

United Nurses of Alberta

Lisa Dubbeldam

LD: My name is Lisa Dubbeldam. I work at the northeast homecare office for Capital Health.

Q: How long have you been there?

LD: I've been there as an RN for 6 years and prior to that I worked one year as a nursing student after my 3rd year of nursing school. I've been at that office for 7 years.

Q: You went out of MacEwan?

LD: No, I went to U of A. I just started there and knew that's where I had to be. So I just thought I would start there and go the whole way through.

Q: You had to be there why?

LD: Because I wanted my degree. I knew I was going to get my degree, so I thought, well I need to transfer there at some point, I'll just start my school there.

Q: What was it that made you want to work in the homecare area?

LD: It was something that I had no idea existed. It was completely new to me, and I just loved it. I thought this is something I never thought nursing could be like this. I didn't know anything about homecare. I have a couple aunts who work in emergency and

hospital units, so that's kind of what I was gearing myself up for. I just by chance got this summer job at the homecare office and I thought, this is incredible, I love it. It just fit my personality and I knew that's where I wanted to be when I graduated.

Q: Is it the contact with the people?

LD: It's the combination. I really like seeing my clients in their homes and in their home environments, and you see their families. It gives you a much more holistic perspective. I love the challenge of working independently. You're out there making assessments and making judgment calls. I like that challenge, and I like the independence of it actually. It suits my personality. The variety is amazing. We see anything and everything. I work a lot in the inner city, and I really find that population interesting. It suits me.

Q: ... That can be depressing. How do you cope with that?

LD: You really have to learn, I had to learn not to impose my values and what choices I would make for my life on my clients that I see just because that's not how I would want my life to go. Many of them are happy with where they are at, in terms of what they have. They've made their choices, and I just need to go there and ...

... ..

Q: Back to where we were, about how you don't impose your values upon the people you're seeing. Just keep following that thought.

LD: Okay. At the same in balance with not imposing my values I feel a big responsibility to offer my clients the best of what I have and our system has to offer, and to make sure

that at least they have the services that are available, that they know about those services, and they have access to those services, and that they're getting the option to choose whatever the best care is available for them.

Q: Over the last 6 or 7 years have you noticed [a rise in poverty]?

LD: I can't say if I've noticed a huge increase, but an increase for sure in the amount of people we're seeing at shelters or people who don't have a fixed address. Even lots of transient people who are just staying with relatives or various friends, and keep having to move around because housing is an issue for them. Yes, definitely see an impact.

Q: Do you see housing support as an important role for UNA?

LD: Absolutely, I do. I think our union is looking at serving nurses and Albertans. Whatever those needs are, for whatever the time is, is something that we should be involved with.

Q: People don't hear my question: could you expand on that?

LD: I think it's important that the UNA is involved with supporting Albertans in other areas, not just the nurses. Things like affordable housing is a really big issue right now, and a big issue that I see with my clients in the inner city. Advocating for all kinds of minority groups, I think that's important as well. And showing support to other unions, other workers, employees of various places, who would need that support. I think it's very important.

Q: Have you been involved in the union?

LD: A little bit. I've been going to local meetings for the last 3 years. I've been to two other AGMs before this. I had no idea what the union did for nurses before that. The president of our local is out of my home care office and I'm friends with her outside of work as well. She'd say, c'mon down, we're having a meeting next week. So I'd go, and found myself getting more and more interested, and wanting to go. Not just going for her, but actually wanting to go, and realizing what the union does for us and how important they are.

Q: What kept you going back?

LD: To see the changes that were happening, to see progress that was being made on contracts, to follow up and show my support and get the message across about issues like staffing issues or overtime and wages and those kind of things. To actually not just be the person who shows up to work and goes home and then complains about everything, but to say, I'm gonna try and make a difference, even by going to the meetings and being informed, helping to go back to my office and tell people who weren't at the meeting for our local what was talked about, and encouraging people to be more involved and to come to the meetings.

Q: What things should the union do to shape a different vision of healthcare?

LD: I think it's important that the union really, and they do I think right now, but that the UNA focuses on the solidarity. We're in this together and we have to stand together. I think that's a really big issue. And just supporting the frontline workers, to hear their concerns and to have those concerns be addressed and taken forward and taken higher.

Q: Do you find that people listen to you in union meetings?

LD: I don't really speak up too much yet. But I do feel, considering I am one of the younger nurses, even at my homecare office, that definitely people know I go to the meetings, so they'll ask me questions about issues or about our contract. I definitely feel like I get enough respect as a younger nurse, and people do respect me and the knowledge I might have.

Q: Are you experiencing unsafe conditions due to short staffing?

LD: Absolutely. We have more acute, more sick clients in their homes. We have more clients to see, and we have less staff to do it with. I've seen that over the last 6 years that I've been at our office. It makes it unsafe for myself driving from home to home covering the whole northeast side of Edmonton. You're rushing. We have timed visits that we have to get to for certain times. It's not safe. There's so many new products we're expected to use, and technology that we don't always get in-serviced on in the proper amount of time. We're going out to homes and having to deal with things that we might not know about enough. That's not safe. And just the time that we're having to cut short with our clients. If you don't have the time to do that holistic assessment of everything that might be going

on with them, it's possible that things are going to get missed, the clients are going to miss out on getting the care that they deserve.

... And we might not be coming back until tomorrow or 2 or 3 days later. If you're not able to do a proper assessment at that time, and something changes within those couple of days, there definitely could be problems.

Q: Do you think it's important that UNA has taken this position of trying to protect public healthcare?

LD: Absolutely. I believe firmly in public health, and I'm proud of UNA for standing up as strongly as they have for it. I think it shows that it demonstrates the intrinsic value that every human life has. Everyone gets the same treatment and the same timeframe. I think that is irreplaceable. That says a lot about us as a nation, about us as people. I think we need to fight for that really hard.

Q: Anything else you'd like to talk about?

LD: Nope.

[END]