

## ORAL HISTORY LAB (OHL)

University of Puerto Rico at Mayaguez

### Oral History Interview with Elizabeth Vera Gonzales

#### PREFACE

The following oral history is the result of a recorded interview of Elizabeth Vera Gonzales conducted by Keishla M. Roman Vera on October 21, 2022. This interview is part of course work done by students at the University of Puerto Rico at Mayaguez.

Readers are asked to bear in mind that they are reading a transcript of the spoken word, rather than written prose.

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Good afternoon. How has your day been today? It has been great. My name is Keishla Marie Roman Vera and the name of the person I will be interviewing today is Elizabeth Vera Gonzales. Today's date would be Friday, October 21st of 2022.

The location where their interview is taking place is the residence of the interviewee in sector El Gringo of San Sebastian, Puerto Rico. I must inform you that the purpose of this interview is for an English project of my oral history course. This recorded interview will be listened to by my English professor and could be potentially heard by a few of my classmates. Do I have permission to record this interview? Yes, you do. If at any moment, you do not wish to answer a question. You're completely in your right, and if you at whatever time, feel the need to stop the recording you are in your right. Are you in agreement? Yes. Okay. Can you state your full name? Elizabeth Vera Gonzalez. Can you tell me your date of birth? December 7, 1968. Okay. Can you tell me your age? Should I? fifty-three. (chuckles) okay. Could you tell me where you were born? New York. Did you live there for long? About 11 years. Did you like it there? Yes, because I was a child, so I liked it as a child I don't know as an adult. Okay.

Where did you live there? I was born in Queens and then we moved to Brooklyn, specifically coney island. Okay. can you tell me about your neighborhood? Well, we lived in the projects we lived in a building of seven floors. We lived in the seventh floor and it was a little bit hard because we were there was only two families of white people in the whole projects, and we were one of the two. Interesting. Where do you currently reside? In in San Sebastian Puerto Rico. Tell me about your education. I have a

master's degree in nursing. Okay. And is that what you do now? Yes, I work as a professor of nursing professor in EDP university. Can you tell me something about yourself that you think may be a key component to further our understanding of who you? I'm thinking. Okay. Something about myself. As a personality trait? As what? Yeah, as a personality trait. Well, I'm kind of an introvert, and that might affect maybe how I was in school and work. My relationship with other people as a nurse. You think that has been an impediment in your work? No but it's something I have to work on, because basically almost all nurses are more extraverts than introverts and it's a little bit different. Okay.

So where did you study nursing? I studied nursing in RUM ( ) or how was it called before Colegio Mayagüez. How long ago was it that? That was 30 years ago. I graduated in, it was June of 1992. Okay. During your 30 years in your career what social issues have you been witness to? Well, there have been a lot of them. I think when I started nursing there was a law that said that you had to start first as one year in a public hospital. So, every nurse that graduated had to go to a public hospital to work, as the first year. Then that law was broken, so if you didn't have to do it anymore. So I stayed in that hospital. Then when the health reform started, and they sold all the public hospitals. Well, I also saw that and how are affected the hospitals and how it affected nursing. And then I think after the hurricanes, earthquakes, pandemics, I think there has been a lot of issues with nursing in the past 30 years. Okay. And what did you see during that first year? Well during that year, first of all when I started working, there was no orientation, especially for the new nurses. We were just thrown there, and they said, "they'll survive, however you can." And so, we survived however we could. I started in pediatrics unit, and I had no idea what I was doing, but as the time passed by, well you learn how to deal with everything. So, it was good. You made good friends there, things were different. We even cooked when we worked. We even made chicken in the microwaves, and after some time well, as the security issue we couldn't do it anymore. Okay. What factors did you endure compared to now? I think that we had the same. The issues have been almost the same just in a different way. Cause when I started nursing usually, we had one nurse. One RN, for 15 or 20 patients. I started in the pediatric unit so when I worked from 11 at night to seven in the morning, we could have 15, 16, 17 patients. So, with only one LPN so it was a lot of work and now well, there still is a problem with how many patients each nurse has so I think it's the same thing. We had also some lack of supplies. And during various years well sometimes you didn't have the equipment you needed. To make a good. To have a good job. When I studied nursing, in Mayagüez. When we started as students, they wanted us to give baths to the patients without gloves. Cause there were no gloves. So, I think there have been a lot of issues back then and now that are still the same. Would that stand now? Well right now, we can't give baths without gloves. But there have been other issues with supplies like with the mask. That because of the pandemic. The covid pandemic, we have to use those masks where not made for nurses to have them on 8 to 12 hours like they do now. They were made to use them in the patient's room and them discard them, and that's not they do now. So, I think there has always been an issue about supplies and equipment. Okay, and would you say that that would

be a health factor or health risk? Yes, because that would mean that nurses don't have what they need to be safe. And then you would have more nurses being sick, and if you have more nurses being sick, they'll be less nurses working the floors in the hospital. And then its goanna happen like what happened in other states like it happened in New York. Where the system just collapsed cause there was too many patients for few nurses, and a lot of nurses also died out in the United States. Okay, and so you would say that because of the covid pandemic we have even fewer nurses then we began with? Yes, we do have, because of many issues. First of all, because when the pandemic started hospitals instead of trying to think what's goanna happen in the future. They just said, "okay we have few patients so, they just fired a lot of nurses. Many of those nurses went instead to the United States to work. And then when the pandemic hit full force here in Puerto Rico, well, there were fewer nurses to work. Because they had fired part of them and then the other nurses got sick and then we had a shortage, of nurses. And because the pay is very little compared to the United States, well many nurses go to the states. So how has the salary changed? So how has the salary change been doing during the last 30 years? Well to be able to change the salary of the nurses, nurses have had to fought to make laws that specifically say what our salary is going to be. I think it was approximately around three was about 2000 that they made a change in the salary. Where are they made a difference between nurses with an associate degree bachelors degree, nurses with a bachelors degree and nurses with or without experience so they can pay them. At that time they decided that a nurse of an associate degree would earn 2,150 and 20,150 if you had a bachelor's degree in 2,500 if you had experience. A bachelors agree with experience. Last year, I think it was, 2020 or 2219 when there was a law made where they changed again, the salary of the nurses, were a nurse with a bachelors degree should win \$3000 a month. But in public hospitals I think they started a salary now but still in private hospitals the law has not been done, and so the nurses are still not winning that. And they did not take into consideration nurses that have a higher degree. Nurses with a masters degree or a doctorate degree. Okay. Those don't count. Describe what an experience nurses is? Well according to people, it's the nurse that has worked in direct care. Usually, they ask for at least one to two years of experience. Okay. If you're gonna work in a place like intensive care unit or pediatric care unit that it's intensive care, you have to get another courses that's certified that you're a specialist in that area. And can you say how many patients per nurse. Well, it all depends on what the hospital says. How many nurses they have. I mean usually could be 10, 11, 12. During the pandemic those amounts went higher because they were a few nurses. They were too many patients, and while just had to work with more patients especially covid patients. Now they are trying to make a project to pass a law, that says specifically how many nurses, how many patients should a nurse have. It all depends on what the hospital administration are gonna want. Because they're going to go against the law because it said specifically that according to the area you can have only 6 to 8 patients. Per nurse? Per nurse. And if its in a general board, right. Because in intensive care unit it's supposed to be one patient per nurse. But many hospitals are not gonna like that because then that means they would have to hire more nurses? More nurses and then pay more salaries. Pay more salaries and then you would have to have more nurses at \$3000 a month. So that's

gonna be very difficult for the law to be passed on. Okay. And what would it take to get the law passed? Well, the Senate and the camera would have to say yes to it. But all the hospital administrators, we all know, that they connect with these legislators, and we never know what could happened and they could give them money and say "don't pass the bill". It depends on how many people want to pass the bill and how they think of those people how want to pass the bill. So you've mentioned the covid pandemic, but what other epidemics have you seen throughout your time? I think the Covid pandemic has been the greatest one any other nurse has ever seen. Counting my 30 years of nursing. The other thing we have seen is flu, but it hasn't been a pandemic. This is the first time as a nurse that there's a pandemic. We have had epidemics but not pandemic. This is the first time its been worldwide. But right now, we have had before, many years before the flu and right now we're having another epidemic flu. Okay. What other epidemics have you seen? Basically, it has been flu. I think flu has been the greatest one that we have seen in hospitals? Why is the COVID-19 issue important to talk about? Well, I think the Covid pandemic made people see the nurses exist. When all of this started, and people started making clapping at nurses that were working in a hospital worker "like I see you you're our heroes" and all that stuff. And it made people aware that nurses have to go to work a lot. And that nurses, they have to study a lot to do what they're doing, and they don't have the job things they need the equipment they needed the resources they need the salary they need. So, basically shoed that nurses are out there, and they are part of us and if we get sick the one who's gonna be basically with us 24 hours a day are nurses. And people are just, if you look at it, they started clapping and thinking we're heroes and I think that affected us a lot more, because you don't pay heroes. so, if you see nursing as a hero, you think that the nurse has to sacrifice her life, her family time to be there and take care of people. And that's okay because people say if you decided to study that. I've decided to study that, but nobody decided to study it under a pandemic. Well, all the things that entails and saying that you're going to be a nurse, but you will have no equipment. Or saying you're going to be a nurse and if you are sick you have to go, keep on working. And then when the pandemic started there was a time when nurses they said "well if you get sick you are going to be maybe 21 days out. And then they kept on shutting it to 14 days. And then at the end they eliminated in to 5 days and many supervisors here in Puerto Rico told the nurses, when the nurses got contaminated with covid well you gonna be working with Covid patients so doesn't matter if you have Covid. So, it doesn't matter that you're feeling lousy it. Doesn't matter that you're tired. It doesn't matter that your body aches. Doesn't matter that you have fever, as long as you come in work in the hospital. So, I think that was. And we also saw that many nurses decided to leave during the pandemic because they thought if I'm gonna get sick at least I and I'm gonna take care of all these patients at least I should be paid what im worth so the go to the United States and some nurses can win up to 60 or \$70 an hour. How, that's a lot compared to here. basically right now with the new law it would be I think it's 1825 an hour and the new law has not private hospitals are not taking that into account yet so you think you'd be winning about four times your salary here in Puerto Rico. So you would say that the pandemic has affected in the mental health of the employees? I think the pandemic has affected the mental health of

everybody. The anxiety. The wondering if you're gonna get sick that day. I think in my case as nurse. I work at a school, at a university, so when you have students that come in. When we used to have students who came in from the United States and came in from Florida where the rates of Covid was so high well everybody was anxious that they would get contaminated, or they would get infected. so, I

think that was part of it. you are living with that idea that when you come to your house you cannot hug your family members, you cannot hug your kids. Your kids running to you but you have to say no. That you had to get undressed at the outside of your house, and takeoff your shoes, and takeoff your clothes. Get inside your house take a bath and then you can talk to the people, of nurses who work in units that they had to be separated from the new family for the fear of contaminating them. If they were a week in the Covid unit for that week they cannot see their family. Or if they could get infected then it was two weeks without seeing your children seeing family. And I think it affected the mental health of everybody. Doctors was scared of taking care of patients. They rather talk to the patient through video or phone they didn't want patients going to the offices and most of the time when you speak with the patient is not the same thing as actually seeing the patients to see what they have. So I think it made everybody scared it made everybody more anxious. People lost their jobs and I think about a lot of mental health issues, to general population. But doctors at least they had a choice, if they could do video chat, but the nurse didn't. They had to be in front lines all the time. Obviously, because well I mean, if you talk about doctors in the private office, they have a choice. The doctors in the hospital do not have a choice because those had to be there, and they were a lot of doctors that also died according to the pandemic. and they were a lot of nurses died and other healthcare workers who died. But being with a patient and being an especially in the hospital where you can see Covid patients every time well you always gonna be worried that you're gonna get it and if you have any family members living with you always gonna be worried that you're gonna infect your family members and then makes people more anxious every day a lot of people develop depression after the pandemic. And how would you say the pandemic has affected your giving class? It has been a lot harder on me and using alternate methods to give classes. Its hard work, because students when you work through other things like teams and the student are online and it's not maybe seeing you cause they don't like turning on their cameras. And they just sometimes connect during the team session but they're not actively proactively participating so they're not actively learning. I'm trying to make up methods to teach them. Especially in nursing. Because nursing is a profession that has a lot of skills and hands-on skills. so how do you teach a person to give a medication or to give a vaccine through a video. if they can contact practice it with us. So when these students come back or start coming back from the pandemic, there's a lot of things they have to reinforce and learning that they already took it. Since it was taken through videos and there was a lot of applications for like nursing hospitals and the students would go in there if it was like they were going to the hospital, but it was a video. So no matter what you do there's not the same thing as talking to a person that's alive that can answer that shows fear, that shows anxiety, that moves. Versus a patient in a simulated hospital that's not true. and well you can't learn how to do most

of the nursing skills unless it's hands-on. Unless you're actually doing them. So you'd say that pandemic has affected even our future generations of nurses? Yes it has! And it has convinced many people do not study medicine. I mean when they saw how hard it was, patience, they had to take care of the sacrifices the nurses have to make because nurses as all health workers have been sacrificing their lives for years. Because we don't take days off. you have to work Christmas. You have to work the night shift, so it's not that you can say "I can stay home. I can work for Monday Friday. Saturday Sunday leave all the patients alone at the hospital." so we have been sacrificing a lot. And many, the younger generation, doesn't believe in so much sacrifice. especially sacrifice for getting so little in return. So, that also contributes to a shortage of nurses. And that's why a lot of places in the United States come to Puerto Rico looking for nurses. and that's gonna make our nursing shortage even greater. And since we have a population that's aging, and we have more people here that are old. Well, that's gonna be a big problem in the future. So can you tell me about the nightshifts? Well it usually depends on the hospital you work. you can work from 11 PM to 7 AM could work from 7 PM to 7 AM because some hospitals have 12 hour shifts. So is that normal then? Yes! When nurses started those shifts it was like a promise. I mean it's like you work four days and then you have three off, but that's not how it turned out and really. maybe you worked three days giving you one day off and sometimes the day off is coming out of that Night Shift. so you come out at 7 o'clock in the morning and that's according to the new day that's free. so then the other day you have another shift. 7 to 3, 3 to 11, or another 12 hour shift. you get tired. especially when you have shifts like that. it's hard because when other people are sleeping you have to be awake. you have to take care of patients. patients don't want to be bothered at night. they want to sleep, but you still you have to wake them up. You have to check their vitals. You have to give them medication. a lot of people fight because of that. when you get out in the morning, you have to drive your car being sleepy, tired. when the sun hits you well there have been a lot of accidents of healthcare workers because when the sun hits you and they get sleepy those eyes close and you can have an accident. do you ever have a 72 hour shift? No! according to the law we are only supposed to have shifts up to 16 hours. usually, they can have 12 hour shifts but the maximum you can work at sixteen. So we can't do that. some doctors do they have to work up to and they had to work sometimes 24 48 hrs straight. and that could bring medical errors. that's why you don't have a nurse do that. because then when she gives you medication a lot of errors could be taken. and that's why it's... But I suppose that you still get burned out a lot? Yeah, cause you get tired when you have a little patience you have a lot of work you have stuff to do. you get anxious we have your patience, you have administration, you have the hospital, you have your supervisor, you have the doctors. there's a lot of people, as part of the health team, that we're together. what are the things that has also affected us a lot what I mentioned before with the health reform. when they decide to sell all the public hospitals. because before we had some type of primary medicine, or prevention, when they closed all the hospitals that were public and we had essentials of diagnostic and treatment. Or what we know as CDT, well you will go for primary medicine. All of them were sold. and the only public hospitals we have right now are the ones in San Juan. so all the rest are private. when that starts well they

fired all the nurses that works in the public health system in these areas. And then they started the processes of the new company recruiting. and I could say, as in my experience, I mean when the new hospital people came, they even sent in a psychologist to Interview us. and that's like since your in public health maybe your crazy or something and we need to psychologist to be checking. out what's wrong with you?" and I think that process of going through all of it like if you were new, well it hurts some nurses. and also because as a public health nurse they had more benefits. I mean as a public health nurse you have 30 vacation days. and then when it turned into private, you only had 15 days. and they were a lot of changes also when they did the law to change the salary of the nurses. the hospital said so what we can we do this without getting affected. so what they did is that when they started the 12 hour shifts. instead of an 8 hour shift where would need 3 nurses now we need 2. and that way well they saved money. and what would be the ideal work environment? I think the idea of working environment would be one where you're safe. I mean there's always gonna be days when your gonna have patience that are more critical another's, but if you have the equipment, you need and you have the help you need. also find a administration. supporting you and helping you and then when you're something is wrong that they actually are there for you. I mean I think through the years and nurses have suffered a lot because there has been a thing between more important in the hospital nurses or doctors. and well nurses are the one that are gonna suffer the pain. because birds they really want more of the doctors to say that they actually want a nurse to stay. so I think that will be it. I think basically safety having the equipment I need. you can take care of Covid patients if you don't have the mask you need. I mean safety is always gonna be first. when you're gonna get baths sometimes some hospitals don't even have the LPNs and get back to patients, and they don't have what they need to get the patients baths. So the bed and stuff they don't have it, so patient you don't have the material. but then you see that when accreditation process is come and when you have some company that's gonna come and evaluate your hospital. all the supplies all the nurses and everything suddenly like magic appears. and when they are there everything is perfect, but once they leave everything goes back to where it was before. and I think that if you create an environment where safety is first, where you have a certain amount of patients per nurse every day then you make sure that you give a quality service to the patients. but what only happens on special occasions well that's not good. and I believe you did work for an insurance company, was it? Yes! can you tell more about that? well I worked auditing the doctors offices, in quality issues. seeing that they made all things that patients needed. that if they needed laboratories that does laboratories referrals where were giving. That if they need to see a cardiologist, well that those referrals were giving. you could see a difference between a patient of Medicare and a patient of the reform and the thing they they give them and the things they don't give them. you also have this thing between you going to audit the patient the doctors office and them telling you, you have to make sure that quality is given and the patient has everything they need and you also have the administration of these health plans telling the doctors don't order anything because you have to save money, and if you send me money for my company at the end of the year I'll give you a check. so you have nurses tell, going to the doctors

office and say well look this patient is diabetic. you have not ordered this laboratory. and the doctors says why are you telling me that, when the administration of the same health plan you work for is telling me don't order it cause we need you to save money? so it was, it's a little bit hard. I worked, I think it was about five years in that. I left because I had to go, I lived in San Sebastian and I had to go sometimes to Yauco, toa Alta, toa baja, Lajas and the road is really tough. so what has been the most impactful thing you've seen during that job with health insurance. I would think its seeing that people wanted quality as long as it was cheap. so I've been seeing a lot that the most important thing is money. and I think when you go into health, the most important thing should be the health of the patient. of the people. and basically its a business. health is a business, and the more money you can save it's done and I think OK cost-effective cost-effectiveness is good but not at the expense of the patient. Okay. and I think if the patients need something the health plan should authorize it. and sometimes if it's a medication that's too expensive they don't give it. Sometimes they send them to specialist and the specialist orders them something and then when they go to the primary doctor, the primary doctor says, no. I can tell about cases going to have gone to the doctors and the doctor says no I'm not gonna give you that. and all they say OK come in six months and six months I'll be giving you something and in six months if the diagnosis is cancer its a lot and that could mean the life of the patient. I think it's basically that. what about your time working the hospital? What was the worst case of health insurance that you saw? I think in the hospital you don't see it as much. because the hospital has people that work directly with the health class. so you have this person who's gonna be checking all the medical records and he's gonna tell the doctor doctor you have to do this cause if they can tell you you have to go. I think basically it's the one the health plans tell the doctors how many days a patient is supposed to be there. they have this little book where they say well a patient with pneumonia can stay here three days. That's the maximum we are going to pay for you. And if the patient has to stay here four days, then the doctor writes in the medical record why the patient needs that. Or when they give them medication list expensive too expensive they say no. you gotta get something else. and sometimes that something else it not gonna work the same thing. I think one of the most memorable things that has to do with the health plans is with the health reform. not now but maybe years ago you had to get a referral from your primary doctor to go to the hospital. so I always remember this case where mother went in with her baby. I think the baby was about 3 or 4 months old. and at that time also it was not a nurse who was the first person to attend the patient. it was a clerk. and the clerk when she got there told her you do not have a referral from your primary doctor, so you have to go get it. and the baby had difficulty breathing. The mother tried to explain to them that her baby had difficulty breathing and the clerk said no. you have to go get so the mom went to the primary doctors office, took the baby with her, got the referral. And when she got back, the baby was more complicated with breathing problems, and she died. And that also thought hospitals and made changes in laws that the first person who supposed to see the patient should be a health worker. So basically all the hospitals, what they call triad, is made by a nurse. So nurse is the first one to say if it's an emergency or not. if the patient should go. Or if the patient has to be seen by



the doctor immediately. and there is also a law that has to do with that. if you take federal funding, then you don't have to attend the patient first without trying to find out what health care they have. cause before if you came in into a hospital and you didn't have a health plan or your health plan was not the one that I wanted well I will just send you off to another hospital. and sometimes they would send off patients that were critical and sending them off was not good for them at that moment. instead of stabilizing them first and make sure they were OK they just send them out. so somebody else could take care of them. its just like a form of like dumping your patience or dumping a problem on somebody else. so money has always been the center of. I think yes, because as I said before, health is a business. I mean nobody makes a hospital or makes a medical office without some intention of gaining money. you would have to think that also, in cases of the doctors, they have to spend a lot of money to earn their degrees and when most of them finish they have a huge debt. so they have to give me money. so many times they take a lot of patience and that also affect patients because if you have a doctor that has 1000 patients that belong to the health reform how much time is the actual gonna be able to take care of those patients? and you have doctors that see 40 patients in one morning, I mean how well are you seeing them if you can see 40 patients just from 8 to 12. something has to be wrong, you're not actually seen them. And many doctors what they do now is give a refill of medicines. so they give you a refill for three months, so in tree months they don't have to see you. has not had any backlash? I think it has. and basically in patience health. because if you feel bad versus you still have the medicines but the doctor is not making sure that the medicine is doing what it's supposed to do. that you're taking your medication like you should. And their not measuring your vitals to see if that medication, for example, if its for your hypertension is actually getting worse. so I think it does. also the patients like to see the doctors. it's a form for them have socially connected with somebody. we have a lot of old people that's the only visit they have basically at the doctors office. and it's like a social visit for them. and when we were talking about the health or health problems or emotional problems mental health problems from nurses, I think that having to have a mask on for 12 hours is pretty tiring. it makes people anxious, tolerance. a lot of people with nurses a lot of people who want to be taken care of really fast sometimes you have patience, especially parents that come in with their children and they come in screaming it's an emergency my child needs to see a doctor now. and then you started taking care of them and then you put an IV on them and then how long we're gonna be here? I have to go somewhere I have to do this I have to go see a movie when I go to the TV program the TV I can't lose it. so it was an emergency just so they could be attending and after they get the attention they need then they wanna leave. so I think that was all a problem we have. and that a lot of people are in the health business but do not really want to be there. Why do they choose then? I mean with nurses I think at the beginning is what people said OK if I study nursing I mean I'm gonna get a job. the probabilities of me getting a job versus me being a teacher people are gonna say well they pay good. they're going to say they are gonna get a higher salary. so people going to nursing thinking is a sure thing. during my years as a teacher I have seen that many students go into nursing because their parents want them to. and

they really don't wanna do this. and I think in nursing if you don't want to be into nursing, if you don't like it. you shouldn't do it. I have told students personally. when they tell me they don't like it, I tell them this is the right moment to decide if you really wanna do this. when you're still a student. when you take that first nursing class and you say this is not for me. And you have to know, it's not bad to say OK this is not for me. I have seen nursing students that have finished a bachelor's degree and prefer working, I mean, in fast food versus working in the house system. so I think that's how bad it is. when you prefer working in a fast food like McDonald's instead of actually working what you study for in your bachelor's degree or your associates degree. And I suppose that it's not really a secure job anyways, right? well it's not because I learned that the hard way when they sold all the public hospitals everybody said that well if you worked with government your job is secure. and that was fake. That was false. so, when they fired all of us then I got into private health. So, nothing is secure in life. I don't think any job is secure. I think everybody has to do what they love, but you can choose where you can do what you love you. And you told me that the benefits of working for public health was better than private, but after the first period of that transition, what, did I get better or was it worse? I think, the transition for me was really hard because when we started working in the private sector. Osea private sector was in charge of the hospital, that first year was really tough. it was so tough that we got paid and we used to laugh that I'll checks were like plastic because when we got paid we had to rush to the bank to change the check. because the hospitals have deposit a certain amount of money and if you went too late to change it when you went to deposit when you went to change it they were no funds. And a lot of nurses went to pay with their checks in the supermarkets, that first year, and you know what it is having all your shopping their and when you give them the check they say it has no funds. and everybody's looking at you, and they are looking at you like you gave them a false check that has no funds. And your saying I work for that, and on top of all the sacrifices that I made to work for this I go to pay food for my family for it and I can't. cause the check has no funds. so and when we were getting our checks that first year we had to make lines. I mean you know whats making an hour or two hour line just to get paid what you were owed. because you worked hard for that. Its not like they were giving you anything. so I think, now in public health, if you look at the hospital in Sn Juan they have to have problems. they have a nursing shortage. I mean, they don't have specialist, they have no rooms, nurses in the emergency room see so many patients they can deal with it all. since it's the only public hospital there is and is the only trauma hospital there is, so when everything that happens across the island goes over there. so basically you have been seeing in the news these days, that if there is an operation, if they only have one person to work the operation well if there are 20 patients waiting for an operating room only one gets a chance to live, and who do you decide who gets the chance to live. so I think it's, nursing is still hard. I think we have a long way to go. and what's the pay comparison to the private ones? i think it's a little bit more now. I think the new law hasn't come for the 3000, but if you see the change in salary, a lot of people say that there are the professionals, and I think that's true every profession has importance, every profession should be paid what they deserve, but you also have to think of the professions that have no day

offs. that you have to work every day, christmas Day, New Year's Day, your children's birthday. when your children are sick you have to go to work.

sometimes you lose stuff from seeing them in school. they have a school play, but you can't go because you have to work shift. and they can't give you the opportunity to see them, so I think basically that'll be it. You'll still be making sacrifices. you work seven days a week, it's 24 hours a day job. so I think that, it's more complicated and also you are in danger. in danger of getting infected with some disease. in danger of violent patients who attack also nurses. so, I think that in that area nurses should still be paid more for what they do. have you ever had an instance where a patient has attack you? I had an instance where patients screaming have screamed at me, but attack me personally, no. I've had when I worked in the pediatric unit, strange stuff that occurred, there was a family when they knew that we had to put an IV in the patient they just turned around and all of them just started praying. That the nurse that came to do the job correctly. so I think that was a little bit weird. not a praying part but that they just started praying when they were gonna put that IV in. I mean, all the family members together I think that was a little bit kind of weird, but actually somebody attacking me, no. verbally abusive they have been a lot of patience. not patience I would say family members. usually, patience are no trouble. I think it's the people that come with them. and do you know of someone that has been physically attacked? well I had a nursing student, who already had it associate degrees. she was finishing her bachelors and she did have a patient attack her in the patient room. and she said it took a long time for somebody to come up and help her. and the patient was punching her, and I think after that, you get kind of scared of what could happen next. what security issues your hospital has, and it took so long for somebody to see that you were in trouble and actually help you out. and I think at the end of the day it affected her because she left working at the hospital. I mean you get scared. And you think, what if it happens again? What if theres no body to hel you this time? What if it takes longer then last time? so I think it does, it does affect it. makes people want to leave the profession even more. Does she still work as a nurse now? not in a hospital setting. Okay. The good thing about nursing is that if there are other areas you can work. I mean not with the same pay but you can work in a doctors office or we have nurses working now in schools. when I start they were school nurses then they eliminated school nurses. and one thing that has come out of this pandemic is that they started again with the school nurse. So every school has a nurse assigned to it. the only problem is that sometimes you have one school nurse for 500 students. so we see again that the ratio, nurse patient, nurse student, is still not good. Okay, so the quality of the patients will always be compromised? Well, if you take care of 500 students and have 500 medical records up to date, it's gonna be a little bit hard. if it's only one person. So, for you to be, what you want it to be primary prevention, making sure the little students are OK, then you would have to have more than one nurse when you have a 500-student population. Okay, one final question. If you could go back in time, with the knowledge that you have now, would you still choose to become a nurse? sometimes I don't know. The answer to that question is sometimes when I wake up and I said "oh I love nursing I always wanted to be a nurse. and there are times when I say "if I could go back in time" I will say "no, don't be crazy. Don't do this.

you're gonna see a future and it's gonna be bad. but I think once I started being a nursing professor, I think I saw it both ways. because I'm still in health but I also get to educate young nurses and see what they are doing and try to make a better place for nurses to work. but if I can if I can go back in time, would I change my decision. I would have to say at this moment I don't know. and has it been fulfilling? Yeah, I think it has been. has it been worth it all? I would say yes as I said before, would I still study nursing if I knew what I knew now? That the only thing I don't know, but have I

loved what I'm doing, what I have been doing for the past 30 years? I would say yes. if I find it satisfying, yes. sometimes I find it irritating I would say also yes. [Chuckles] some days you love it, some days you don't, but at the end of the day, it's been worth it. so I would like to acknowledge that this recorded interview will be shared, or maybe shared, with other students and if you are comfortable with that. Sure. Okay we may also need some follow-up questions, so are you open for more from more questions? if needed, yes. well thank you a lot for your time. it's been a wonderful time. how was your experience? it's been great. I mean basically I'm always the one asking questions to the students so now I have a student asking me questions, so now I know how students feel. {laughs} the dynamic has changed. Yes, it's been good. Okay, this will conclude the interview.