**Interview Transcript**

**Participant 9**

Participant: Um so my name is *Participant*. I graduated from University of Delaware with my first bachelor's in science in Behavioral Health Sciences, with an undergrad in Health Physical Activities & Disability Study. I did that, like a regular four-year program. And then I went back to school for accelerated nursing, so I got my accelerated bs degree in like 2018 I think. Worked on the floor as a new nurse in a hospital in Virginia for 10 months. Hated it. And started working in the emergency room, like a level one trauma emergency room in Virginia. Loved it, and have just been going around doing that. And recently started travel nursing. It’s my third contract and I am now in school again for my masters in nursing.

Interviewer: Got it, and can you tell me again where you're located?

Participant: I'm in Maryland. I'm in Pikesville(?) in Maryland right now.

Interviewer: Got it. Cool. Um so tell me a little bit more about what you do right now, like the role that you have and what, I guess, the hospital setting is like.

Participant: So right now I work… I'm contracted out to a hospital in Delaware and I work as an emergency room nurse. So where I’m at right now is not a level one trauma hospital. It's just… It’s a two. So we get, you know, like obviously, we get some trauma. Just like a basic emergency room nursing role, you know: taking care of patients, time management, medication management, and then obviously like the critical…we get like the critical patients so like ICU patients, we get like regular method patients, we get like urgent care patients, which are like, you know, the people that are just like an in-and-out type of thing. We get pediatric patients at the hospital I'm at now, and we get psychiatric patients so psychiatric emergencies. And that's it. That's about the population that we get. We get all ages up until geriatrics. You see everything.

Interviewer: Racially what is the population like, and also what are the demographics of like your coworkers?

Participant: Um so where I'm at right now, I would say my patients are…. you know, they're actually it's a good blend. It's this hospital I signed on. I resigned with this hospital because I specifically… the patient population is very blended and even my co-workers actually really a nice blend of races and sex and ages, which I like. When I worked on the floor and in certainly ER, most of the nurses were either like... They were like all white or they like all black, and I was the only Asian one. Or they were like, you know, I'm only 28, so they were all either really like a lot older, which is fine, but we just sometimes you just don't vibe with certain people working in a high-stress situation. Um so like right now, I would say my patients are a nice blend. I see a decent amount of every race and a decent amount of every age actually. My co-workers are… we do have a lot of experienced older nurses, but they are majority about my age. Give or take, maybe five, six, seven years. They’re around my age um. They’re everybody. We got like some white girls, black girls, Asian girls. Feel like everybody is there and I really enjoy it because it's easier when everyone's not competing. I guess that's the word.

Interviewer: Sure. Do you ever feel like your race matters or impacts how you're viewed at work?

Participant: Yeah yeah. I would say that, like for my patients and stuff like that, like obviously the way people view you, especially with the pandemic and stuff. I've gone a lot of racial stuff about like, you know like, “oh, go back to where you're from,” because, you know, “you brought the virus over,” and I'm like well that's funny because I was actually born in the States, live in the States my whole life. And that's completely inappropriate but, you know, I digress it's fine whatever it's just say what you want to say. Um, so the pandemic has definitely made it harder I would say. I don't…for co-worker wise, I mean, I know that, like, if anything, maybe they think because I'm Asian, I can keep up and I don't really talk or complain about it. I don't complain about my assignments like I will get absolutely shit on and on and not saying anything. Or when I do say something, I guess, it's thought to be like I'm picking a fight with somebody, or like you're speaking against somebody, or like out of turn or something or like I feel like it's viewed. I can't speak out without repercussions versus other people who can gladly say whatever they want to say, and nothing will happen to them. So that's like probably the only thing I would say.

Interviewer: Are those other people not Asian?

Participant: No, it depends on the hospital. I was at a hospital, where… It was a predominantly… it was like a big city hospital near Washington DC, not in but just near, like on the outside. And a lot of my…all the management was pretty much African American. All the charge nurses are all African American, and a little older than me, probably like 40. And they did not take criticism well. Like I'm like do flag “this is not safe” like “we’re not… I'm not doing this”, “I'm not putting my license at risk; I'm not doing this”. And they would just be like “I don't understand what the problem is” and then like they would argue with me back. So then I would take it up to management who's like, you know, also African American. And she just like blow me. She just disregarded everything I'd say. I'm just kind of like… I feel like if other people do it, like all the other, you know. African American nurses, or even some of the older white nurses, they'll just like “okay yeah”. They'll be so nice about it, you know, whereas I feel like with me, they were just like it was weird for them to hear that from me.

Interviewer: Sure, and you feel like age also played a role in that?

Participant: Yeah, yeah definitely. I feel like the age of… it's like the age and the personality. You have to be able to mesh with your coworkers really well and it's hard to find because you have to be able to get yelled at and not take it personally, because it's like they're just stressed out, you know. Like if someone's dying and they're like “go, go, just get this”. It's not trying to be rude. They're just like…If you just do it, you know, and just everybody just not takes it too personally, it's okay. But some people, if you say something, they take it too personally or say something in a certain way, and then, you know, it just causes for a lot of errors because you're not communicating effectively, in my opinion.

Interviewer: Sure, what are some of the repercussions that you mentioned in terms of when you were speaking out of turn or if people perceive that you were speaking out of turn?

Participant: Um I got shitty assignments. Not saying that patients are shitty but some assignments are harder than others, obviously, you know. I remember once I got in a fight with a charge nurse before, and that's the only time I've ever spoken out against the charge nurse. I've never done it before because I've never felt the need. Usually, they listen if I say something they're like “okay”. They'll take it into consideration, but this one charge nurse would not listen to me. I had a patient who was extremely sick. He was an ICU-level patient, extremely sick and unresponsive. I had another lady next door, who was delivering a dead baby, pretty much. I delivered a baby, and I have three other patients. I had no idea what was up with them because I'm too busy in these two rooms that obviously require a lot of time. And he just kept on piling on my patients, and I'm like “look, timeout. One, it’s not fair to me. Two, it’s not fair for the patients.” I'm not even… I don't even know what the other ones are here for. How safe is that? That's not safe.

Whatsoever, and he was like well “I don't see what the problem is”. I was like “if you don't see a problem, then you probably shouldn't be a charge nurse, because that is highly unsafe”. It's putting lives in jeopardy, and not even that, it's very inconsiderate the way that you're running this because some of these patients need extra time and extra care, like, you know, the mom who delivered a baby. You want to spend more time. Like nursing is compassion, you know. She just lost her baby. How am I supposed to be the one to take the baby away, you know? And he's just like “well, turn the room over. Just clean out the room, and turn it over, and just send her down”. I'm like “no, I'm not doing that. I'm not rushing her”. And I completely just spoke out against him. The next day or for the past week after, he wouldn't put me anywhere near that area, like the front anywhere near him. He put me on the other side of the ER, and he just shitted on me. Like he gave me… He would just take my patients, put them somewhere else, get me new patients, do this. And it's like I don't care about that type of stuff but it's not safe for the patients. When I don't know where my patients are, that's not safe, you know. So it would be like bad patient assignments or just. Or, he would go tell the manager, and then she would say “oh, I need to talk to you about your attitude”, and I said “oh okay”, so.

Interviewer: Do you think gender played a role at all in that too?

Participant: In that case, maybe just because it was a male. It’s an African American male. Maybe he doesn't want to be talked to like that, but I’m pretty easy until, you know, it's ridiculous. And then I'm like “okay stop”, like “I'll put my foot down”, but I'm pretty easy going so, and I never used to say anything. But I think after that time, he was just like always trying to avoid me because, I guess everything. He was just not an appropriate nurse at all, like in any manner, so I think he was just avoiding me because he didn't want to… He didn't want me to say anything, or he would just put me somewhere else, and like by myself, so I was like kinda just by myself and droning. He would just dig me over. This is a nice way to put it (laughs).

Interviewer: um do you in general, feel like you can just be yourself at work, or do you sometimes find that you have to act in a certain way?

Participant: um. Now…again, because I'm a traveler, so I think in the past I felt like I have to act in a certain way, but where I'm at now, I feel comfortable that I know I can act like myself. So it's hard to find which is why I became a traveler I just... I feel like that when you act yourself, people think it's out of turn for the way that an Asian girl is supposed to act, you know, supposed to be more quieter, or like “oh yeah yeah, very agreeable.” But I'm not like that, and I learned to not be like that for my job. Otherwise you just push over. I mean I've had… like my old staff job I took on for nursing roles and got paid for one I liked to charge, I did triage, I took an assignment, and I was a preceptor so I took four roles which is way too much. And they just kept on throwing it and throwing it, throwing it and throwing it on me, because they knew I could take it so, and I didn't say anything and I shut up. But I did it, so I kind of got fed up and left, so I think it definitely has to do with genders, and I don't know. Nursing the whole mess.

Interviewer: Yeah, but it's better now that you're doing traveling.

Participant: Yeah I think I take it a little less personally now. Or like I used to be upset about it because, you know, the way that people act towards me or like my patients will say stuff it's like… but now it's like “I'm a traveler. I'm only there for three months”, like “say what you want to say at this point it's…”

Interviewer: Can you think of any times when you may be felt particularly upset or emotional?

Participant: Um. I mean I feel like the only time I really get emotional or upset at work is when I feel like I'm overwhelmed, which I don't feel like I get overwhelmed very much. That's about it. No, because, I mean, I hear it's not that I'm desensitized but I kind of am now because I'm so used to having somebody say something, you know, whether it's like a patient. I never really hear nurses say anything about me being Asian or me being a female. It's more just like “oh well, they're all the Asians in one pot”, and then they try to drown the pot because none of us complain. We work pretty quick. I won't say anything about it, you know, so it's like that's what they'll try to do. They'll throw us all together and then tried to drown us a little bit because we can handle it.

But nothing really… nobody really says anything anymore. I mean they say stuff like, they make comments like, they'll just say like, “oh, where are you…” Oh, I had a patient told me that I spoke English very well. They're “really your English is so good”, and I was like “oh really? Yeah It's surprising.” It's like “oh really?” It should be not surprising. I was born in the states, and I was raised here. Like I grew up…. They were like “oh really”, like “where?” and I was like “oh” like, you know, “I was born in Missouri low far out there. I grew up in Texas so I speak pretty well. Yeah.” So that stuff like that, but I always have some type of come back afterwards, or something like smartass comment to me because most of the things that people say really just dominating around, and so I just kind of let it go.

Interviewer: Sure. Do you ever talk to your other coworkers or did you ever talk to your other co-workers when you felt like you guys are being grouped in together in the same pot, and then the part of being drowned?

Participant: I mean we all kind of knew it was kind of like a mutual like, “all right, well, this is the Asian pod. Guess we're getting screwed tonight” like the type of thing. It was kind of just like we kinda knew. We kinda just try to pick it up for each other, like do extra work, just try to help each other a little more. It’s like moral support, but we didn't really… it was kinda like unspoken. We already kinda knew what was going on.

Interviewer: Sure. In terms of talking with your coworkers um did you have that kind of relationship where y'all could talk freely with one another, or was it more strictly business or just needed to be professional?

Participant: I would talk to like… I had this lady who… She was like housekeeping you know. And she was an older Filipino lady. Really nice. And she always felt like “Participant, you know, don't work so hard, because these people they know how to use you, because you're Asian. You're not gonna say anything.” but she always told me like that, or she'd be like “oh, be careful because you know…” like she would always say like that… She asked me “do you ever feel like the African American males are….” How did she put it? She said it was…She pretty much said that they don't like when a younger female talks to an African American male between 30 and 40. if you address them they don't like that they, like the wives don't like that the wives like to be addressed so. She just mentioned something about that to me so we will talk about stuff.

And she's like oh it's because you're Asian and you’re female, and she's so much you don’t like talking to your husband like that. She points stuff out like that not being mean but just being like “hey just let you know what's going to come.” Just so take care of me. We will talk about it but everybody else it's more of just like…some places it's just too busy. Some places just never came up in conversation. We always talk about something else. There's always like, you know, the emergency room. She's so busy. that it's. We usually talk about something else that's going on, like “Oh, did you do this? Oh, did you get this? Oh, did you see this?” type of thing so, or “do you need help? do you need to do this?”

Interviewer: Sure. Do you feel like there were any sort of rules implicit rules, maybe about how you were allowed to feel or express your emotions at work?

Participant: um. I don't… I mean again with the whole being like too outspoken thing, you know, like I feel like generally, people have Asian descent are taught more to be like more quiet, more accepting, more, just you know, not raise too many problems, not to know too many concerns, don't put your opinions in everything. It’s kinda just like “be there to watch” type of thing and not really put your mouth into it. So I don't think works has anything to do with it. I think it's more of how we were brought up that I just try not to… That's just people know that… They know that Asians are really going to speak out of turn. We're not really complaining. We don't really talk against them. We don't really like put our foot in things so we just kind of let it go, so I just feel like it's just a mutual... Not that it's a mutual understanding, but that's what they think, that's what, you know, we were taught. So kind of lines up. Yes.

Interviewer: What about in your interactions with patients, did you feel like you had to sort of put on a face or be a certain way or not really?

Participant: For a while, yeah, but then realistically, the only way that your patients are going to be okay with is if you're personable, you're just like a figure, of like you know, an authority figure. You're nurses. You're an authority figure they're not. I found out that if I just was myself a little bit more, and you know, like talk to them like a person, they were fine. I know I haven't really had patients say that it was too this or too that or anything like that. If anything, it's kind of helped me to come out a little bit and be more of myself. Just kind of accepted that, and again I don't know if it's kind of the location or hospital or what that has to do with it, but definitely helped (?).

Interviewer: um do you ever feel emotionally exhausted or experienced burnout at work?

Participant: Oh my God, yes.

Interviewer: Can you tell me a little bit more about that?

Participant: Oh my. I’m exhausted and burnout when I worked on the floor I quit after 10 months. I was so over it. I just feek like the healthcare system is so bad now. So I don't know it was bad, so I went to the ER and that got a little better, but then it's like, you know, they just keep on adding more tasks, and especially to do more stuff and take on more things. And then they time you. And then if you're not timed it, you don't get it on time, you’re in trouble. And it's like, you know…so it's that and then just they put a lot of work on you, and it's kind of annoying and then I left that job move to… I was so stressed out from the pandemic and just stressed, so I moved. I left Virgini. I moved to Maryland where I had more support. Did a staff job here and that burned me out because they were just so understaffed and I took on four roles and I was over it because I was like… I'm tired if I'm just gonna be doing this, I might as well make more money, so then I went traveling. Right now it’s not that bad because I can leave every three months, so I don't really have time to get burned out. So unless it's like a really bad hospital, I don't really have time now so I'm going in three months.

Interviewer: Can you tell me a little bit more about the traveling nurse role? Like what is that? How do you choose the hospital you go to next and things like that?

Participant: Yeah. So um travel nursing is like that you're contracted. You’re contracted nurse. You sign a contract and you work minimum four weeks. Four weeks is like an emergency contract. Maximum you can do 13 weeks. And then they have four weeks. You can choose four, eight, or they have like 10 to 13, depending on what the hospital needs and what they're willing to pay for I guess. So, usually, it’s you have a recruiter, and your recruiter reaches out to different hospitals and tries to find you a position that you want under your requirements. So you can say like “Oh, I want my schedule blocked,” “I want to work nights,” “I want to work day,” “yes, I want to work mids,” “I don't want to do rotating schedules.” So, you know, “I can't work this day, because I have a commitment,” “I can't work this day or I have to do every other holiday.” So you want, you know, you have your list of requirements which are… you know…knows more most hospitals, you only work day or night or mid sometimes you rotate um. But you just…Your recruiter finds you a couple of jobs. You look at which one you want. You sign up for it. If they accept you and you like the contract, you sign the contract and you're there, you work however many hours, however many days. You're contracted for however many weeks, and then, once those or however many weeks are up you're gone. You can find a new hospital to work at. So it's a lot better. It's less stressful, to be honest, travel nursing.

Interviewer: So, are there any downsides to having the leaves though often or moving to new places?

Participant: We occasionally get like lonely you know. Like, I have to leave behind my fiancé, my dog here. So sometimes I'm, you know, sitting in somewhere by myself and that's lonely. On the other hand, sometimes it's useful to dive schoolwork so it's just, you know, less distractions. It just depends. Sometimes you find a hospital you really like and you don't want to leave so there's stipulation with taxes on how long you could stay somewhere. So you can stay a year without being taxed stated as a home state. So let's say like this hospital I'm at now I signed another 13-week contract. So I'm at…I will be at my what… six month mark, six seven month mark, I think, by the time I get done this. So I can renew maybe one more time before the next renewal will be passed that year. So I can't renew that many times that I'm going to pick up and go somewhere else. And so the only thing you can't find people you like eventually so.

Interviewer: um, can you tell me more about what's changed or what was different during the Pandemic?

Participant: With nursing or, just like in general? Um, I think it's (pause) like the unrealistic expectations maybe that…I mean nursing has always been… I felt like it's always been going downhill. I just never knew about that aspect of it obviously when I decided to be a nurse. I thought it was just all like one thing and it's been like that, but it's been… I feel like the pandemic has made it more. It's made me realize more that people are very selfish and very….Like they don't…they're just mean. I don't know. Like they just expect everything without accountability. They have no accountability for themselves and to me, that's something that I never like fathom I don't know. It's just so much work. And then everyone like still expects more of you, you know.

Interviewer: You're talking about the patients or the hospitals or?

Participant: Like the patients are like “well why aren't you doing this”, “why aren't you doing this”, “why aren't you doing this.” Well, people are actually sick. And I'm doing something else like it's not like ignoring you. It's like they become the patients themselves. I feel like have grown to have less accountability. They just want you to fix all their problems. They have no accountability for doing anything for themselves. As soon as you come to the hospital you become like a dependent. You don't want…you can't do anything for yourself. And the hospitals just want you to do more. They just want you to do the task of a lab check, the task of a pharmacist, the task of a doctor. You got to double-check everybody because you're the last person. You don't double-check it or you're screwed. So I feel like it's just unrealistic and the pandemic just made it hard because there are so many people that are just so sick. They're just so sick, you know. The ones that are really sick or really so, and then the ones that are not sick that shouldn't be coming to the hospital are coming to the hospital for no reason. So it's just putting a strain on everything. So just volume, I guess. The pandemic has just been a long, been so much.

Interviewer: What sorts of things do you do in terms of like coping strategies to manage stress and sort of preventing burnout or when you are burnt out, what do you do in response?

Participant: Um so recently like within the past year maybe, I started seeing a therapist, and I got pulled on meds for anxiety because my anxiety’s just so bad from being at work. And just in general, you know, just with the way that everything is now, my anxiety is just like awful um. So that was, you know, consistent meds, consistent therapy, I feel like it's been a lot of help for me, you know. And just recognizing that I actually like the way I'm feeling is not a normal type of thing. I shouldn't be feeling that way that's what she always says, like you, should not be feeling like that's not normal. You think it's normal but it's not, and I'm like “oh”. So it's just like a nice realization I never knew. I'm started working out more, doing some yoga. And then whenever I just get stressed, I just like really try just talking to myself and being light. Like talking myself through being sure, so that makes sense, like, “why are you stressed?” “Is this something you need to be stressed about?” like realize like try to come to some self-realization.

Interviewer: What are some of the times when you feel the most anxious like when did that come out the most?

Participant: It's more of just like I can't…It's been better now that I'm on medications but it used to be like I would come home from work in my mind, which is “go.” It's like “Oh, did you do this or did you start this?” ”Oh, did you do this?” ”Oh, did you make sure you give this or do...” “Oh shoot I forgot to tell this report,” literally just and then I would not be able to sleep, I would have to call the hospital back after I gave the report. And what I recall back and be like I forgot to mention because it's like I feel like I forgot to mention it so. Then I would have to do it before I could try to let myself settle down. And then, like it's more like those steps will be like from work usually. Or like sometimes, with my friends, depending on… because we all kind of have different outlooks on things. So when a pandemic hit like comes up during Alex and you're supposed to talk about certain things because you're getting a fight. So it's like that type of thing that would sometimes give me anxiety, which I have to cut myself in the conversation and to shut my phone off because I was just…I couldn't deal with it.

Interviewer: What are some of the examples of things that, like the conversation would be about?

Participant: Um I think like I got in a fight with my… I'm in a group with… I have three really good girlfriends and… so we're all about the same age um. The three of them are like white in their about 28, and me. The one girl is like a republican all the way. I'm in between. You know I have different ideas, and the other girl just doesn't care. The other girl is kind of like me, but more on the Democratic side. So stuff will come out, like you know like, I would talk about…. My friends would be like “oh, are you Okay?” Like the one girl be like “oh you Okay?” Like, “I saw something happening recently about like, you know, Asians being attacked in New York,” and I was like “yeah it's just…it's hard.” You know you don't want your grandma, your aunt walking down the street, and all of a sudden someone just keep them off. That's just ridiculous.

And I'm just like…it just bothers me, you know, how real like racism is and stuff like that. It's becoming more predominant now I feel like because like…or maybe it's not predominant more but like shown? Because, like all the Black Lives Matter, it went from that and then it went from like people prosecuting Asians for coronavirus. It went like one to two real quick, so I feel like we had a conversation about that, and my one friend, who's like extremely republican, like white female cop type of thing, was like pretty much telling me if there's not racism in the world. And I was like “that's completely freaking wrong”. I'm like first of all, how would you know? No offense, your life…you put me of a white. Like you're white. You got raised really well. You have a mom and a dad. Your poverty…You weren't in poverty. You raised middle-upper class. Like you went to school. You got a full education. You know you got everything, not that your parents gave you everything. But like…you guys, it was fine. Everything growing up was Okay, for you, you know. Like there was really no… like you didn't have to struggle anything like that, you know. Like you never… If you got made fun of it just because, like oh something stupid. You didn’t get made fun of for me Asian or eating Chinese food at school, or like your parents being like a certain way, you know. It's different and she's pretty much told me there was not racism in the world, and I was like “yea there is.”

If you don't even count Asian people, like black people too. It's a thing you know. If you don't want to count that, count the Muslims, same thing. Like it's bad and we got a huge fight about that, and I was just wound up at extremely anxious. And my friend texts me on the side was like “don't continue this conversation with her. She does not understand. I don't know how the hell she thinks she can understand. But don't continue the conversation with her because I'm getting aggravated. You seems you getting aggravated and anxious. Just stop it”. So I ended up cutting off the conversation. Like we're friends now, and we just agree to disagree type of thing, but that was like the epitome of my anxiety with her and just my aggression like being so pissed off about the entire situation.

Interviewer: With the violence against Asians coming out more in the news, have you done anything differently or has that impacted you personally at all?

Participant: I have been… I've been like carry on pepper spray. I will like, you know, my fiancé's all like “oh, make sure you should take us out the fencing class and do this.” He teaches me things like if someone grabs you this way, make sure you knock them this. Like teaching me this type of things. I've been saying… I'm definitely more of like… I'm definitely more conscious about like other people now you know. Like, I will let someone watch my back more when I'm not… I didn't do it before. But like I'm specifically going to look over my shoulder more when I walk around. Like if I see someone following me…if I think someone's following me in a car, I will make sure I like do the extra cautions, you know, make the one two (count)… like four right turns to go in a circle. Like do all that stuff to try to make sure that they're not following me. More of like just being more careful, I think. Try not to talk about certain things, depending on, you know… Just distance myself from certain conversations so do I mean.

Interviewer: Sure sure. So those are the majority of my questions is there anything else about your workplace that we haven't discussed that you want to talk about?

Participant: No, unless you want to know something.

Interviewer: I have a few demographic questions for you, if they haven't already come up and you already mentioned, where you're located. You were born in Missouri right?

Participant: (agree)

Interviewer: You said your age okay. Your ethnic background, so are you Chinese?

Participant: I am Chinese, yeah.

Interviewer: And your parents were born in China or were they born here?

Participant: They were born in Hong Kong.

Interviewer: They were born in Hong Kong okay, and then you were born here. Yeah, can you tell me your gender pronouns?

Participant: She/her.

Interviewer: Okay cool.