

United Nurses of Alberta

Jennifer Cory

JC: My name's Jennifer Cory. I'm from Cold Lake in northern Alberta and I work at the Cold Lake Healthcare Center there in acute care. We have 24 beds and we do everything that rural nurses do and sometimes a little more. That's everything pretty much – labour and delivery to palliative care. So it's really interesting.

Q: Do you work nights?

JC: I rotate through. I do 12 hour shifts and I work 3 weeks of days and 3 weeks of nights. Then I rotate back.

Q: How long have you been nursing?

JC: I was lucky enough to work in Cold Lake as a student between my 3rd and 4th year, which was a really good experience. Then I started back again after I graduated, which was a year and a half ago.

Q: What hit you about starting to work in the hospital? Was it different than you were expecting?

JC: It was for me, because my mom's a nurse. She's been a nurse for 40 years now and I've been a nurse for one; so it's been pretty interesting. She worked community care and that's sort of what I knew about, and it's a lot different from what I was used to. It was

neat working in a hospital. It's a different environment than working community health, and a different focus. You get to deal with more ill people or hurt people, which was different from what my mother talked about when she discussed work and she talked about things when I was going through school. So it was neat. In a small town it's different than working what I did in university, because it seems like you know everybody or they know you. You're really part of a community and working in the community, even though you're in the hospital. You end up meeting people from all walks of life. It's really neat. Nursing is neat because you get to be a part of people's lives when people generally aren't. You get to be there when families are made and when families get separated, and when they're hurt, and when they heal. You provide lots of different support and people allow you in there; they give you that trust. It's really interesting. It's been a really good experience; I've really benefited personally from my job, not just providing the benefit for people but people also have helped me learn and grow. It's been really interesting.

Q: How is the overcrowding situation in your hospital?

JC: I've been lucky because we are 3-1/2 hours away from a major tertiary center that does all the big surgeries and stuff like that. We have 3 surgeons in our hospital, which most small hospitals don't. We only have 24 beds; so to have 3 surgeons is a little odd. But because we're so far away we have 2 OBGYNs and a general surgeon. We do lots of surgeries so we're not just long term care or medical patients; we're lots of surgical patients. And it's increased over the last year; we've done more surgeries. So it's been

very busy. Where we're from it's not quite as fast growing as Ft. Mac, but we have lots of oil activity. So the community, just to drive in from work, you can see how fast the community is growing. You see that in the hospital. I guess all of Alberta is like that; but I've really noticed that, being from Cold Lake from when I grew up till now, it's a big difference and lots of change. You can see it in the hospital and in the people that we have come through?

Q: What kind of staffing levels – are you on loan a lot?

JC: No, I always work with another RN. We generally have 2 LPNs, so we have a different mix of people. It's interesting because lots of our LPNs are older. While I have more education, they have more experience, and you learn a lot. Where I will be in a charge position lots of times, I still am taking a lot of my cues from the people I work with. The more experienced nurses I work with are a real benefit. They've been really supportive. It can be hard being new and being in the situation and climate that lots of new nurses are in now, where you're expected to do a lot. I've had a lot of support and that's what's kept me going. There are situations that you get into as a new nurse where you're in over your head, but people help keep you afloat. It's been lucky that way.

There's lots of new staff that we've had RN wise. Lots of times we look to people who don't have as high of an education as you do, but education isn't everything. Experience counts for a lot, and it's lucky that way because we do have that in our hospital.

Q: What brings you to UNA?

JC: I've just sort of become involved in the last couple of months. I partially came because we've had issues on our floor where we've had to do PRCs and stuff like that, and it sort of brought to light the fact that UNA's here and that they're a support. And partially because the women that are involved in our local executive are nurses that I really admire and trust. They're very experienced and very involved, and they're caring individuals. So I knew I could speak to them about concerns I had, and just learn a lot from them. This was a way to do it. I just kind of have come to the realization about how much support UNA gives us at our hospital. We've gotten more staffing because of things that we've done through UNA. It just provides a really good area of dialogue. I've never been to an annual general meeting before, but the conversations that you have during the meeting and at the little functions afterwards and during the days, it's really good dialogue and it really makes you see what you can do to change. That's why I've gotten involved, because it really provides a support when you're unsure of where you should be stepping.

Q: How did you come to use a PRC?

JC: The conversations you have on nights between staff members and we were trying to figure out how to solve our problems. PRCs, sometimes I have the issue that I feel like I'm being a little petty, picking at things. But the PRCs provide you an avenue of dialogue that doesn't have any blame; it just says this is the situation that occurred and I think we need to do something to fix it. Lots of times I'll do PRCs just for a potential situation, so that someone who's less experienced than I won't get into this situation and it won't be worse. I've really been encouraging the newer members of our staff. I've never been in a

truly horrific situation where patient safety was completely compromised and people got hurt. But there is that potential, and if you recognize the potential then you can stop us from going over the edge. That's what the PRCs have helped us do is stopped us from having harm. It's a non-blame situation and a non-blame avenue. I think that's a lot of the time when you get into a situation, especially when you're inexperienced, you're worried that people will look at you and say, well you just shouldn't have been in that situation; we shouldn't have let you be there. Then people are worried that they'll get limited if they try something new. But if you set up guidelines and avenues for people so when they're in a new situation they can realize that either they're out of their league or they can continue on, it helps.

Q: It's interesting that you're bringing it up as a preventative measure.

JC: It is. It's completely a preventative measure. Even if you've gotten into this situation, if you can prevent somebody from doing it again, then you're not only fulfilling your role as a nurse, being an advocate for patient safety, you're being a leader in your environment. One of the speakers said that leadership isn't just a position, it's action. So you provide leadership, and that's what we're supposed to do as nurses, is provide leadership. And it's through actions. Just because I'm one of the newer nurses in this conference doesn't mean that I'm not providing leadership by being here and speaking, and taking in the information and taking it back to my other colleagues.

Q: It's neat that you feel comfortable in filing PRCs.

JC: But that's how it was explained to me, that it's not a blame situation. So you shouldn't need the courage, you should just see that it's part of your job, part of your responsibility. It's just like saying to somebody, oh that's not the right medication; we need to do it this way. Or, oh, that's not the right way to do a dressing, you should be doing this and it will work out better. It's the same thing; it's just a nursing action. It just isn't medical; so we don't recognize it as that, but it is really a part of our job. It's a patient advocacy thing, because if we're doing our jobs right and we can do our jobs right, then we're providing safer care.

Q: What can UNA do about young nurses quitting the profession?

JC: I think that it's, personally I haven't ever found myself in that situation. I've been in situations where I'm like, if I wasn't such a strong – I'm a pretty strong personality at my workplace and I have the support at home. My mother being a nurse is really good. I don't know, if I didn't have my mother to support me in that way, I would find a lot of what I do really hard. She understands the stresses that you go through and the emotions that you go through. I can see people, especially younger nurses that don't have the support that they should have at home or in the workplace and that sort of thing, having that problem and getting burnt out. I think people need to help nurses recognize when they're getting to that point. I think that no UNA but nurses in general need to recognize that in people and recognize, just like we do with patients that have depression or anxiety-- we need to recognize that in ourselves. I'm lucky because I have a really good workplace. Everybody has problems with their bosses, but because I have such a

supportive group of women that I work with, I have just really enjoyed my time. We're stressful, we work lots of overtime, and we have a very busy floor and switch from birth to death on a minute to minute basis in the job that we do in rural nursing. But because we have a good social support, all of us nurses support each other on our floor, we don't have that burnout factor like some units do. If you don't get that support then it's a very high possibility that you're going to burn out. I don't know what UNA can do because I think that nurses as a being just need to recognize that in each other. We each know how stressful the profession is, and we shouldn't be doing anything to add to each other to make that stress. I've had that conversation with lots of people. You talk about where I went to school. I went to school in Saskatchewan and we talked about that a lot, about being supportive and nurses not eating their young, as people like to say. I don't know if I've just been lucky or if the attitude is changing, but I've had that support and haven't had that experience of being eaten alive because I'm new, and having to fight my battle to get up to the top, where some nurses do.

Q: What's your feeling about UNA's support of public healthcare?

JC: I think that we definitely need to keep our public healthcare system. I was lucky enough to do my final practicum in Finland, and there they have public healthcare. They also have private healthcare, but the way they're set up they have an amazing system. Everybody has access to healthcare. Even here sometimes people are a little limited because you can't get a doctor. We talk about how we don't have privatization, but when you don't have a doctor you can get into, you're in a very private place without

healthcare. That's a privatization in itself. Or if you can't get access to a mediclinic and that sort of thing. There's lots of things about our healthcare that are private, even though it's publicly funded. We still have a long step to go. I think leadership is an action, and UNA does need to support keeping medicare and making sure it stays public healthcare. You can't have health in a community if it's not available to everybody. They say it's a community to raise a child; well it's a community to stay healthy too. You can't have a healthy society if everybody in society isn't healthy.

Q: Keith said you have a story to tell.

JC: I guess a big thing for me in nursing is my mother is a nurse. This is her 40th year and it's my first. We have that separation and she's seen lots of the changes. She has always spoken positively of nursing. Lots of times we hear horror stories and people say, don't go into nursing, it's not a great profession; you are abused and burdened and burnt out. But I've never heard that from her. I've heard complaints, because everybody complains about a job, and there's limitations to everything; nothing's perfect. But from her, her job has been satisfying. In the 40 years she has been very happy with the work she's done. In a small community, if you're in a public position, which my mother is, people speak well of you if you do a good job. She's done a great job, because I've never heard anybody speak poorly of my mom. I know she has her flaws, because I see her in her private moments. But everybody speaks well of her. She's been supportive, she's an educator, she is a friend, and she's a resource for people. She's been a resource for me and she's been all of those things, and I can see why people see that. I hope I make that much

of a difference in my life as my mother has made. It's been interesting. She was in one of the first university programs in Saskatchewan. When the University of Saskatchewan offered the degree nursing program, she was one of the first people who did that. I graduated from the same program 39 years later. It's interesting; some of my professors were her students, because she taught there for a couple of years. They remember my mother, and 35 years later why do you remember somebody? Because they made a good impact on your life. That's what nursing should be about, about making a good impact on peoples' lives. I didn't go into nursing because I'm one of those caring souls who wants to make a difference in people's lives. But that's what I've found is most satisfying about this job. It provides such an area to create change in the world. People should be involved and do that, and nursing provides so many opportunities to do that through your union, through teaching, through just doing your job right, and making an impact on people's lives. I hope more nurses will do it and come out and speak about it.

Q: Have you encountered a social aspect to your union involvement?

JC: I've only been to two big union things. I went to the rainbow gala last week and then to the AGM this week. Yeah, it's quite funny, last night somebody said, so when are you going to come to the U of A and work there? Just because we'd chatted and talked last night. I said, well give me a couple of years. It is nice to meet people and see the friendships. It's good; you look at the pictures that have taken place over the last night, and it's fun to see these women who have gone through, and men who have gone through all these things together and seen a lot of different changes from 30 years ago to now.

They're still here and they're still happy and they're still having fun doing it. It's encouraging.

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