

## MYRTLE MUNROE SIZE 7

Audio Producer: Olivia Humphreys

My name is Myrtle Munroe. I have been a registered nurse from 1994. I've done a number of varying roles: medicine, surgery, orthopaedics, a&e. And been in site management and the emergency nurse practitioner. Which is what I'm doing at the moment, which allows me to keep clinical but still has some kind of management responsibility. I was born in Grenada and I migrated to the UK on July 12<sup>th</sup>, 1999, and have lived here since. So I started off working in Trinidad and Tobago and migrating here was a big cultural shock for one day. The healthcare service that was provided here was much more efficient, much more readily accessible. In Trinidad there is, there's free health care but it is limited in terms of what is provided. When I came here I was surprised at the level of service that people had and they took it for granted. They took their health care that they had available for granted, and there wasn't that appreciation, but also in terms of the staff, a couple times I had to smile to myself, because when I came, you know people would say things like "Oh, it's really busy, you know, you have to work long days, and it's really hard." And the first couple of weeks I've been thinking - this is not hard. This is nothing compared to what we do in the Caribbean or what we did in the Caribbean.

So as an emergency nurse practitioner working at Norfolk Park in Harrow, a normal shift for me at the moment is very varied, in that you're not sure what's going to come through the door, and that, for me, that keeps me awake, keeps me alive, keeps you mentally alert. Because you need to be prepared for anything - it might be somebody coming with a heart attack, somebody committed gunshot wound, or somebody just bumped their toe. The mental exhaustion is more than the physical exhaustion, getting it right for that patient, thinking "Make sure you cover everything," and then doing that over and over, is, I think, the thing that gets you exhausted. So it's very varied and you have to be prepared for everything and that's what I like about it.

Last night I did eight to eight. So I got on duty and there was roughly about 56 patients on this screen to be seen within like an hour of being there. There was, like, 56 patients to be seen and that is a lot for a Monday night, but that's becoming more regular, numbers have increased and I think the fact that one of the hospitals has closed, so that's increased the workload quite significantly and we were short of a trained nurse and short of a GP so that did not help very much. I've got three children, two girls and a boy, work was important to me, career was important, but when we decided to have children that became the priority. I wanted to be around for the first couple years and I felt that if I could, if I had the option of doing permanent nights, then at least I would be able to do that. Even though I was back at work I was still a lot at home, because we were doing twelve hour shifts as well. OK, so doing nights with small children is murder. When they were babies, it was much easier, so you would come home, husband goes to work, when they have their nap you have a nap, but once they got a bit older, and they were able to run around and they weren't just in a cot, it became a bit more tiring. Because you were up all day running around behind your small ones. It was tough, but it can be done. Can be done. It was a joy to look after my kids and then still be able to go to work.

There are things I miss about being a nurse in Trinidad & Tobago. Now that I've gotten used to, to the way of life here, become a British citizen, it's become easier to function. So initially, what I missed, was the comfort of knowing the culture, the way people function. What's acceptable, what's not acceptable. How patients work and function, what they like and don't like, so that kind of

had you, not withdrawn, because I'm not a withdrawn person, but guarded for want of a better word. So you weren't free.

One of the experiences that I had kind of changed me, in the sense that it made me a bit stronger. I was assistant in charge that day, and I remember a young lady, white British young lady, she came in and she took an overdose of some medicines, she took overdose of tablets. She was trying to kill herself. The others were busy so I went to attend to her, went to do something else, and on my way back I can hear her saying to my colleague "I don't want that black nurse to look after me," and I said to her "It is within your right to choose who looks after you and I don't have a problem with that. However, to decide that you don't want me to look after you because of the colour of my skin just doesn't seem right. When you are the one trying to kill yourself. I'm quite happy in the colour of my skin," and I walked away, very angry and tearful. But it made me realise that that was just the reality of life here. And that I needed to get used to it and not take it on board for want of a better word. Because then it would mean that I couldn't be a good nurse and I couldn't nurse people if they had an aversion to people of colour, to put it mildly. And then there was a little old lady who said to me "Are you a nurse?" So I said "Yes!" "I didn't know black people can be nurses," and I had to laugh, you know, but it's things like that, experiences like that made me realise that I wasn't in Trinidad anymore, that I was in a different place.

To be effective as a nurse, you must have empathy, your contribution to people is only as effective as your ability to understand their point of view. So within nursing and health care is one of the places where you meet lots of different cultures, races, ethnicities. Muslim, Christian, rich, poor, gay, lesbian. I think being under this mix you're nonjudgmental from that that point of view, in that you don't assume that everybody is the same. You can't be a nurse if you don't embrace all of people's cultures and values and it gives you the freedom to know the person yourself, know the individual rather than judging people as a group.

From the early days I've always tried to put a distinct split between work and home. I always say to my colleagues "When I'm at work I work full out. I give everything. Once I walk out of the door. It stays there." If somebody died or something you can't help, it's on your mind, but usually I leave work at work. And once I get into the car, listen to some R& B gospel music or little bit of reggae, that's my wind down time. Once I hand over and leave, that's it, because it is ongoing. It's ongoing, there's lots of things you could be thinking about. I think I'm very good at separating work and home.