United Nurses of Alberta

Beryl L. Scott

BS: My name is Beryl Scott. I'm a registered nurse at the Grey Nuns Hospital in Edmonton, Alberta.

Q: How long have you been working there?

BS: This is my 26th year with this company.

Q: Did you work at other hospitals first?

BS: Yes, I worked at the Royal Alec for one year and I worked in Ontario for one year, and the rest was in England.

Q: Why did you end up coming to Alberta?

BS: My family moved to Alberta. I came to Canada because I was here on vacation and went back to England and missed my family that much that they said, enough is enough, get your butt on here. So I turned up here.

Q: Your credentials were acknowledged quickly?

BS: Yes, it was acknowledged before I even got back to Canada. I applied from England. My brother had offered to do it and I said, no, I want to do it myself. I want to come as myself. So I did. I got a job within 6 weeks of putting in my application. I finished the

work in England, nightshift on a Saturday morning, and I was at work at McMaster on an evening shift on the Monday.

Q: What time of year was it?

BS: It was spring.

Q: What changes have you noticed in your workplace over the years?

BS: If you're talking about leaving England and coming here, in England I'm a practitioner in my own right as a registered nurse and a midwife. I'm used to making decisions from when I was a third year nurse all the way through. I come to Canada and my first shift I couldn't understand why I couldn't just decide that this medication was not working for my patient, I'm going to change it. It was like, whoa Beryl, you need an order to give a Tylenol. What? So that sort of was a rude awakening. I was thinking, I don't know if I can do this. But then I did. Then the work in Ontario was totally different. The autonomy was such that, coming from England, it hurts to have to take orders about something that you do normally as a student nurse. It's changed in that primary care nursing was what I was used to. I come here and it was, that's not it at all, and I couldn't handle it. Now I can't handle it because the workload has changed, basically because of the funding cuts. The things I used to do as a basic nurse is no longer there. I'm having to clean the floor and do whatever. Housekeeping will say to you, it's not my job to clean the floor. As a nurse, you're not going to bring a patient into a dirty room, so you clean it. Some of the technical stuff that I have to do has made it different in that I don't feel that

sometimes I utilize all my experience. I always have to ask a physician, where before I was a practitioner in my own right. I could make changes like that. I also don't want to be a nurse practitioner in this province, because there is no security. I'm at the end of my career and I'd like the security to be there. I love my union, so I want to be here.

Q: I had no idea there was such a gap between here and England.

BS: If you phone a physician after hours and say, do you think I should change Demerol to morphine, he would say to you, where did you get your license from? Is the morphine working? No. Well why don't you try the Demerol then. I will see the patient if you need me to, but why are you calling me? Do it. Not back here. I can't change a plain Tylenol for an aspirin. It's just not done.

Q: Within the Canadian context, have there been changes?

BS: Workload has changed considerably. I work in ambulatory care area, where I do a lot of teaching. Before I used to have 2 clinics a day that I would teach; now I have 5. It's changed to the extent that we need more nurses but there are not the nurses there. We have spoken with our employer to say, if we could have a ward aide and attendant just to do the basic stuff like cleaning a bed from surgery, or patient finished having a test done, then the nurses could get there and get to that patient and teach. She says, that's not what I want. So we've trialed what she wants, and it's not working.

It's such that there is 5 nurses, and we have 8 clinics in the morning and 8 in the afternoon. Your clinics can run from having 3 patients to 18 patients that requires

teaching individually, or the doctor needs you to be present for every single thing. If we had someone who could just say, I put a patient in a room, change that bed over for me; tell the patient I'll be in, I'll do the teaching; just a moment, let me get this one ready. We don't have the options anymore because there's no workers out there. I refuse and have always refused to work with an unregulated staff member doing nursing duties. I will say, leave my patient alone, I will get there. I will go in and say to my patient, I'm very sorry, I'll be about 5 minutes, just let me get this set up and I'll be in there. That's how I deal with it. The workload is heavy, and the hospitals are at the point where they're trying to push these people in there, and there's no space. For example, we had a space that was built to have 4 surgical rooms. We have an emergency from the day it was built when we moved in in 1989, we knew it was not big enough for the area. We have lost a surgical room and 3 regular beds to be able to accommodate the ? that was attached to emergency, to make room for the emergency patients. Now we're also saying, well we need to have another ENT specialists, we need neurologists and stuff. They've hired these people to come in, but we have no room in the clinic to accommodate them. They give them these wonderful ideas, you're going to have 4 rooms, you're going to have this many nurses. Then they get there and it's like, I'm sorry you only have 2 rooms today; no, you won't have me in the room with you; I will bring the patient in and that's it. That makes it very hard for us. We've asked them to close some beds or open up a doctor's lounge which is right beside us which is never used. The doctors said, no we want that room, it is ours. So we have a huge room that could be opened up to another 18 beds, and it's just left there empty all the time. It's a nightmare.

Q: What is UNA's role in trying to address some of that?

BS: My role for United Nurses of Alberta, I happen to be a board member, but I'm also a ward rep at the local level. What I do is when my local president cannot get there because she's too busy doing something else, I just go up to manager and say, hey watch it, you are bringing in too many clinics, we don't have the space. And no, I'm not going to work short; please find me some casuals or find me somebody. I'm told I'm not a team player, so I say, well you have a collective agreement with us, and no I'm not going to accept you telling me I'm to take on 2 of the clinics for the day, do the job that I would normally do with one clinic, and then tell me I'm not a team player. I said, it offends me when you do that, and you make me get very angry. My patients are my concern, they're mine and I take ownership to my patients, so you give me the facility to work with. UNA is fighting staff shortages. We fill out professional responsibility forms. We're told this is the way of the future, we gotta work smarter, we gotta work harder. The buzz word that we had a year ago was, we just have to take half a day and meet where we can realize who we are, what our colour is and how we can complement each other. My response to that was, I'm not going. You're going to program me to be a zombie, my union will deprogram me to come back to normal life. So Heather is out there as our president, she talks up a storm for us, she makes different presentations. We as board members are constantly working at the employers and constantly using the resources we have and the contacts we have within healthcare to publicize what's happening. What we're having is people are still in this province thinking that the government here is wonderful and that they understand.

They don't understand it or get our message until they come in and they're sitting in the waiting room for 5 hours, 6 hours, 7 hours. Then it's not Mr. Stelmach they scream at, it's us. So we've got signs up that says, 0% to any form of abuse from any patient, any staff – and when I say staff I mean nurse against nurse or worker against worker – we don't accept that, and we stick to it. I work with what I call a code pink, that if I feel I'm being threatened because of not being able to give the care, and somebody comes up in my face, the first thing I do is I'll walk around from them and go, don't we have any pink flowers around here today? Everybody will just converge to the front and go about their business, but they're there. Patients do understand it eventually, and then we get some work done.

Q: People need to understand PRCs and how to use them.

BS: Professional responsibility forms are used to address the issues of a number of things. It could be the amount of staff that we have, and it could be whether it's not enough or the mix of the staff we have, whether we could do with say, in a unit where you have a lot of changeover beds and stuff, you could do with an attendant who could strip beds, make beds, free up the nurse so she doesn't have to give out lunch trays, free up the LPN so the LPN doesn't have to basically be running and thinking, they're gonna call me to come and change this bed. That's making recommendations based on what the issues are. If it's because the nights are coming and you're being told that you have to cover 2 floors, which the long term care facilities have, then that's wrong. They need to write it out and say, these are what we see as a thing to change it. What we want to see is

that the employer writes back to say, no we're not going to. When everything is said and done, our professional body, CARNA, is the one that tells us you are not to work when you're too tired, you're not to put yourself in a situation where your patient is compromised. But when the employer puts us in that situation and say, they don't have the staff, just go back to work. No we're not going to close any beds, no you don't have the staff, then a mistake gets made. We are then referred to CARNA, and CARNA is the one the wields the big stick, because their job is to protect the public. Who protects us? The PRC protects us. It will say, these nurses have been filling out these forms for months, pointing out what's been going on. That is the only thing we have, so we have to say to staff, you're not informing on your employer, you're not whistle-blowing on them. You are drawing their attention to the facts of life of what's happening there. What I'm seeing in my facility is we're going top heavy again. We need the bedside nurse, not the person coming in to say, we're here to investigate whether we need to send you to TQI or we need to do this. That's not what we want. Give us the monies you're spending on these high priced people, give it to us at the bedside and let us use that. Nurses and the public needs to know, professional responsibility is not a bad thing. It is there to protect the elderly, it's there to protect me, and it's there to protect everybody.

Q: Over the 20 plus years you've been with UNA, what are some memorable moments?

BS: The memorable one, allowed to have the professional responsibility form. We walked the line for that and we got it. That was a great memorable one.

I didn't have to write it up. It was just the threat of the fact that I was new in the province and I was out on the picket line a week after I got into the province. It was great, went back in that night when we were ordered back. We all said, we're not going to go, but we did go. Then it was next day it was chaos because of what was happening. A manager who had deliberately not bring the staff in, and it was such fun to have that form. Just to have it there and looking at her and saying, can we talk? This is my first step of discussing it with you. Please don't let me have to write this, because I will. It was, meet me in the office. We went in, we talked, and we came out and had staff a couple of hours later. The next time was I became chair of PRC in my facility. I remember going in and I had a bunch of PRCs in my hand. I can still remember the person, the manager, director, she was also head of the ARN at the time of CARNA. I remember her saying to me, please don't do that, we're going to give you all you want. I says, let me see it in writing. It became a joke, but it wasn't. It was great to have something. I remember walking in -35 degree weather to be able to hold it up to her. Even now, years later, I have a book that says United Nurses of Alberta Local 79. In that book, the first thing that you open up, and the manager has access to it because it's right at the front desk so she sees it, is the PRC form. All I do now if there's a PRC issue, I take the book down, I put in on the table, I turn it over and I walk away. I don't say a word, I just do that and I'll walk away. It will be one hour later, Beryl can we have a discussion? Sure we can. You know why? Yes. And do you know where I'm coming from? Yes. I says, are we going to meet in the middle? Well I don't know. I says, well I'll bring my form with me. It works. Another thing for me was seeing that young nurses were valued and we were paying attention to

our youth. That is really great. I'm getting old. Somebody said to me once, you call yourself the grand old lady of nursing. I says, ya I'm getting there, I'm ready to hang up my shoes, but not quite yet. It's good to see that we've done something for the youth. It's good to see that we're trying to retain our older nurses. But I don't want to see our older nurses there still at 70 because there is not the younger ones to move in. So that's something I'm waiting to happen, then I may hang my shield up. But those are some good times.

Q: What are some positive initiatives for the newer nurses?

BS: I think it's the ability for them to go back to school. In this new contract that we've got, we've got some changes that are there, some pilot projects about weekend workers. That would allow them to have their children and still be able to either go to school or be home with their kids during the weekday. Those sort of issues that re coming up now, we're thinking, we'll keep our young nurses. They're earning more money than they've ever earned. I can remember coming in and my first paycheck was only $480. I had worked over 40 hours for that. These young nurses now have a lot of options. But we still don’t have enough to keep them. The initiatives that we're doing is we've tried to bring the youth in. The youth is the big thing for us. We're mentoring them because we went away from that with the cuts in healthcare. So now we're mentoring our young, and hopefully they'll take over and still be strong, as we all are.

Q: Working conditions need to change in order to enable the mentoring, or you're going to be short with them.

BS: It happens. I think I'm lucky right now because I've worked as a mentor for quite a number of years in obstetrics. It's kind of nice. There's one person that is here today that I've mentored. She was a second year nurse, and now to see her, who was very anti union when she came in the system – she couldn't understand why I'd say to her, I'll be gone for an hour and so and so is going to take care of you until I get back. Now that she on the executive of my local, I can see the growth in her. The mentoring portion of it, she says to me, there were days there Beryl when I felt you were ready to kill me. I says, mhmm. She says, when that finger goes up to your glasses and your glasses get pushed up and you narrow your eyes at me, I'm thinking, oh god what have I done now. I said, but I didn't kill you though. She said, no, I learned real fast. When those things happen, move your butt. But our young nurses are going to be better. Those of us that still care are still doing what needs to be done to get them up and running. I want to have somebody to take care of me in my old age, and knows what they're doing, not just a book person.

Q: How do we get nurses engaged in this union?

BS: What is happening right now is, and we're probably our worst enemies, in that we have a rip roaring economy here in Alberta. A student nurse or first year nurse is earning good money, and the job situation is such that they can go anywhere right now. They don't see the necessity sometimes of being in the union, until something happens because they're short staffed and they're being called on the carpet. That's the time we use, which

is not the greatest time to do it, but that's the thing that works, for them to understand why you have a union and why you need to pay attention to your surroundings. For myself, I use my union activity to teach people how to look for safety issues around them, how to look at professional issues, how to look at respecting the elderly, which sometimes we don't. I use my example of how I learned to get the younger nurses to do this. Younger nurses now, they're okay until their parents suddenly start telling them, enough. But how do you teach them? It's no one thing that you can do. I think it's the way you allow the contract to work for them, and they see that. You allow them to see that the whole global picture is going to affect everybody. You need to tell them about it and deal with it. That's how I teach them. For them, what the younger nurses are finding out is, the grass is not always greener where the extra monies are. It's where you have the support of the people and the nursing union to support them, and we have to teach them. As a union we need to go into how we do teaching adults. They're not kids, they're adults. We need to work little harder at doing that. We're not quite there yet, but we're doing it.

Q: Let's talk about, what is it called with UNA?

BS: Workers of Colour, well right now the Alberta Federation of Labour calls it Workers of Colour and Aboriginal Workers.

Q: You're trying to create that same dynamic within UNA. Why do you feel you need to do that?

BS: In another couple of years, because of the shortage of nurses here, the group of

people that are having more babies and having young kids in school, are immigrants and aboriginals, or first nation, as they prefer to be called. We need to start now to foster an area where, for us as nurses, we see ourselves as professionals. Most nurses and teachers are just as bad as we are. But we'll say, but we don't have any such tendencies, we're all professionals Beryl. But guess what, do you understand what it's like to walk into a room and a patient will say to you, I don't want you as my nurse? And why not? Don't put your dirty hands on me. So I need to let the nurses realize that the issues are there, and we need to deal with them before those of us who are old enough to stand up for ourselves are gone. These younger nurses, first nations, immigrants, migrant nurses come in, do not know how to stand up for themselves. We need to have a mechanism within the union to help them. If we as nurses within the union don't seem to understand it, who is going to teach it? For me and for the workers that are here working together, it's not just workers of colour and first nations people that are working with our group. We have Caucasians that are working with our group, because they understand what it's all about. That's my goal, one of my legacies I want to leave, that every nurse will feel comfortable that if something is happening based on their race, based on the country they come from or the nationality of their people, or even their religious beliefs, that they will have a place where they can go to and say, help, I need you to tell me how to handle this. So that's my reason for being as strong with this.

Q: There's a mentoring connection to that as well.

BS: When I started at the hospital here in Edmonton, where I now work, I can still remember my interview was done over the telephone. One of my friends who I had met in Ontario was working there. I can still remember, I think because my friend was Caucasian, nobody thought of her saying, my friend Beryl. They didn't think of me as being black, I was a white nurse. So my first day that I turned up, I walked into the department and they were all standing around, because they had been to Gay's home and seen pictures of me around, so they knew I was black. But the manager didn't know this. So as I come around the corner, they're all standing there and I says, hi I'm Beryl. They all said to me, has she met you yet? I said no, she interviewed me on the phone. Okay. So they all stood around and I'm thinking, what's going on here? Anyway, this lady walks up the hallway. She said to the charge nurse, I have my new nurse starting today coming, just send her to my office when she arrives. She looks over at me but didn't even make eye contact. She just looked at me and walked away. Then the charge nurse called her back and say, oh I think you need to meet your new staff nurse. She looked. Then it clicked and I'm going, oh oh, nobody told her I was black. So we walked in the room and she says, are you…? I says, yes she's my friend. Her family is my brother's next door family in Ontario, and when we came from England we made friends. Now she's married to an Albertan and I'm here and yes, we're friends. Oh. I said, what is it that's bothering you? I said, you interviewed me, obviously you didn't pick up on my accent. Obviously there's something that's not what you expect – what is it? I said to her, you need to know something about me. I can be very nice and I can be very mean. I says, right now I'm getting to my mean stage because I'm picking up on a vibe I don't like. So please tell me

I'm wrong. She says, oh you're wrong. I says, okay. She said, how would you like to go and meet the person who is going to show you around? I says, not a problem. She took me out and everybody's standing in the hallway like they'd been listening. The charge nurse looked at me and said, I think she's met her match. It was kind of strange. One of the obstetricians walked in, and I had my nurses pin on from England. He came up and looked at me and said, are you the new nurse? I says, ya I am, I'm Beryl. He says, I know that pin. I says, ya I'm from Royal Vic. He says, do you know old man Murray? By this time the manager had walked out. I says, yes I know old man Murray. I says, if you're calling him old man you must be darn old yourself. He says, ya, we went to school together. After that is was like, the manager looked at me and looked at him, and I only found out later that they hated each other. But he used me to get back at her, because now he's got somebody who knows the British ways that he liked things done. He was sort of my crutch, because he was somebody that I could talk to because he was British and he understood where I was coming from. It was really quite weird. After about a month we went to a seminar together and she was there. There were 3 doctors there that I recognized – one was from Ontario and two were from Britain. I stand out because I'm the only black face in the room. One comes over to me and says, where's your partner in crime? That's the one from Ontario. I says, oh she's upstairs working. He goes, oh I need to see you guys later. I says, ya we'll come for a drink with you. She looked at me and said, that's not the way to talk to a doctor. The doctor turns to her and says, if you'd gone through things we went through working together in an obstetrical unit, you'll know why we talk to each other like that. Later on she said to me, how many of these people do you

really know? I said, a lot. I says, and by the way, when you talk about me, don't forget there's an awful lot of people who know who I am, and it gets back to me. I respect you as my manager, please respect me as a person. I will not accept anything else. It's the same thing even being here with United Nurses of Alberta. I am still the only minority, apart from the men, that is on this board of UNA. It is lonely. Sometimes we need our space, we need somebody else we can bounce things off. That's one of the reasons for me working with the workers of colour, I don't want that to happen to anybody else.

Q: What's UNA's role in the broader social context?

BS: UNA supports a broader arena based on the fact that we have a leader who is very social conscious. She's very conscious of the world we live in. She fosters that spirit that we are here not just for ourselves, but for the people we service. If that means that we help with friends of medicare to protect and get rid of the third way, we'll be there and UNA will support this. If it means going out there and taking on pharmacare, she will do that and we will do that, because this is where we see that we should be doing to make this country better. Medicare is a huge issue. The social portion of our nurses' union is not just for us to say that we get a better salary or better place to work in, but it's saying that we need a country that provides good universal healthcare, pharmacare and clean water and clean air and green grass. Whatever it is that we feel as a union that we're going to be doing to help, we will do that.

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

BS: This has been a really sweet ride in getting to do the things that I feel passionate about, and that is people. I feel passionate about the care that I give and the care that others give, and I feel passionate about the world. That takes in the whole thing about climate change, the whole thing about healthcare, the whole thing about everything. I feel great with the people I work with. There's good days and bad days, but the good days far outweigh the bad days.

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