

United Nurses of Alberta

Tanya George

TG: My name is Tanya George. I work out of Bonnie Doon Public Health Center with Capital Health here in Edmonton. I'm a community health nurse so I'm involved with Healthy Beginnings visits, so visits with new postpartum moms and babies in their homes. I'm as well involved with Health for Two, which is a prenatal nutrition program with Health Canada. I do immunization visits, work a little bit with schools and sometimes with seniors, especially during flu season.

Q: How long have you been nursing?

TG: Six years. A great 6 years.

Q: You started this job right out of training?

TG: Yes.

Q: Have you noticed changes over the 6 years?

TG: Ya, certainly things have changed. For one, workload has changed. We live in a booming province and we've gone from birthrates of between 6 to 8,000 upwards to 10...

Q: So you were talking about the workload has increased.

TG: Ya, certainly the workload has increased, mainly due to the number of babies that have increased and the staffing hasn't kept up with it. Our level of care has stayed the same but staffing hasn't increased.

Q: If I ask you how many people you work with, is that a relevant question in your context?

TG: No, not so much. A lot of the time what some of our staffing issues relate to, because we're dealing with families we're meeting them where they're at. Every visit that we have in clinic can be very different. We could be dealing with a mom with postpartum depression or we could be dealing with a family with social support issues or income issues or violence or abuse in the home, or partners or themselves dealing with addiction issues. With the huge influx in population, you're also dealing with a lot of other stressors, those determinants of health that are very key to making people healthy.

Q: It sounds like your job description is broader than traditional nursing.

TG: Ya, it truly is very broad. When you're dealing with an increased population and not a whole lot of staffing changes, then you're dealing with very task orientated kind of nursing care, which is not truly what community health nursing would be involved in. We'd be looking at that family as a whole, or we'd be looking at their issues as a whole and trying to provide that continuing care, versus just the task of immunization or just the task of doing a baby visit. There's follow up that's involved with that, and it's sometimes challenging when the staffing levels just aren't there to complete that. It doesn't always

make you feel very good as a nurse when you're not able to follow a family like you would, like you should. We go into the nursing profession because we care, and it's hard when you're challenged in appropriate staffing levels.

. . . We work from a health promotion injury prevention kind of model. But yet, when it comes to management, they're very much about the numbers – number of babies immunized, number of school children immunized, number of visits done, completed, check check check. Not every family is a 1.2 visit or a 2.1 visit, it sometimes requires an additional phone call or additional visit. When those numbers don't fall into the right categories it's hard to do your job. We don't make the headlines in community with diabetes or cardiac care or ICU, so it's different but our needs have certainly increased over the last couple of years.

Q: What's UNA's role in helping you address these issues?

TG: Something that was negotiated into the collective agreement, like professional responsibility with the PRCs. It hasn't really been utilized in the past. When you look historically if you were to back 4 or 5 years, we haven't traditionally had to use those kinds of things. We're starting to see more and more as these PRCs are filed, that that is a concrete way that we can address some of these issues. I see that as one very important role that UNA has played. As a local we are the ones that roll that out in addressing those issues, but because it's been established in our collective agreement that's been really important. It's affecting staffing levels, it's affecting competencies and education and trying to keep up to day with current practices.

Q: Are you seeing more substance addictions?

TG: Absolutely. We're seeing it double fold. We've seen some of our number down. One of the programs I previously mentioned was the Canadian Perinatal Nutrition Program, which basically targets women that are pregnant and going through challenges, whether it's socially, economically, whether there's family stressors. What we want to see as outcomes are healthy pregnancies. We're seeing a downside to the numbers, because people are having to work so hard. But we're also seeing some of the moms that are coming in, of the pregnant women that are coming in being really challenged with their partners. They're working on the oilfields or they're in and out of town, 2 weeks on and 2 weeks off, and we're seeing that they are involved in alcohol or crack cocaine, marijuana it doesn't really matter what the substance is. They're having a hard time coping with the lifestyle that that kind of workload creates. It's then coupling into the home, whether it's the stressors between the partners or whether it's the stressors that it adds to other children in the home. One of the big issues, we do some work with community partners and agencies. We work with the City of Edmonton and different organizations within the city. Affordable housing has been a huge issue. We're seeing people that are spending sometimes 65% just to rent, which is an incredible amount. They're renting 1 and 2 bedroom apartments for sometimes \$1300 or \$1400 a month. They just can't afford that. When you're paying that much in rent, the money has to come from someplace, so they're sometimes working 2 and 3 jobs. These all effect then, how healthy of a pregnancy can you have with all those stressors?

Q: Has UNA had an impact for change?

TG: Change is slow. It doesn't happen overnight. When you look at UNA, this being their 30th anniversary, where we've come from to where we are now, I think it's a process. I think yes and no. There has been change that has happened.

Q: What do you get out of the union?

TG: A lot of the principles that they stand for, whether it's the social issues or just when you look at the whole union movement and what it stands for, there's a lot of underlying things that I'm practicing in my everyday job.

Q: So you do see the role UNA plays in the broader picture?

TG: Absolutely. Protecting healthcare, whether it's public education or, healthcare is a big one. Pharmacare, a lot of the groups, the political action things UNA is a part of, I certainly do support that personally, and am very proud to be involved with that.

. . . It's interesting too, because I've had opportunity to talk to other nurses that work in facility or work in long term care, and they have opinions of things but yet they're not the ones that typically get involved. In the summertime when there was the Sicko release and UNA got involved with that, I certainly enjoyed being a part of that. I wasn't able to be there right on the day, but I really encouraged it and strongly supported it. I had people coming up to me who couldn't believe UNA was a part of that. They spent \$1800 on tickets and it was great, because I could engage people and talk to them about what UNA

stands for and why are they a part of this. This movie stands for something that we really should be holding very close to our hearts, because we're very close to a country that doesn't have it. For me that's very personal, because I have family who live in the US who went through circumstances that could've been quite detrimental financially to them if it wasn't for having some kind of healthcare plan. It's very scary when you think of where we could be headed if we don't stand firm on what it is. I think nurses have a very important role in that.

Q: The average age is 48 for nurses – what's your take on that? How can people be brought into the profession?

TG: It is fearful when you look at the average age of nurses. When you look around the room at this AGM, the majority of nurses that are there are not of an average age. So when you look at people who need to be getting involved in the union, I think there are baby steps that can be taken. How do you engage younger people? Some of them might be music, changing that up a little bit. A lot of people don't know the history of the union. They don't associate themselves with chanting or marching or striking, that's very foreign to them. They haven't grown up with that and they didn't live through the '70s and '80s when nurses worked very hard for improved wages and improved working conditions. I think there are lots of challenges. I don't have all the answers, but I think part of it is just for older nurses to engage younger nurses. I think we do see a lot of that here at meetings like this. You see some older nurses, whether they're on the executive board or part of local executives, they're trying to engage younger nurses because they recognize that

there is a need. But I think there's a lot more work that needs to be done. Education is where you start, and investing in your younger nurses.

Q: What do you mean by investing?

TG: Investing in them education wise, time wise. It may not always be straight out education; it might be time socializing with them, getting to know them, getting to know what their needs are and what are their views are. I think that's really important. What a 25 year old new grad is thinking about is not the same as what the average 48 year old or 50 year old nurse is. When you look at what's going to happen in 10 or 15 years, I think some of that, and I'll use the term, but that's successorship kind of training or that mentoring needs to happen. I think when you look at organizations and you look at management and employers, they have huge red flags. They know that for themselves that's going to be a huge issue. There's emails all over the place and they're constantly trying to recruit, recruit, recruit. As a union we need to be looking for those opportunities.

Q: It's partly a social thing, so things like changing the music could be important. Do you feel that the social engagement is also a part of this, beyond the formal agenda?

TG: Ya. Knowing that people are approachable, that you can ask those simple questions and not be looked at and frowned upon. Whether it's questions about organizational structure, to a lot of people that's very foreign just to understand UNA provincial versus local. Or how your locals function versus how... there's a lot of intricate details that people just don't understand. It's just people being approachable and willing to educate.

Invest that time and energy and make it fun all at the same time. Having it be fun is important.

...

I think nurses with 25, 35, 40 years experience have endured many hardships. I think it is important to recognize that and to recognize their experiences, to recognize their fight and their accomplishments. Because they've gone through those things they can appear to be a little bit more militant, and maybe that's a poor choice of words. But to a new nurse, they haven't experienced those same kinds of things, so it can appear to be a little bit on the harsh side. So when you get to know that nurse and you get to hear and understand, then you're like, okay I understand it a bit more. But just from the outset it can very easily turn somebody away from the union because they're like, okay if that's what it's all about I may not want to be a part of that. I think it's just important to stay positive. The kind of energy that's created is really important to attracting younger nurses. It could just even be newer nurses, it may not be younger as in fresh out of university.

Q: What can be done about the attrition rates?

TG: I think money's not everything. You can increase wages and people work overtime, but it only lasts for so long. Working conditions, job satisfaction, those are really important things. I think we have achieved many things through bargaining that have looked at a lot of those issues, but it's still a fight and it still needs to move forward.

When you look at the typical graduate now, they are a little bit older sometimes, sometimes it's an after degree. They're really pushing nurses through the system because

they need more nurses. But you kind of need to look at, yes you're pushing more nurses through, but then are they just going through and after 2 years are leaving the profession because they're not interested in poor working conditions? A lot of people have, at my particular site, we see a lot of after degree students. These are people that have a masters in something else or they have an undergrad in something else. They're interested in nursing and they like the different aspects that nursing has to offer. They go into it for the caring part of the profession, but there's also other things that lead them in that direction. If that's not filling their need, I think they're going to be that much quicker to leave. It's different than the generation of 20 or 30 years ago that you join teaching and that's what you do, you join nursing and that's what you do for the rest of your life. We live in a day and age where people are changing their careers sometimes 2 to 3 times in their lifetime.

Q: Do you think it's important to see role models for yourself in the organization?

TG: Absolutely. I wouldn't be involved as a local executive member right now if it wasn't for that role modeling, mentoring, having one of our current executive members, she's vice president right now and has been a board member for a number of years. She really invested time and energy in me in teaching me, in helping me learn more about UNA and about some of the processes that exist. Not in a pushy learning kind of way, it was just very indirect, very informal. When a position became available on our local executive she nudged me, why don't you run? Then I had another executive member come and talk to me about the same thing and describe what the position was and what the responsibilities were. Had it not been for that time that was spent with me, had it not been for that

relationship established, I wouldn't be on the executive today. I'm very happy that I did join because I've certainly seen myself grow through that.

Q: Was that part of the work time or outside of work?

TG: I initially showed interest on my own with attending local meetings. Our local has some incentive to bring members into meetings, provides education funding. So those are some of the things that I talk about; when you invest in your members, you really do get back tenfold. I started off by just attending meetings regularly. I found them interesting and they were dynamic. We had a few positions come available. Before that I became a local rep and went through that whole process. I grew through that process and learned more about the contract and representing members. It took a bit of initiative but it wasn't at work per se that that happened. It was mainly at meetings at the local level.

Q: Can you identify some of the ways you feel you've grown by being with the union?

TG: I think I've developed patience. Nothing happens overnight. There certainly is a process to everything. It certainly is a process, whether it's something just at our local executive level – people are juggling many different things. They're juggling family life and work life, and then there's union life. It can get quite busy. I've definitely developed patience, I've grown in my knowledge of UNA as a whole. I really feel like I have a more solid foundation of what its purpose is and its beliefs and its objectives. I feel like I can better represent my members as a result of that, so I've grown that way. I've grown in my knowledge of just even the collective agreement, things that we have negotiated into our

agreement that in our workplace we haven't been practicing. Those things have really been important. What's been neat is the domino effect, because what you know you then share with others. You really see that your colleagues around you are growing.

Q: Why is it important that UNA acts to protect the public healthcare system?

TG: I think we live in an aging population, I don't think, I know. You can see how the needs of our family members, our friends, people around us, they're only going to increase over time. We need to invest in public healthcare to really achieve its full benefits. I really think they are there. But currently I don't think we've fully invested in public healthcare like we should, when you look at other countries. We have families that come into clinic from overseas, places like Switzerland or Sweden, Denmark, where things like parental leave is anywhere between 2 to 4 years. If we can't even invest in our growing families in that way, then I really just don't see any other way as being sustainable. I just think it's really important that we bring education and knowledge to the public about it. Your everyday Alberta citizen may not necessarily be fully aware of what can happen if we lose this very important principle that we have.

Q: Do you use computers in your work?

TG: I think UNA has done a good job in their development of having their own system server, I'm not sure of the right word. They have their own communication system. I use the internet, definitely. The UNA site isn't always as current. I do go to it occasionally. I don't go to their website very often. I use email all the time. We're working as a local,

we've got our website up and going. We've got pictures of all of our ward reps because as a community local we represent over 40 different sites. It's very different than a facility where you're all within one location sometimes, or in or out of. We're traveling a lot between sites so to us using the internet is very important as a local. We've worked very hard at developing our own site. Reasons why I would go to the actual UNA website, I guess I haven't found as many yet because I keep pretty up to date with the internet and the different conferences that they've set up. But I definitely think it could be utilized more. At our next meeting we have somebody from systems coming out to our meeting to basically show our membership how they can use the internet and stay up to date. We have anywhere between 80 to 100 people attending regularly to our meetings. We see that as a prime opportunity to showcase what the UNAnet can, or how it can communicate information and how you can keep up to date.

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

TG: What is the purpose of this video?

Q: We don't know. We're trying to get information from different people ...

TG: I see that as important, like that whole piece you just mentioned about intergenerational. I'm going to a conference in December that, I don't remember the title of it, but I think that is very important. You see nurses that after 2 or 3 years are leaving the profession, and we need to figure out reasons why. How do we keep them in, how do we keep them engaged? When you look at management, they have all kinds of courses on

how to keep employees, how to retain, how to recruit, and all these kinds of things.

Sometimes they're not able to put it into practice, which is a whole other issue in itself. I

think it's a huge issue when you look at that disconnect between nurses who have nursed

for 30 or 40 years and nurses with 10 or less years experience. I think it really is

important to connect them and to make bridges.

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