

Q: With the bachelor of nursing, do you get much training in the hospital?

RS: Oh yeah, with the program they have at Mount Royal it's a very good one, a very very good one. They tend to have more practical. . . .

So I've had a lot of good feedback from nurses, when we go for practicum in the hospitals, who say that Mount Royal students tend to do a lot better in nursing care.

Q: Did you do some of your practicum at Rocky Mountain?

RS: I did most of my practicum at Foothills and PLC. But for my last course I requested I be sent to Rocky View, because I've never been to Rocky View. So I was sent there. I love it, and I stayed there.

Q: Do the older nurses help you?

RS: Yes they do, most of them do help. That is one good thing on my unit. I love working on that unit because when I need help people come. They are not reluctant to

help you. They know you're a new grad nurse; you need help. That encourages me to seek for help if I don't know anything; rather than to be shy and make a mistake, I go and ask.

Q: What motivated you to come to this convention?

RS: It's an older nurse, her name is Sharleesh. Unfortunately she's not here today because she lost her aunt on the weekend. She was the one that took me to this. She said, Risi, the staff that are involved with UNA are older nurses. We're going to be retiring soon; we need new graduates to be involved. Then she convinced me. I said, okay, I'll give it a try. And I really want to know, being a minority, I want to know my rights. . . .

She talked me into coming here because she realized most of the people who are involved with UNA are older nurses, and they're going to be retiring soon. She wanted new graduates to be involved. She thinks if you're not involved now, how are we going to fight for our rights? If we're not informed, how are we going to know our rights? So I thought she was right in those things. Also, on my own part, I think that I'm a minority, how can I fight for myself? So I have to know what my rights are. So I said, okay I'm gonna come, gonna see what it's like. I'm glad I came here today. I've been reading so many things, like benefits, occupational health and safety, so many of that stuff, which is really good.

Q: It's good that the union acknowledges that a growing number of its members are going to be coming from different countries.

RS: Oh yeah. I remember when I started school five years ago. I was the only Black in the class. Now, before I graduated we were like three or four, and that made me happy. Then, on our way to Edmonton yesterday I was the same, the only one in the bus. I'm like, okay, I think we need more minority people. Then I came and met people, colored people, I can't remember but it has to do with Aboriginal something, for colored people. So I'm like, this is great, because I can see lots of minority people now are coming into nursing, and diversity is increasing. It's very good, because then you have a sense of belonging and acceptance. And I remember when I did my practicum at Foothills, there was a nurse that approached me and said, you know, I've never worked with a Black person before I came to Calgary. I thought, oh my goodness, what is that. I thought, okay I'm going to go to Rocky View for my full course, someplace different. I went there and oh my goodness, the people are so receptive. Very nice people work at Rocky View. So I decided to stay there, because that's where I feel comfortable and accepted.

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It's very important. Different views of life, different perspective. It's very important. Now we have patients from different kinds of places. We have Indian and then maybe when I have Indian I realize there's something in common from where I came from and with my Indian patients. You see respect for elderly people, the way we treat people. So they kind of tend to be like, oh I want Risi., Is Risi coming back tomorrow? I had another patient from Croatia, and it's the same thing. When she saw me, because we change assignments every day, she's like, Risi are you going to be my nurse today? For me, nursing is not about nursing care; it's about caring for people; it's about listening. I like people to listen

to me and I do the same thing for people. I listen to them. I take time with my patients and listen to them, because that is how I'm going to identify what their needs are. Other than to focus on nursing care, okay treat the diagnosis, something like that. It's entirely different for me. That's why I like my unit, because it's general medicine and 30% palliative. I love working with palliative patients and I love working with families. I think I've made a difference in their lives. I've received thank you cards several times. People have written a lot of nice things. I think it's because I brought some of my own beliefs from my country, the way we treat people and families. I have it in me, and that is the way I treat them. I respect them, I listen to them, and I believe patients are always right. The patient is the one feeling whatever they are going through. Despite the diagnoses, there might still be some things that are not yet identified, and patients are complaining of. So they need to be listened to, and I do that. I always put myself in my patient's shoes, and also the family's shoes. Like, if the family are deciding, some people complain – I'm like, "wouldn't you, if you had a loved one, wouldn't you want to know what is wrong with your loved one?" That is not a wrong thing. Let's take time and explain to them. I think it's their right. And I go to that extra length to do that for them.

I lost my dad too this summer. I came back and had this patient with exactly the same diagnosis with my dad, except that he was older than my dad. My dad died at the age of 73, and this patient was like 89. The families, the children, they just couldn't comprehend that their dad was dying at that moment. I know some people say, oh he's old enough to die. I said, even if your dad is 120 years old, it's still your loved one. The thought that you're not going to see him again, it hurts. I've been through it and I know what it is like.

I think I actually helped that family, because I knew what the daughter was going through. I called her aside. I talked to her, I said it's okay; it's okay. She's like, I don't think I'm accepting this. I said, it's normal, it's okay; you don't have to accept it. But it is a normal process. I went through it too. I knew that my dad was dying, and when he passed away it's really hard. Even though I'm a registered nurse, I just . . .

RS: At times, even when you don't want to work, when they call you, you feel obliged to go in. You feel like the people are going to suffer, the patients. And also the staff too, because they have more workload and patients are not being cared for properly. It's just so difficult. So at times my husband says, can't you say no? I just say, oh my poor patients, they need someone. I need to go maybe just for four hours, but let me just go help out. You just feel obligated to do something. Maybe because I'm still a new grad-- I read something about statistics for new graduates. They say after ? they tend to quit, because they overwork themselves. I don't want to be there, but for now I'm still okay.

. . .

I have a friend. She's been nursing for two years now, and now she's thinking of doing something different. She's just tired, because she's been working 16 hours a day. She's just tired of the whole thing. She's like, I think I'm going to change my career again. That is very hard. I don't want to be there. As much as I care for my patients, I need to look after myself first to be able to care for them. On my days off I would really appreciate it if they don't call me. When they call me, I just feel obligated. If they call me for eight

hours, can I just come for four hours? Just four hours. Then you go there and it's not actually four hours ...

Q: Are there structural issues at your hospital that cause unsafe work situations?

RS: Oh yeah, that's a big problem, nurse shortages. But I don't know how they're going to resolve that. I have no answer for that because we are now having a bigger patient load. We used to have 32 beds on my unit, and then we have two beds for overflow. Now it is three; they're going to increase it to four. And yet they are not increasing the number of staff. That is a big problem. What kind of care we going to be providing for these patients? That is the big question.

RS: Apart from that, for me, when I finish work, I go home. I'm driving home, I'm thinking, did I sign for this? It never ends at work; you take it home. When I leave work I tell the people, please, if I didn't sign for any medication or if I left anything undone, could you please call me? Because I'll be glad to come in and do it. It can be really crazy. Because it's so busy, you are going home, you are thinking about what you've done; you get home and you're still thinking. Oh god, that is really stressful. That's a big challenge;, that is a problem I'm facing. At the end of my shift, even though my shift starts from 7:15, I'm there at 7 and I'm supposed to finish it at 3:30. I'm still there at 4 just to make sure I've done everything right before I leave. And then you still leave and keep thinking. You're not actually leaving everything behind.

Q: How do you see acting in the union to help change things?

RS: I would love to do it, because I'm really having fun here. And it's not only having fun. It's also knowing that people actually come to express what they are going through. People feel free to talk. I love that aspect. I really love it. Then I see the union as advocates for us. They advocate for us; it's like a support system for us. I feel that if I can help my other new graduate nurses, that that would be a good thing. Most of them, somebody I was talking to on the weekend, I think they called her to change her shift. She was supposed to do night and then they asked her to come for days. I told her, you know I think it's overtime; you request for overtime. I see them. We ask each other, what do you know? I don't know this; we don't know our rights. I don't even know that's my x day; if they call me on my x day it's overtime. And I've worked for them several times on my x day. They paid us regular pay. Oh god, so if you don't know, they aren't going to tell you. You really have to be able to know for you to fight for your rights. That's why I would like to be involved with union.

Q: And you're making connections with other nurses.

RS: Oh yeah, we are just like a support system for each other. I'm so happy on my unit. We have about five people from my class. So you can imagine we're kind of a support system for each other.

Q: Do you think public healthcare is important, and that the union is protecting it?

RS: Yeah, I think so. I think public healthcare is very important. They are protecting it. I feel that way. But I'm still getting to know what they do. So I don't know in details.

Q: From your own experience, is it important to have public healthcare?

RS: Oh yeah, for sure. I think it's fair for everybody to know that they can receive healthcare any time, compared to the system they have in US that is based on money. If you don't have money you don't get into the healthcare system. Here we tend to spend money on-- maybe I shouldn't go there.

Q: Anything else you'd like to talk about?

RS: I think the basic thing I just want to say is for the UNA and CARNA to come up with something or program that will assist new graduate nurses to be more comfortable, to help them so they feel they're not alone and whatever they're going through is normal process. Some of my colleagues, when we started, they felt like they're lost; they don't know what they're doing. They look at other nurses, they react so quickly, and it takes us time to react. But because we are like five on the same unit, we kind of support each other; we talk about it. Oh this is what I know. Maybe this is what you should do. But for others that are just alone on their unit, it's very challenging for them. Some of the other nurses don't have patience at all to explain. It depends on the unit where you work. A support system for new graduates is very essential. For them to stay as nurses, it's very important.

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