

United Nurses of Alberta

Aman Takhar

AT: My name is Aman Takhar and I work for Northeast Homecare in Edmonton.

Q: How long have you been doing that?

AT: Probably for about 5 years. I started as a student and have stayed on.

Q: Where were you at school?

AT: I did 2 years at Grant MacEwan and then 2 at the U of A, and finished with my degree.

Q: Is your work experience like what you thought it would be?

AT: It is. For me personally, I prefer working in the community. I know when I started with nursing, you kind of start on the bottom and work your way up top with the experiences that you get. For me it has been. When I'm in the hospital I just find it's a bit more busy than community. We have a different kind of busy, but you can plan your day. I think it's set out to be what I expected. It certainly has gotten a lot busier though in the last few years since I've started.

Q: It's a bigger workload?

AT: Ya, it has been. I've been doing community homecare for about 5 year. I've noticed in the last 2 years the workload has increased immensely. For any given weekend, for us we'd start out at, when I first started we were at about 3 hours; now we're expected to carry a caseload of 5 hours on a shift, which just is not doable. So the workload and the staff, the workload has increased and staff shortages are there.

Q: That's 5 hours of...?

AT: Of direct nursing care. Then on top of that you're looking at driving time, charting time, and you're expected to take your breaks in that time as well. A lot of nurses that I work with, it's just not feasible to do that right now, and we're expected to.

Q: Is the staffing issue the thing that's making your job the hardest?

AT: I would say. The staff I work with are excellent, but the amount of staff we have... I love nursing, which is why I'm still doing nursing. I think because I love it, that's the only reason I'm still doing it. With the shortages being there, it does make you question.

Q: What does that shortage mean in terms of your work?

AT: It is definitely less time with the one on one that we normally would. Normally you're in a client's home and you can actually sit there and listen to them, whereas now it feels like it's more task orientated. Gotta get in, do the wound care, gotta get out and see your next person. When you're at 5 hours you're driving from house to house, so it potentially creates a hazard for when you're on the road trying to rush from house to

house. That makes it quite difficult. In fact, I just find that when you're at that level of the workload being high and the staff not being there, you're rushing so much that your butt's on the line because you haven't had enough time to spend with the client, you oversee something. Or you're not getting properly trained is another issue on certain subjects. It puts us in liable situations.

Q: Are you seeing patients in more stress now that Alberta is in a boom?

AT: I think it's a trickle down situation. We're coming in to work and on any given day you're short staffed. The workload is there, it's not like the referrals stop coming in from the hospital. The patients are being discharged, we're expected to see them. So when you're working short you're stressed out, you're trying to get everything done and you're not providing that quality care to the client, which is unfortunate. Then they're getting stressed out as well. We know how busy the hospitals are. I think the stress from the nurses in the hospital and community, it's the client that suffers a fair bit.

Q: How do you see UNA's role in helping that situation?

AT: I think the fact that we all have our locals and have our meetings to voice an opinion, you need to come together and have leadership. We have a great president with UNA and I think Heather Smith is doing a great job. The more we come together as a unit, hopefully that's a strong enough voice, and it has been in the past, to make a difference. But I think we really need to have our government see that our quality of healthcare is

really struggling here. Ultimately it's the client that suffers. As nurses that's our goal, the client is the patient.

Q: So it goes beyond the immediate workplace.

AT: You can get together and discuss all the problems, but if at the end of the day you're not taking it up a level higher, I think the frustrations still lie there. We need to see that change, and the government has to be part of it.

Q: Is this your first convention?

AT: It is. I have enjoyed every minute of it. I think it's exciting. It's exciting to hear and to see the different people from the different locals. It's great all the energy that's in that meeting room.

Q: What changes would you like to see?

AT: Right now for me to say what I would reshape is what everyone has been stressing, is the staff shortage. I think that's what it boils down to. When you don't have enough staff you don't work well. Being short staffed stresses people out, the clients aren't getting the care, and I've just seen it getting worse in the 5 years since I started. When I first started community, it was attractive in the sense that you get to plan your day, you get to organize how long you're going to spend in a client's home, and you're going in there for more than just the wound care or cardiac care, you're looking at the whole picture. We're

just not given that time now. There's too much expected of us to get done in any given day, and that makes it difficult.

Q: Are you responsible for a certain area/

AT: The office I work at covers the northeast area of Edmonton. In that we all break down into specific areas, so I cover a lot of the Westmount area. We do cover a specific area, but having said that we still do have a lot of driving to do. On weekends especially, you're going from one end of the city of the northeast area to the other. It's a large area we cover.

Q: So you're being asked to work a lot of overtime and weekends?

AT: For us it's a bit different. We're asked to work a lot, but they rarely offer overtime for community. It's just expected. Like I was saying, when I first started it was 3.5 hours of your direct time and now it's 5, and that's what we're expected to do. It's different in that sense, they don't always offer overtime. When push comes to shove then they will, but even at that point sometimes it's too late. We need people when we need people, and I think they're kind of stingy that way, to offer the overtime. It's not even that. Some people don't want the overtime. When your shift ends at 4:15, we want to be out of there by 4:15. A lot of times they'll just expect that we'll put in overtime. We should be given the amount to work that we can adequately finish in a day. For them to expect us to do overtime is not fair.

Q: Have some of your co-workers been there a long time?

AT: Yes, I work with people who have done community homecare for 20 plus years.

Q: Do you get a chance to talk with each other?

AT: We do, and it's nice to get the opinion and to share the information back and forth from a senior nurse to myself who's only been nursing for 5 years. We do have a lot of that. I know they've seen the changes as well, with the workload increasing and the staff shortages. It's nice to be able to bounce ideas off of more experienced nurses.

Q: It must be quite isolating working alone all the time.

AT: It can be. We all convene usually in the afternoon to do our charting, and when we have daily meetings to organize our day. The opportunity is there to speak with your colleagues and to bounce ideas off of other people.

Q: What parts of the convention are most important to you?

AT: Probably the most important, I feel like I'm a broken record, I think it is. When I hear other people voicing their concern with the staff shortages, it's in a sense reassuring to know our office isn't the only one – that there's hospitals, there's other community locations that are also in the same boat we're in. That, and it's just nice to hear, like this morning we had the president from the Ottawa group speak with us. It's nice to hear that everyone's on the same page and everyone's trying to make the healthcare system a better place to be in. I think for me that's probably the most exciting. And just to meet new

people and to hear where other people are working, and the positive things as well that they've come across.

Q: What are some positive memories you have from your time in the union?

AT: For workplace for me at the end of the day it's just nice to know, it really comes from the client, the positive comments that you receive and that you know you've made a difference. By far that to me, that's the reason why I'm in nursing, is to know that at the end of the day you've helped someone and made a difference. With the union, I just started going this last year to the local meetings that we've had. It's nice to be able to work with other people. Positive change, it's just nice to know that someone's out there in a leadership role to hear what you have to say and to carry forward your concerns. I think that's very positive that we have such a good union, because I don't think everyone is fortunate to have such a great union.

Q: Is public healthcare a priority in your work?

AT: I think so. Sometimes we do find too much – not too much, because there should be focus on the hospital as well, but it's not just the hospital that's suffering when it comes to staff shortages. I think it's good to look at all types of nursing, whether it's the public community, the hospital, all of that. At the end of the day we all have the same problems and we all need to come together and voice our opinion. I think that's important.

Q: Do you think public healthcare is important?

AT: I think that makes a big difference, and we're lucky in the sense it's public rather than, I know they were talking about in the meeting as well, with everything, with pharmacare and the medications and stuff. I think we're still doing well compared to some of the places, like in the U.S. But I think slowly that's slipping if we don't do something quick.

Q: What can be done to keep nurses?

AT: If you don't have that true passion for nursing, you're not going to last. I think those people have already gone or will be going. I think you do get frustrated to the point where if things aren't changing people are leaving. We all have families to support and we can't be burnt out, which is exactly where I think nursing is headed right now. I think they just need to get more staff and make the working conditions safe and doable. Right now the working conditions are unsafe. It becomes a hazardous area to be working in when you've got too high of a patient case load and you're expected to get too much done that you can't normally get done. The staff is a big thing. Maybe there need to be better incentives to bring nurses here, to make them stay, to have bigger signing bonuses. I think we need to come together, and that's why we have these meetings, to figure out what it is we need to do to bring about the positive change.

[END]