

United Nurses of Alberta

Marie Campbell

MC: My name is Marie Campbell. I have worked in Edmonton at Royal Alec Hospital emergency, and now I'm currently at the Northeast Health Center emergency department. So I have been in the Edmonton region since 1974.

Q: And you've survived.

MC: And I've survived. But I survive because I only work part time, so that's my saving grace. But I still like my job.

Q: In this current environment, what does part time mean?

MC: I work .4, which is two days a week. Then I pick up extra whenever I like. So it's a good job: two days a week, I have good benefits, I have good salary, I work with good people.

Q: You must be a bit resistant to the continual phone calls then. Or have you got them trained?

MC: I've got them trained. I don't get too many phone calls, because I don't do nights and they know I don't like to get up early in the morning. It's a good spot.

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

MC: The lack of staff, and no control over your environment. I think it all comes back to the lack of staff. You don't have the number of people that we used to have to look after patients, you don't have the numbers there. It doesn't matter who comes to the door in an emergency department, you're supposed to look after them. If you're short staffed or your beds are all full, there doesn't seem to be any input into it. So it's really like, just cope with what you have, doesn't matter if you're short or not. We never saw that before, never. There was always somebody there to give good care, and extra people to help. What I heard often this week at the convention, that the abnormal has become normal. Pretty soon we don't even say anything about it, we're just like, okay this is the way it's supposed to be. Which is weird, because I never would've thought nurses would accept that.

Q: When you're forced to do things, you copy, right?

MC: That's right. And I think nurses have good coping skills. Pretty soon, oh well we can do it, the nurses will look after it. That to me is the big thing. The other thing I see, but that's more age derived, the new nurses don't have the staying power that people my age group had. I bet you there's not going to be many of the new girls that just started working, within 10 years they will all be out of nursing, they'll all be doing something else. I think the expectations are higher. They want more time off, they want variance in their workload, they want different kinds of jobs. I don't think it's just nursing. They say the new people are going to be changing careers 5 or 6 times in their life. Somebody in

my age group, we started as a nurse and we finished as a nurse. That's just society in general, but it's very noticeable in emergency where I work. New girls, they're gone. Two years in emergency and they're off to do something bigger and better, with better hours, better money. So you wonder where nursing is going to go in the future, because of that. ... I always worry who's going to look after me when I'm old. It's kind of a progression, we're all there to look after the next group. The young girls aren't sticking around. So are we going to be bringing people from foreign countries to look after us? Not that they're not good workers, but anyway it's just a thought I have.

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Before you used to have four people to help lift a patient. Now you might have to do it by yourself, because it's so short staffed. Those are the kind of things that make the work environment not as conducive to enjoyment and to do a good job. If you're by yourself you just gotta hurry and get it done. In the old days, work was fun. It didn't matter how many patients you had to lift and that, because there was always lots of people around. It just is so totally different.

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Q: How do you envision easing yourself out of the profession in a productive way?

MC: That's interesting you ask that. I'm in a position right now that I'm evaluating my job. My husband and I would like to go away in the wintertime. Can I get 2 months off? We have a cabin, so I'd like 2 months off in the summer. But yet I like my job. So is my manager going to be receptive to that? I think I'm a good employee; I come to work and I

work hard when I'm there. But I'm not ready to commit to that permanent basis, just because of my age. I'm ready to say, I need some time off, or I want some time off. So it'll be interesting. There's a few new incentives in our last contract. Hopefully they're going to make it conducive for me to stay. I really have no desire to quit yet. There's a few new things that have been proposed. I hope managers are going to say, yes we want you to stick around. But the Alberta economy is that there's lots of nurses so everybody wants to work part time. It's a situational thing. If you worked in a province that didn't have many nurses, then they're going to say, no we can't give you the time off. So right now the Alberta advantage is there's quite a few nurses out there that are saying, I'll only work .4 or .8. So I hope I can; I hope they give me what I like. Because otherwise I'll most likely quit. ... I've got another 4 or 5 years that I could work.

Q: Is there an opportunity for mentoring?

MC: We've been quite fortunate cuz they have some new grad nurse initiatives. Some of the girls start in their 4th year and they do a practical. Then those people come back often and work casual as a grad nurse, and then most of them come back and do a practical situation, and then they're hired on immediately. I think we can mentor those new nurses very easily, in my department, because it's a small department. Most of them that come through as students, they get jobs. It's a good environment for the new people that are starting out. One of the things that I've done as a union rep, I always look after those new people that start. I don't think anybody looked after us, to give you some information about your contract or your schedule. So that's one of my pet things. I like to let them

know that I'm available for them. So I think there is a good potential to mentor these new people. I think they need it, but they also appreciate it so much, because it makes starting out so much easier. That's my take on my job as a union rep.

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I don't know if you've ever heard this, they always say that nurses eat their young. I don't like that saying, so I really like to make those people feel welcome. If it was me that was new someplace, I wouldn't want somebody to be too hard on me. I think older nurses have a certain role that we can play to make those people comfortable and get them settled in quickly, so that they are good employees. I think most people want to come to work because they like their job, and that shows.

Q: But when you're short staffed, etc., you get short.

MC: You get real short. But that's part of a management problem as well. These new people that start, they should get good orientations. It shouldn't be just up to the people on the floor to look after them, because you can't do it all. If somebody doesn't know how to do their job because they haven't been shown or trained, that's not fair to them. But you can make those people a better contributing employee if they have some mentoring and some support when then start. But lots of it doesn't happen.

... That's a big threat to most units: there isn't enough time.

Q: Let's go through your five strikes. Saskatchewan first.

MC: Saskatchewan was in 1973 or early '74. It was a two day walkout. I was a new grad, so I couldn't even tell you the issues. But I know that I was off work for two days. We met in a church basement and I was in awe of everything. That's all I remember about that first strike. I don't think we walked the picket line, I don't remember walking the picket line. I just remember leaving work as a group, but that's all I remember. It would be interesting to talk to somebody from Saskatchewan that knows some history, cuz I don't have any of that recollection. ... We were still standing up for doctors when they walked in the room. For the nurses to walk out was... very radical.

Q: Did you sense a sense of power?

MC: I didn't sense that power, because I felt I was too green. I didn't have hardly a clue what was going on. But I remember being in awe of the nurses that were organizing this. They seemed to be so well informed, they just would be able to tell us what to do. That's what I remember. But when you're young, you're just a little star struck I think. So I don't remember much about that strike. But I did walk out.

Q: Sounds like it was a positive experience.

MC: It was. It was like, holy man, what've we done? Then I moved to Alberta and I belonged to the Staff Nurses Association at the Alec. That was just in the time that UNA was forming. The first strike in Alberta was in '78. That was a summer strike, and I think it was a long one.

Q: Was that the one where they ordered you back to work?

MC: No, it wasn't. We were out quite a while and it was all through the summer, and it was very hot. I remember picketing. I don't remember too much about that strike. We were just a new union so everything was new, the people were new. But I do remember that my group of friends or nurses that were walking, we thought we had such a mandate that we had something to prove. I remember that.

Q: That was largely about money?

MC: That was money. . . . Then the next strike, I was still at the Alec, and that was in the spring of '80. It was April and it was hot outside. I was the treasurer at the Royal Alec union group. We had rented this little building across the street for our strike headquarters. It's right across from the emergency, a little old wooden building right there. I'm not sure if you want to use this story, but I'll tell it to you anyway. My husband had a lumberyard, so he supplied plywood for our billboard signs on our little building. He's not a union supporter at all; I'm sure he put up the signs at night and took them down at night. But it was fun. We were just together as a group and we knew we had a good cause. That was '80, and I was pregnant then. The next strike was '82 I think, because my little boy was a year and a half old then. I was still at the Alec and our strike headquarters was in an old motel. Some people couldn't do the picketing. It was in the middle of winter, February, it was freezing cold out. We would have babysitters assigned. We'd all bring our kids, because we all had little kids then. We would just have fun. We went

picketing and our kids all stayed in these motel rooms. It was not unpleasant. We were there as a group and we had a good cause, and just go on.

Q: You must get to know the people you work with very well.

MC: Oh you do. The nurses I've worked with are my best friends in life, I'm sure. It's all been very enjoyable, lots of enjoyable times.

Q: Then you come to '88.

MC: Then '88. No, there's another one. ... Then '88, that was when we were legislated back to work. Huge fine. One of my coworkers was charged, two of my coworkers were charged. It became a more contentious issue than the previous strikes. People were starting to say, is this really what nurses should be doing? The early strikes, nobody felt like that. There was lots of managers that looked after patients, so the patients didn't seem to suffer. In '88 there wasn't as many managers around. A lot of my coworkers felt that maybe this isn't what nurses should be doing anymore. There was a bigger weight that a strike held on us. But I think when you look back on it, all those years of labor unrest that the nurses had, we certainly have accomplished a lot. And we've done a lot for not just nurses, but other groups across the country. I think it's been a good group to be part of.

Q: If you look purely at the wage scale, there's a huge difference from when you started.

MC: When I started in 1971 I think I made \$470 a month, which was about \$3 an hour.

Then in 1978 they told us this week that we made \$6 an hour. Now I make almost \$40 an hour. So monetarily we've done very well.

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Except we took a 5% cutback in the early '90s because we thought we were doing our part. Then there was tremendous layoffs, that I don't think healthcare in Alberta has ever recovered from. Somebody just told me from management recently that there is no middle management experience in Capital Health, that they're really lacking that middle management that progressed through the years. They have none of that now. They're lacking those few years that all the people were laid off. Even though we accomplished lots with all those strikes – monetarily we did very well – but I sometimes think we suffered in the meantime. Some of the issues that are front and foremost to the nurses that are here at this convention, they're still talking about shortage of nurses and not enough staff. So even though the money is good, some of the patient care issues are lacking still.

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I think Heather Smith has pointed it out very often, it's not only us that we have to look after, it's our families that we're concerned about. Sometimes it's going to be us that are going to be the patients, that we want somebody to be caring about us.

Q: Do you think UNA should be supporting the public healthcare system?

MC: I personally don't believe in a private healthcare system, because I don't think you're going to find employees to work there. If you do find employees to work there,

they're going to come from the publicly funded system. I think basically I look at the employee situation more than I can say that it's right or wrong. If you had excess staff everywhere, maybe a private system would work. But to take money out of the public coffers to fund a private system, I don't agree with. I'm not really in for it. But it'll be interesting to see where the next generation goes.

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

MC: No that's good, I've said enough.

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