United Nurses of Alberta

Arlene Moreside

AM: Arlene Moreside, and I work for Peace Country Health, in public health, in Peace River office.

Q: How many years have you been nursing in the public health system?

AM: In public health nursing it's probably been about 15-16 years. I've worked in various areas in nursing, and that's been a great appeal for me because I worked in a small rural hospital in acute care. Then I moved to a bigger centre, Red Deer, worked in that hospital for several years. Then moved to Peace River and worked in acute care there but in the operating room as a specific place, then moved to public health. At times it hasn't always been in a unionized setting, because public health services weren't always under a region collectively. They had different staff association for instance, was what I was involved in, then in the union again. So it's been in and out somewhat.

Q: Over a period of how long?

AM: I looked at that, and I actually graduated in 1962. I took about 5 years off when we had our family, and all of the rest has been in nursing.

Q: What changes have you noticed in the profession over that period of time?

AM: There's been a lot more of technical advances. Who ever thought you'd do a heart transplant, for instance, or lung transplants or liver transplants, all of those kinds of things? There's been such a lot of research into all areas that affect human beings medically, and physically, mentally and emotionally. It's been this great explosion of knowledge. That of course has impacted every area of nursing. You have a lot more specialties, and very specific specialties. You were more a generalist in lots of areas when I first went into nursing. I don't think anybody could've dragged me into nursing if they would've told me I would be dealing with all the technical equipment over the years that I have learned about. A lot of people are still very intimidated by the use of computers, learning new programs, developing new programs. Who would've ever thought that that would've arrive in the healthcare setting in the way it is, and yet it's a wonderful thing. There's such a wonderful way of communicating. I still like to talk to people on the phone or face to face.

Q: What about the aspect of patient contact?

AM: In public health it's really nice because we still have very much hands on with a lot of things that we can do. I know in acute care they do too, but there have been losses as to time spent that you can spend with individuals because of these time slots that you're allotted to do things or not. It is the nature of the beast. You have less people to do more work. There's more programs because there are always wonderful, innovative ideas out there that are all for the good of the individual person. A lot of these are expected to be implemented and documented and actually proven that they're effective. All of that is

good, but you do need people, and there aren't as many people in our profession as we would love to have. They're run off their feet, they being nurses. We are run off our feet lots of times. You'll hear that from nurses all over the province, all over the country, all over the world. It's not a quick fix; you can't have a quick fix for something like that.

Q: Do the same pressures exist in rural hospitals as in the big cities?

AM: In rural hospitals it's identical. It's getting staff to cover for peak vacation periods, anytime. There's bed closures because there isn't the staff to cover lots of times. Whether it's a small rural hospital or a big hospital, there's very similar problems in that way. Where do you transfer people if there's not a bed to transfer them to?

Q: Is there time in the working situation for the technical learning to happen? How do you do that?

AM: I'm fortunate, because in the office and in the area that we work in, it's an expectation. You have to program time in your day to do research and to maintain your skills. There isn't time always, but you do a lot of time management. In public health, you're continually learning. Even in this flu season, the components in that vaccine change from year to year. Again, every flu season you're reviewing everything. You're looking at what the components are, you're learning what the surveillance is, there's just such a lot that deals just with that program. Each program has learning built into it. There's things about babies and supporting and assisting mothers postpartum, antipartum, and it's just continuous learning and reinforcing the latest things. Fortunately, we do have

Telehealth, which isn't the same as meeting together as a group of people, but it certainly does facilitate learning and reviewing policies, procedures, new items. But it's a massive amount of information that you are continually dealing with. I'm continually amazed at how well it's assimilated by nurses. It's that whole flow of communication. It's amazing; it's really amazing.

Q: What role does UNA have to play in addressing these issues?

AM: It is very comforting to know that we have a labour organization that works on the individual member and membership issues around protection of your health in the workplace. It's all the things you do for other people that our local and our provincial body does for us, and looks after and attempts to look after creating situations for our wellbeing. It's nice to know that if there is an issue we do have labour relations officers that we can phone up and say: hey there's this issue that's come up; how do we deal with it? Or how do you see it? They have so much experience in dealing with these kinds of concerns and labour issues, that we don't often have to concern ourselves for the average member down on the bottom. It allows you the freedom to do your job without having to worry about a lot of the individual little issues that come up. You are involved in them and it's very important that each member is. In PRCs for instance, making your workplace and patients safe. Safety for your patients, safety for your members, safety for anybody that enters that place. We have occupational health and safety that we have meetings on. If it wasn't for our union, a lot of these things would not, I don’t think, have ever come into place and into being. Like professional responsibility, that's another

committee that, without the union insisting that it's important, I doubt if it would be there. So there's a lot of things that are very important, and without our union would not have ever happened.

Q: UNA is one of the few places to be able to look after your own health as a worker.

AM: Yes. In our contract there's been so many things built in for our wellbeing. Vision care is one thing. The coverage for your pharmaceutical supplies, if you're a diabetic: some of those supplies are covered and cared for and built right into our contract, which is very nice. It's not something you have to argue about; it's there and it's utilized. They're utilized by our members. It's really wonderful to have that kind of support. It's wonderful to have that kind of contract.

Q: How long have you been with the union?

AM: In ’78, I believe, I don't think we really had a union per se until close to around '78. I can remember going to a meeting with the AARN, CARNA now, where the membership said, we don't believe that AARN can really bargain on our behalf for our wages and our concerns. So that was sort of the step that was taken towards forming a union where those kinds of issues could be dealt with. The AARN then was the professional licensing body. I can remember emotions ran very high at that meeting, and you could really quite understand why they felt that way at that time. They were at cross purposes and we really did feel at that meeting that the AARN really was not able to stand for the issues that we had around, in particular, wages, at that particular time, never mind all the other things.

Q: Are there some things that really stay in your memory of when the union gained something for the patients or for yourself?

AM: I think one, after the initial strike, the government really sat up and took notice that these people have rights and they really want these things. I can remember being on the picket line, that first picket line. It was going to be a new day, and it was. The doctors really, in our particular location at Red Deer, were backing the nurses to the hilt, which really was good to see. So there were a lot of gains made right then and there. There have been a lot of gains made in OH&S, occupational health and safety things. There's been a lot of gains just in premiums not only for full time but part time, for casuals. Some of the things that are happening nowadays that there's no way in the world you would ever dream or be able to project that thought into the future, to even know that you'd be dealing with them. UNA has been a growing union. As issues come up they're being dealt with, and will be growing into the future because things are not going to be staying static. They change. It's been a very big reassurance for a lot of nurses to have their rights protected. I have seen many nurses that have had issues that have been resolved. They've been protected. They have had the union stand behind them when they had issues through hiring, through firing, through all kinds of issues that come up that you really feel you need to be protected and your rights need to be protected. The union has been there protecting those rights for you.

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It's been a progressive work. Nurses really do care about nurses, and we really would like to see more young people become interested in nursing. The wages really are comparable for males and females now in this profession; so they can raise families working in this profession. We have a lot of single people. When you look around and see the inflated prices for food, for housing, it's unbelievable--the cost that has really gone up, in housing in particular. I am associated not with buying one, but just seeing what family members have had to pay for their homes nowadays. I'm thinking, I don't know if we'd have been ever to buy a house at that rate. We just do have to keep tracking along and going up. People have to pay these prices for a place to live, food to eat, raising their families.

Q: Are there any particular challenges in the public health sector?

AM: It's replacement, and it has always been so in public health. If a person is on vacation you're never replaced. If somebody is off on a leave for whatever reason nowadays, you can't find somebody to replace them. The work gets farmed out on top of the work you're already doing, with your consent. Could you take on this little bit extra and these kinds of things. I know it happens in acute care as well as in public health. It's pretty universal. There are shortages and it affects every program. The programs increase, new programs come out, and they need to be covered regardless. Costs need to be kept down. I hear region saying, we can't afford to pay you overtime; there will be no overtime. We can't afford to have an extra person here for this or that, because we don't have the money. You can't help but think, these are government funded. It's no surprise to the government that when you're asking areas to present programs, do programs, be

accountable for programs, that it's going to cost. Our computer programs alone have cost a lot of money. These regions are expected to bear the cost. I haven't ever read, and I could be absolutely wrong because I don't research every paper that's put out by the government and others, but it's not been obvious that government has put money into regions' pockets to develop these computerized programs, that linkages throughout the province. So where does it come from? It has to come out of the budget that regions already have and have earmarked and used in the past for doing programs that were already in existence.

Q: Is there an alternative to full-time work for nurses?

AM: Sometimes people apply for jobs where there are shortages. They're told no; we don't have any place; we don't need any nurses. To me, if you're short of staff and somebody applies and you tell them you don't need a nurse, what is your problem? You either have a shortage or you don't. There's either a position available or there's not. You get these strange messages and you really have to wonder: what is the truth?

Q: Why is the public healthcare system important?

AM: I don't think that people that have money will ever have a problem getting care, but those that do not will and they will not be able to access all care that others with money can get. It's been a wonderful thing to have public healthcare available to all. We've always wanted that service. We have been privy to it. We have no reason not to have it. We live in a wealthy country and a wealthy province. I don't see what the problem is to

having a public healthcare system that is for the good of all. Private to me just singles out a certain portion of our population in the province that can pay. In long-term care in private for profit facilities, that has got to be not very good. Just because those people will always be able to pay for the kind of care that they want in their senior years, but what about all the other seniors that built our province? Basically they're our pioneers, our settlers; they already endured all the hardships of opening this country and making it into the province that we have. They are the ones that are paying a big penalty in this healthcare system, because a lot of them have to pay for every little extra thing, and not even extra thing that they need. How many baths can you have a week, and if you need to have an extra bath, how many extra dollars is that going to cost you? When I heard that one time I thought, we just take so many things for granted. Then to hear that it's not available to those people.

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

AM: I think I've said more than enough.

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