United Nurses of Alberta

Linda Roberts

LR: I'm Belinda Roberts from Local 2 in Red Deer. I work currently in the recovery room as a full time registered nurse.

Q: Have you been doing that for a few years?

LR: A very long time actually, since 1972. I graduated from the Holy Cross in Calgary, got married the next week, started my job in the Red Deer Regional Hospital the next week.

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

LR: Oh my goodness, so many, so very many. Wendy mentioned the technology side of it, and that's changed dramatically from the time that I started to date. We've got all these wonderful tools, but the tools don't ever help interpret themselves. It's always the nurse that has to come back and interpret what she sees and what she's reading from the machine itself. They're just tools; that's all they are. But you're required by your employer to use them. They're advances. Sure, we picked up a lot of things, but we can still do it the old way.

Q: You trained at the Holy Cross?

LR: Yes, under the nuns, under the sisters we were.

Q: And you directly worked in the wards?

LR: Oh yes, we were assigned nursing duty as first year students almost within our first 3 months, and worked as essentially nursing staff. Unpaid staff. That's how that hospital ran, because the 3rd year nursing students essentially ran the wards, essentially worked as staff nurses.

Q: Do you see a different attitude in the graduates today regarding patient or technology-based perspective?

LR: I do. I also think there's a different attitude in how they approach their patients. We were very patient-focused, and that isn't always the case. It used to take these educated, I don't know if you want to call them higher educated, university-educated, college-based programs, they haven't had exposure into how to deal with patients. Their contact is limited; so it's a different approach. They have to learn to get their feet wet dealing with people first before they can actually get used to the technical and nursing aspect.

Q: Is there every opportunity for you and a younger nurse to talk about that?

LR: Oh ya, mentorship is a wonderful tool. They bring to us so many skills as well. There's the generation Xers and the generation Y-ers merging their abilities.

Q: Is there opportunity on the worksite to do this?

LR: It's happening incident by incident. There's nothing really planned; it's just incident by incident.

Q: Is that a positive thing?

LR: It's positive in that we're assisting them and they're assisting us, but there should be more structure to it. That's not there; it's happenstance.

Q: Some people have mentioned the idea of mentoring in a structured way as being an important thing.

LR: Yes, and sometimes you get tired of teaching. As an old dog, you get tired of teaching all the time. That's a role that is not even recognized by the employers, the amount of teaching that the old staff do with the new, and vice versa.

Q: And the teaching extends to how to cope.

LR: Exactly, how you accommodate your rotations, and how do you change your lifestyle, what's better for you as far as your eating habits, sleeping habits. We pass on tips.

Q: What changes would you like to see?

LR: Staffing. Accommodating the acuity levels in the hospitals with adequate staffing. That's a critical factor right now. Nurses are not able to do the work that they were trained to do, because there isn't the timeframe and the patient acuity is too high.

Q: Nurses no longer get to witness their patients getting better.

LR: We don't have the 3-day ? of staying anymore. They're gone home after a day surgical procedure. You don't have them in hospital to see them get better. Your assignment isn't supplemented with people that are on the verge of going home, your assignment is acute, acute, acute.

Q: That must be stressful.

LR: It is. You have no downtime. There is no downtime anymore. There's no time to just enjoy your patient. You're always in the acute phase. There's very little time for teaching patients too; a lot of that is done on a homecare basis. You don't get to actually see them and discharge them with a care plan and help them put on their first appliance, for example. That kind of stuff isn't happening, because there's a push to get them out of the facility.

Q: That role of teaching the patients used to be a major part of nursing.

LR: It did. Discharge planning and patient has been removed from the registered nurses at the bedside ability to do. We're just fighting fires.

Q: So you were there at the founding in '77. Talk about what that was like.

LR: That goes back a little further than '77. In 1975, '76 I was president of the Staff Nurses' Association of Red Deer General Hospital. My precursor was Gerdy Channel,

who was past president of the Red Deer Staff Nurses' Association. Gerdy conscripted me into, in about '76, there was a change in the legislation and your professional body could not represent both the staff nurse and the management nurse. They had to create the division for a collective bargaining for staff nurses separate from the professional body. That was the foundation that we had to come up with a plan of attack to how we were going to come up with another organization or another way of collective bargaining. Gerdy Channel and myself, Yvonne Chapman who was the director of the ARN at the time, and Robert Donahue, who was assisting Donna Clark out of Calgary, all started rumblings. It was way back then that we started looking at the structure. We came up with some constitutions that we thought might work for an organization, and we came up with a name, which was kind of funny. We had a lot of different names for the United Nurses of Alberta.

. . . Initially it was Gerdy Channel, Yvonne Chapman, Robert Donahue, Donna Clark and myself. We started the process of looking at an organization that could define collective bargaining for staff nurses. We came across some constitutions and started to develop a constitution for the United Nurses of Alberta that could've been called ANU or Alberta Union of Nurses, RUNU we had all kinds of names going on.. The Union of Nurses of Alberta was one of them. All of a sudden the United Nurses of Alberta came up and it stuck with all of us. We said, this is it, and away we went. It is a good name, and it stood up for 30 years.

Q: So there was a hospital to hospital campaign …

LR: To get their certifications in place and sign people up. That was one of the reasons the Calgary General was signed up as local 1, because we wanted a large center, signed sealed and delivered. Local 2 was Red Deer, which was a smaller center. Because we had both Gerdy and I involved there, we got a good group signed right away. From there it just progressed.

Q: Someone talked this morning about having to get people beyond the abstract of professionalism and into union.

LR: That was horrific, that was a horrific experience. I was phoned in the middle of the night by people saying, how dare you think of yourself as a professional person, when you're trying to unionize nurses. How dare you? It was very hurtful. The public was not receptive to us at all. We were supposed to be registered nurses, we were supposed to call ourselves professionals, and yet we were treated very poorly. I think my first paycheck was $300. We just didn't have any quality of life. I worked 12 nights in a row, that was part and parcel of the pre collective agreement stage.

Q: Somebody said Safeway clerks were paid more.

LR: Certainly they were. That's what we based a lot of our discussion with the employers on, was that Safeway gets more than we do. It was very true. It was scary.

Q: What moments stand out in your memory?

LR: The biggest one was, or one of the big ones was the first annual general meeting of UNA. That was held here in Edmonton at I think the Radford Hotel, a big banquet room. We had about 200 delegates and this was our first delegate meeting. I had just been elected as the central district chair person, and I also was elected as the leg committee chair. So I got the dubious duty of presenting our first constitution to a delegate assembly that didn't know the rules like we know the rules now. It was really interesting. But from there we've just grown and progress. What I find heartwarming is that the bones of that constitution, the principles of that constitution are as current today as they were back then. I'm proud of that.

Q: What would you say those principles are?

LR: Oh my goodness, just look at Heather. She epitomizes UNA in the principles that she has. theres just so many and they're true, that's a hard one.

LR: The role of the union in the workplace, the role of a unionized nurse as a professional. How there is dignity if we're unionized and professional. Those are strong values that we instilled way back then, we fought for them way back then.

Q: What is the union's role in protecting the healthcare system?

LR: That is absolutely essential. We have to be active there, we have to be very proactive in protecting it. If we're not the defenders of healthcare, who's going to do it? One nurse

may not be able to do it alone, but 20,000 voices in this province have a significant impact, significant.

Q: I think nurses are held in respect, so that voice is an important voice.

LR: It is, and not very many organizations get the support of 20,000 nurses that are vocal to come out and vote and participate and debate. UNA has brought that forth.

Q: Talk a bit about the possibility of alternative work patterns after retirement.

LR: That's one of the reasons that made my decision to retire earlier, is the amount of call-back and overtime that we do is excessive. I find I don't bounce quite as well as I used to. I can't turn things around on 4 hours sleep. I'm not willing to go out jeopardizing my registered nurses license because of fatigue. I'm just not willing to do that.

Q: And you shouldn't have to.

LR: No, we shouldn't have to.

Q: So are there things the union can do to help make that transition?

LR: I think the employer is much more aware of it than they ever used to be. We're forcing them to look at the stats and say, okay we've got horrific overtime here. But they're in a dilemma too, because where are they going to recruit the nurses? Where are we going to find the nurses to replace not only the ones that are retiring, but the ones that

need to be off on, they worked all night, they need the next day off, they can't come back in 7 hours and be safe. Where are we going to find those people? It's a staffing nightmare.

Q: Also it's partly the retention.

LR: It's the retention, it's a recruitment issue. But I don't think there's been a lot of respect for recruiting and retention given by the employer.

Q: Why would a young woman put up with some of those conditions?

LR: We're seeing that, because younger nurses are leaving almost as quickly as the older ones are. The burnout rate is pretty high. They are saying, enough, I'm not going to work nights and come back and do this overtime and have a horrible patient assignment and put myself through this, when I can go change careers. They're quick to do that, because they've got the ability and the training and that's their mentality. I don't think the nurses of today get into it for a lifelong career. I don't think very many people do get in for a lifelong career anymore. We got in it and we stuck. It's the same with your employer. I've been with my same employer for 36 years. That doesn't happen very often.

Q: If there was more time to spend with the patient, maybe people would stay with it.

LR: They might, but you don't have the time to do that all the time. You don't get time with the patients anymore.

Q: How do we get younger nurses to stay with the profession and to become involved in the union?

LR: We've made it so good for the nurses, through the collective agreement, they can work a .7 position and almost take home what a full time equivalency does. That gives them x number of days off, more time free. Why would I want to be involved when I have free time, I haven't had to fight for everything, I didn't get paid $6 an hour, I didn't get to go through 4, 5, 6 strikes to get what I wanted. I didn't have a loss of funding, I didn't suffer the humiliation of being on strike. No nurse likes to walk out those doors, because she knows it's gonna hurt somebody. Why should we expect that of them? How we get them involved in UNA, I don't know, other than through osmosis.

. . . After awhile you get tired of being pushed to the wall on every shift. That takes the fun out of it, that takes the caring aspect out of it. You can't even care for yourself, you're too tired to care for yourself.

Q: Why is public healthcare important?

LR: My dad was a war veteran and he fought long and hard for healthcare in Canada. He was a great defender of it; he was a great Tommy Douglas fan. There is no way that he would have accepted, and up until he died he did not accept the fact that there was a private way of doing things. He refused to go private when he could have. He could've afforded it, it could've sped up his treatment plan. But he was totally offended by that principle. I'm his daughter. … Always the defender of public healthcare, the defender.

Q: Is there anything else you wanted to talk about?

LR: One of the other highlights, and Heather alluded to it today in the meeting, about going back and finding a collective agreement from 1978, and the $6.66. I just have to tell Heather that I was on that negotiating committee at that time, held in the Banff Springs Hotel. That was our first collective agreement, and it was a battle. It was a struggle, because we had no respect at the table. They were just handing out crumbs. It was a learning process for us too. Very quickly we learned that removing ourselves helped tremendously. Strike action, essentially. That led up to the strike activity that we had. That was our only tool to make them smarten up at the table, was that they knew that we could walk away and we'd walk our people out too.

Q: One of the aspects of strike is the social bonds people form.

LR: It really draws people together. People in hardship during the strike activity, other nurses would step up to the plate and quietly slip money into an envelope for them. I saw that happen over and over again. I saw food hampers given to people who couldn't afford it when they were on strike. The generosity of the nurses looking after other nurses was just incredible. It was amazing to see and it was amazing to be a part of.

It is a bond. You don't ever forget the '88 strike, the '81 strike, the '77 strike. You don't forget those. Those were hard times that brought the nurses together.

Q: Can you think of small gains that were made?

LR: Just being through the grievance process is a real draw. A lot of the nurses initially were so fearful of it because they were totally intimidated by their employer. But to realize that they could actually stand up and win their case gave them so much strength and heart, to know that I'm right, it says it here and I'm entitled to it. It gave them a lot of strength, and I've seen a lot of that happen.

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