United Nurses of Alberta

Wendy Brigham

WB: My name is Wendy Brigham. I have been nursing for 33 years. I graduated in 1974 from the Winnipeg General and moved to Alberta in 1979. I've worked a little bit at Foothills, but I've been at the Rocky View General Hospital since 1980, and basically have worked on general surgery to my present when I specialize in neurology.

Q: What things have changed over the years?

WB: Nurses have found their voice. When I graduated in '74 you were working all shifts. You were working stretches of 8 to 10 in a row with 2 days off. Now the majority of nurses have gone part time; permanent shift for a lot of people works better with their life, whether it's for childcare or they're going back to school, or for stress reasons. But over the years the things that we've achieved through our voice, through our union, has allowed us that choice.

. . . I remember as a new grad in Winnipeg when I was working in the special care nursery, keen, eager and loved the babies. At that time the union was getting started in Manitoba and we were facing a strike situation 6 months after I graduated. I learned very quickly what it was about. Even though you're in an area where you knew you weren't going to be off the premises, you were going to be designated to stay in and look after the babies, you still had to be out there to support your coworkers. It was in the dead of winter, so it was cold. I talked to my dad, because he was a very strong unionist. My

mom was more worried about, you can't afford it, you just moved out you can't afford it. I said, mom, I have to stand up for the right thing to do. So that was my first getting my feet wet. It's just a belief that I've carried through with me all my life. I've been active in my union all my life, at various levels. I'm currently the local president. I'd like to say that I have an end date in sight, but whatever. I enjoy the work. I enjoy the accomplishments that the unions across Canada have given, especially women. It's still a women's profession. It's nice to see more guys in there supporting the profession and being active, not sitting back and saying, let's let the women do it. The improvements that we've seen in not having to work horrendous hours, work hours, and hours of overtime. You enjoyed that for many years in your collective agreement; now we have to fight for it again. There's so much overtime, there's constant shortages in staffing, scheduling is calling you on every day off that you get, and trying to book you weeks in advance for shifts. You don't know how many more ways to try and tell them no. No, I'm on 5 days off, leave me alone. I'm on vacation, leave me alone. I don't book 6 weeks in advance, leave me alone. What else can you do?

Q: Younger nurses must find that a lot harder.

WB: They value their personal life a lot more than we did when we came into the profession. That's the biggest difference I see between the generations, and it's not a bad thing. Our personal life, our family life, our home life took second place to work. Now you say, I can't do it anymore, it's affecting my health, it's affecting my family its affecting everything in my life. You've gotten to the point where I can't always be

available, I have to take the time off. Whether it's going down to part time or going permanent shift, it's just you have to do it. We've learned that from our young nurses, to value your personal life. Work is always there. We're in a situation right now that they need us more than we need them.

. . . We bring it up all the time, saying, I will come in if the unit calls me, because it's a coworker. This anonymous person in a scheduling office is not going to entice me to come in. They always say, oh it's for overtime. Sorry, it's my day off, I've made plans. But 6:30 on a Sunday morning and you're calling somebody to come in because you're desperate, you've had 3 sick calls. Ok I can cancel my plans, and they will come in. That's just the relationship that we have amongst our coworkers. Scheduling can't take the place of that. I can understand why managers wanted to give up that part of their job and have a group of people in an office. But they just go over the names. They don't realize that I've just come off of 5 night shifts, sure I'll pick up a couple of extra. No I won't. They've called you before you've gotten home from your shift, and left you a message. That was a big factor for me this spring in going to permanent shift, and going down to part time was getting away from the stress of the dayshift, getting away from being called so many times. I still get called a lot, but I've been called so many times by scheduling for shifts that you can't possibly pick up. That impacted me a lot, and I haven't regretted it.

Q: How can you change the situation so newer nurses stay longer in the profession?

WB: I think in the last few years we've seen some effort to try and retain them. I think this recent collective agreement probably has made some difference in that. Monetarily

there are also some options that you can look at for scheduling. You can take a permanent weekend position, which I think is attractive for a number of reasons for the young nurses, for childcare reasons or if they're working on some courses at school, they can come in and work their shifts on the weekend and they've got their time during the week that it's free. When their husbands are at work they don't have to put their child in daycare. They can register for some classes at the university. It was something that I considered many years ago, but I've gone over that hump now I don't need it so much. Your life changes and those things change.

Q: Are there some memorable moments with the union?

WB: Oh ya. I told you about the one as a new grad in Winnipeg and being faced with a strike. Not necessarily being out physically on the line, but I've been through 3 strikes here.

I came here in '79, I was working at Foothills still in the intensive care nursery. Foothills was a crown hospital then, it wasn't under the same umbrella as public sector. So we knew at Foothills we wouldn't be out on strike, and especially I knew, working where I was working, I wasn't going to be out on strike. But I signed up right away to be a ward rep, and we did our part that we could do, right from the get go. When I went to Rocky View, there was the '82 strike, the '84, and '88 was our last strike. In Calgary we really felt the pressure for that strike, because it was right before the Olympics. The day we went back to work at Rocky View, there was the Olympic torch going by on 14th Street. Oh, can I go see the torch go by? No, you just come back to work. Okay. But just things

like that that stand out in your mind. Seeing 800 nurses out on a picket line, to rally together. Or loading up our cars to drive out to Banff to support the hospital there, because they needed the visibility. Things like that. I survived all the cutbacks in Calgary. I sat on the side of the hill and watched Calgary General get blown up. Even though I never worked at the Calgary General, it was something that really was painful. It was painful to watch the building be subjected to that, that had given so much to the community, whether it was having your babies there, working there as a nurse or doctor, a family member dying there. It was a death, like watching a death. That was a memorable thing. And as I say, all the layoffs and everything that we went through in the '90s. Now to see where we're at now, with so many vacancies, we lost almost a generation of nurses during the '90s that had to go to the US to find work. Now we could have a cloning factory and we still wouldn't have enough. It's sad what has happened.

Q: Are there some memorable moments that are positive?

WB: We see it with our professional responsibility committee for sure. But even like little things, like we have a clause in our contract called personal leave or special leave. Taking it all the way to arbitration for 2 women that are nurses in Okotoks. It was a storm, a bad southern Calgary storm. They hadn't closed the highways yet. The RCMP was not recommending travel. The ladies' husbands had gotten home from Calgary saying, you're not going in to work, you're going to end up in the ditch somewhere, so forget it. We had to take that to arbitration to get the payment for what was…It wasn't a monetary issue. They'd been paid vacation. Well I wasn't on vacation. It was a principle,

and we won it. So that felt really good. Just little things like that. But as I say, professional responsibility, more and more nurses are beginning to be aware of that tool and using it to get the staff that they need. Or, if they don't have the staff, the beds get closed. If you're going to refuse me vacation because you don't have staff for the summer, then you close the beds. We went through a lot of that May and June. One whole unit was being flat out told there would be no summer vacation this year. They had already lost in excess of 20 nurses in the year preceding this. We said, you gotta do something; you're gonna lose the rest of your staff if you're gonna deny any time off in the summer. The beds got closed, and have remained closed still to this day – anywhere from 6 to 12 beds, depending on what their daily census shows and what their staffing analysis shows. So it does work. You've seen your staffing ratios go up because of PRC. We used to have a baseline; for 32 patients, surgical patients, you'd have a baseline of 6 to 8 on days, 5 to 6 on evenings, 3 or 4 on nights. We now often have 9 or 10 on days, with 3 or 4 nursing attendants. Evenings it's usually 7 or 8 with 2 nursing attendants. On nights it's now 5 to 6, also with 1 or 2 nursing attendants. I'm using my unit as an example, 32 beds, surgical unit. But that's becoming more and more necessary because of acuity. The people are coming into the hospital, they're sicker, and they're discharged before they used to be. The community is taking a big impact with the people that are being discharged too early, and then emergency readmits, and the circle keeps going. We had a weekend in the summer where a Saturday night you came in and you were 2 nurses short on your unit. Well it'll still be okay, you've got empty beds. So you start off at midnight with one patient that's severely confused, you gotta move him close to the desk. They were calling

right away to give us an admission. We had to move somebody else because this patient required an isolation bed, we tried to get that one stopped because we were two RNs short, You're the only unit with beds, you have to take this patient. Okay, but it's going to take a few hours. We got nowhere with stopping that. The next patient they gave us was somebody that was in the DTs, alcohol withdrawal, with security. We just didn't even bother to try and fight it. We said, well we'll just do what we can do. So we filled out or PRC, we filled out our overtime slips, we did all things that we needed to do. The next night we came back in and there were still only 3 of us, they hadn't found any staff for us yet. But the patients that night were stable. Our beds were full, so we knew admitting couldn't do any damage. So it was a different situation. That's the thing that you spend time explaining to your manager, or giving as your reasoning for filling out the PRC to begin with. This was this night, this was this night. We were the same 3 people, but what was in the bed and what was going in that time period was totally different. You can't always tell; you can't just go by numbers, 26 patients sounds okay for 3 nurses, but they were whacko. What do you do? … That's partly what you try to get through to them. The technology that you work with has improved. You've got machines to take your vital signs when you take a reading. If the numbers look out of whack, then you do it the old way and put the stethoscope on there and everything else. But in the last year and a bit, we've been going to computerized health records, and that has literally sent nurses out the door. They weren't computer literate and they felt so threatened, myself included. I've had a lot of access to computers through the union, but not so much at home or at work. I felt like 30 plus years of nursing was going down the drain because I was not catching some

of this stuff of this program they were training us in. Some of it was very user unfriendly. And you're crying at the thought of having to throw your nursing out the door because of a computer program. But it did, it sent a lot of nurses out the door to early retirement – I can't learn this, I'm not going to learn it, I don't need the stress, goodbye. Time goes, you get more comfortable with it. You still swear at it when it doesn't work, or why something still takes so much time and takes you away from the time that you used to spend with your patient. That what a lot of the nurses of my generation think. I have to spend this much time putting all my computer stuff in before the shift is over, and I should be doing that, should be with the patient. That's where they bring in support workers, more nursing attendants. They don't cost as much, they do the physical work. There's not enough of us registered nurses left to do the physical work. We're doing the assessments, the drugs, the things that are also required; but you're not spending the actual time with your patient and getting to know more about the patient. So unfortunately that's something that's been lost. Like I said, it's because there's not enough of us. You just can't be everything to everybody anymore that we felt like we were, or that Florence expected us to be in the good old days. We can't be that anymore.

Q: With the younger nurses coming in, with computers and things like that, maybe there's a possibility for reciprocal mentoring?

WB: Ya, and it's taken some time to appreciate the knowledge that they have with computers and say, come show me how to do this again. You haven’t done something on the computer and you feel really stupid, but that's what they give to you. Then they'll ask

me about something, can you come and check on this patient, I don't like the looks of what's going on here, or whatever. So they're using your clinical experience and you're using their technological experience. It's getting a lot more comfortable in that respect. And the mentoring part of it, that's something that nurses in my generation, we have these skills. Maybe we didn't graduate from a university program, but it doesn't make us any less than our younger colleagues coming in. It's a different kind of experience and it's still a necessary experience, to have that clinical base and work with the people in the bed. Sometimes it's more than one people in the bed too, you just never know. But the other factor, besides the technology and stuff and not having enough staff, the biggest impact in the last years has been where they've put in this system overcapacity stuff. I don't know as much about it in Edmonton, but it's had a big impact in Calgary health region. It's to get patients to emerg quicker. Every unit has designated overflow beds, whether it's in the lounge, or you put a second patient in a private room. They started calling them hallway patients to begin with, and nobody on the unit said, I'm not going to be nursing a patient in the hallway. Our hallway patients are confused patients, they're not patients that are healthy and have their wits about them. They wouldn't stand for being in the hallway, they'd say where's my discharge papers, I'm signing myself out. So you had to turn them around and say, there has to be a better word for that. But overcapacity or overflow is more than normal now than the exception, in our daily life at the hospital. You've got overcapacity all the time. It then has the effect of making it harder to get time off, scheduling is calling for more people to come in because you need to augment, on and on

it goes. So you've gone from the good to the bad and back to the good for a while, then something else bad comes up. It's not a stagnant thing, that's for sure.

Q: What role can UNA play in protecting public healthcare?

WB: When I first got involved with the union, it was a person thing. But as you work more and more at the different levels, as a member, on committees, on the executive, on the board, you realize that there's a global role for us to play as union members and as an organization. Sometimes you think, well it doesn't impact me as a member. But yes it does. When you're fighting for things that we as citizens are entitled to, medicare being one of them… My dad was a very staunch Tommy Douglas man in the '60s. Obviously he influenced me enough. But that's something that Canada has valued over the years. You get these ones that come along and say, we can't afford it anymore. The guy in the room is talking about the sustainability and everything, and the healthcare costs have been driven up by the cost of the drugs, and the companies that own the drugs. So Canada has to fight to save stuff like that, and UNA plays a big part in it. So does our national organization, the Canadian federation plays a huge part in that. They have the lobbying role in Ottawa. But supporting our local, things like friends of medicare, are things that impact our patients, our clients, but we could be on the receiving end of that any time, and become the patient. We have a conscientious role to play as union members, not just to protect our members' rights, but to protect the public's rights. That's a very important thing that appreciate being involved in UNA as long as I have. I'm very proud of that role.

Q: Back to something you said earlier, you said, I'm a president and I want to try and figure out how to not do that anymore. How do we do that?

WB: That's the mentoring part, is to get the new members, new grads, involved in the organization and learn what it's about. We can't do it forever. I don't have kids at home to worry about, so it's not as hard for me as it is for some. I've made huge amount of friends over the years that I'll always cherish through my union work. I've learned a lot of skills, computer skills being one of them. But you're getting tired. You get to a point where you can't keep doing this. We've got to teach our young members what the value is. I was making $6 an hour when I came into nursing. They're coming into nursing now making over $30 an hour. They don't see a lot of the struggle and the history of where the union came from in the beginning, and what we've achieved over the 30 years that this organization has been in place. That's what we have to make them understand and appreciate, and continue the fight for us. For us and for themselves and the ones coming behind them. That's a big role. Every year we take a check in the room and see how many are here for the first time. It's nice.

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

WB: I don't think so; I think I've covered it all.

We did a thing on the bus, our executive. We've got a combined years of nursing about 160 years of nursing, from one that's got about 10 years to my vice president who has 45 years.

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