United Nurses of Alberta

Michelle Senkow

MS: I'm Michelle Senkow from the Foothills Hospital.

Q: Which area of nursing do you work in?

MS: Labour and delivery is my home unit. I've been nursing in Alberta for 30 years now, mostly in maternal child. I've done some surgery and medicine, and I've been bumped and all those sorts of things too. I started in Calgary, then the Mis for 12 years in Edmonton, then Grand Prairie, and now I'm back in Calgary since 2000. So I've kind of done the circuit, because my husband was transferred a couple of times. But that's okay; it's given me a vast experience.

Q: Tell me about the alumni meeting you were just at.

MS: Foothills Hospital had a school of nursing from 1960 something until 1992 I think, or no actually there's a '94 class. Just talking to the representatives from each year, there was one rep from '93 or '94 who said that she sent out information to all of her class and asked where you're working and what you're doing. She says approximately half of the class of 100 are no longer nursing; they're no longer nurses. That was just numbers to me and I went, wow; I know this is happening. I know people are leaving the profession all the time, with a lot of experience or very minimal experience. It's really sad when you talk to a grad who's done a university degree, may even have 2 degrees to get into

nursing, and have been nursing for less than 5 years, and they're leaving the profession. That part just tears at my heart, not only as a nurse but as a mother, as a patient. I keep saying, who's going to be there for us to take care of us and take care of our family? Any time one of my family members has been sick in the last while, I know how stretched the nurses are on the units or wherever they are, and feel like you should be there to help out because you know they can't give the kind of care they want to give, because staffing is so short. They feel like they should be an octopus, like you should have 8 arms and be in 6 places at 6 times. And you can't, we're all human. The newest too is the frustration out there; that part is very sad. Nurse-to-nurse bickering, and things that are going on. The environment is not a nice environment, and that's not good. That's very unhealthy; that's very bad for our profession. It's because of the environment they're being put into. They're being called all the time on their days off. They're not getting the educational leaves they need; they're not getting proper staffing. So you feel inadequate at the end of the shift. You say, I wanted to do this; I wanted to do that. I wanted to rub this man's back; I wanted to be able to hold this patient's hand when they were crying, and I couldn't. I wanted to give this painkiller as fast as I was told, and I couldn't. I couldn't help this lady to the washroom fast enough. It's so sad. You feel very inadequate. Some people are getting burnt because of that. When they get burnt out they get frustrated, and they show that at work. They show it in being short and being disrespectful and things like that. That's sad; that's sad. I want to put the basics back into nursing: the caring, the compassion, the respect – respect for individuals, respect for each other.

Q: You're saying nurses are leaving out of an inability to actually change that system?

MS: Right, and provide safe nursing care. They want to provide a certain level of care, and they can't. Their hands are tied. Either they're being told manage with what you've got, or they have a manager that's saying, I don't care; you can't have tomorrow off. Your dad is having heart surgery; I don't care. You have to be here. They've lost their soul; they've lost their heart and their caring. That's so basic to our profession. When you're being hit from all angles – your managers, a frustrated patient who's been waiting for a long time – people can only take so much. We're all human, and that level of frustration is high right now in the workforce.

Q: What kinds of strategies do you see for the union?

MS: The union has to be front and foremost to help the advocates that are there. I've been a president for many years, and yes we have district meetings and we have this and that. But there needs to be support for those advocates. People need to share stories; they need to be helpful to each other. It's not only with the LRO staff that they have; it's with each other. It's doing courses on human relations, on negotiations. Those things shouldn't be just left for the staff; they should be there for the advocates also. There should be more training for the front-line advocates, whether it's a grievance committee, whether it's executive, whether it's district people, whatever. Education needs to be front and foremost, involvement, caring, providing those opportunities. That's getting more difficult when the person is doing part hospital work, part union work. You need to take time off work from your employer, and there's more and more problems now with the employer

giving you that time off. There's a lot of hostility; there's a lot of harassment. The tricks the employer is pulling are devastating. I've seen people that have been involved for years and years and are totally turned off, because it's destructive to them as a person and as a union advocate. What I'm saying is education has to be front and foremost, support groups, more meetings where people can talk about what's happening; sharing solutions, sharing possible negotiating solutions. Four times a year is not enough. Maybe we need to hold AGMs more than just the AGM for the constitution. Maybe we need to meet twice a year and be up at the mike talking about what's working and what's not working. We need to be covering all the generations. As you know, we're in a workforce now where there's possibly 4 generations. A nurse that's one year from retirement may be treating things very differently from a brand new grad. We need to find the best way to work together for the best of the patient. That's not happening right now, because they're short-staffed, they're frustrated, they're tired. That harassment environment just escalates. The new generation, the younger generation, has a different level of dedication to a job. They know that there are many jobs out there. A 30 year old nurse doesn't want to start a new profession. They want in the profession they started, they educated, they love. But a person who's only been in the job 2 or 3 years, if they find out that they have to work solid nights, that they have to work every weekend, that they're not being buddied like they should be, that they're not getting continuing education, they're looking elsewhere for another job. That's what's happening. So we have to put support there. We have to help people. I'm the kind of union advocate that I'm available 24-7. My number's in the phone book; people call me; people drop by; people send me letters. It's to ask for help;

it's to ask for advice; it's to say thank you. Sometimes it's just to say thank you for an ear for listening; thank you for just putting your hand out and listening to me. Maybe it was to rant and rave, but maybe it's to find the best solution, whether it was a dispute between two nurses, a dispute with a doctor and a nurse, a dispute with a patient. It's being honest and trying to find the best solution. The environment is so different now than it was even the last time we talked. It's not nice; it's not. It needs a lot of work and I hope the union can be there front and foremost to help through this transition.

Q: What can be done for the more experienced nurses to allow them to still contribute, to be able to work part time or on their own hours?

MS: We're working on that in negotiations with a contract, trying to find things progressively so people can stay in the workforce. Yes, the average age of a nurse is 48. I'm 48. I've been a nurse for 30 years; I started as a student nurse and went straight into the workforce after training. I was in the workforce as a student; that's how I was a UNA member. But what I'm saying is that these nurses who are close to retirement age or in the last 10 years, there needs to be accommodation from the employer and from the contract to work with what's best for them. If it is the seasonal worker, if it is the worker that needs to go to Phoenix for the summer, that they need to be one of these snowbirds… If a nurse needs to be a snowbird, whether it's for medical reasons or whatever, there should be accommodation for that. I know that's been negotiated. If it's a nurse that needs to work different hours, four hours or 6 hours rather than 8 or 12, that should be accommodated. If it is in a mentoring role or a research role, which is less hands-on

nursing but still giving contribution and helping out the workforce, then that should be advantageous; that should be encouraged. I know that our union is making steps to incorporating those kinds of changes, and that's very good. But right now the work environment is so hostile, harassing and unhealthy, that they need to address some of those serious issues right now. The reason why it is so hostile and unhealthy is because of what they're requiring people to do. They're requiring them to work 12 hours; they're requiring them to work on their days off. I know nurses that have been called 8 times on their day off while they're sleeping from getting off nights. That can't happen. So education of the employer to say, excuse me, reverse the clock, it's not 7 in the morning, it's 7 at night. This nurse is just going to work, and she's working all night. So if you call her tomorrow morning at 10 she has only slept for 2 or 3 hours. You don't start phoning and asking her – that's manipulative and harassing. So stop those phone calls. That's a tough one. The contract hopefully is addressing some of that, but the employer has to roll out the carpet. The employer is not being good about it. They're still bean counters. If they want 8 beans there today, they want 8 beans, and it doesn't matter if you worked the last 6 shifts and you're dead beat and you're not safe. People are jeopardizing their licenses; they're jeopardizing their health. I think that's part of our profession. We're so used to giving, caring, and giving, that they call and they say, they use all kinds of stunts, can you help your nursing colleagues please? They are 3 short today; you need to help your staff. Can you come in today? I've worked the last 4 nights. I'm exhausted. Your colleagues really need you. They try all those stunts. It just doesn't stop.

Q: Talk a bit about the emotional blackmailing and its effects on inexperienced nurses.

MS: You're entering a stage now where there's many areas that do not have nursing managers. Some have managers that have MBAs or not. I've even heard of an auto sales person who was a nursing manager for a unit. They're basically just looking for a manager that will follow their lead and spit out the commands to the staff. I've heard stories of nurses who have called in desperation and said, I'm just so exhausted and I don't know what to do, and I'm ready to leave the profession. I'd say, well tell me what's going on. Well I just finished working 14 shifts in a row. Back up. How many did you have in your rotation and why did you work extra shifts? Because my manager or a booking clerk, an employee of the manager or of the facility, called me in desperation and said, your colleagues need help; please come. Or they leave an answering machine message saying, we need you to work; I know it's your day off, but please, please come in. Overtime is not the issue; it's not payment anymore. It's an issue of health, it's an issue of safety, and people are saying yes. Why are they saying yes and going in and working these additional shifts? It's because it's that caring and compassionate side of nursing. That's why we enter it, to help people, to work with people, to help care and have that compassion. So a nurse says yes, I'll come in, because I want to help my colleagues; I want to care for the patient that I took care of last night and make sure he has a nurse tonight. If I'm not there he won't have a nurse, and they go in. But it's like their 14 or 15th shift, and they're exhausted and tired and really not safe to be there. But the managers are just like bean counters; they just want people there. They want the number, they want the 8 nurses, and they don't care. These poor staff, whether it's new grads or old ones… Some

of the older ones have a bit more oomph to be able to say no, and that takes a lot of assertiveness to be able to say no to your manager on the phone. I'm sorry that you're short, I'm sorry that you don't have enough nurses tonight, but I need my day off. Some managers actually retaliate against the staff that say no, and that's wrong, and it's happening all the time.

Q: A newer nurse doesn't have the experience to know what effect that is going to have on her longer term. She'll keep working the shifts, but one day she'll just say, I won't go back in at all.

MS: Yes, and actually leave the profession. I've had people call and say, I'm giving my notice today. I've been a nurse for a year, but I cannot tolerate what is happening in that atmosphere. I'll try to defer them to different areas. That's the variety of nursing, that maybe you tried this unit and this is your first unit since you graduated, but there are many different avenues. There is home care, there is public health; there are different units. So please try those things before you leave the profession. In this day and age of so many jobs and people seeking satisfaction for themselves, they will do whatever they need to. I advise them to do what they need to do for themselves; they have to take care of themselves.

Q: Beyond changing the structure, are there any other things that could be done to reach out to communicate with the newer nurses?

MS: There needs to be support work; there needs to be support for them. And it needs to be from mentoring nurses, more experienced nurses that know the system. They need to be teaching them about how life is with shift work, the proper way to take care of your health when you're working shift work, the proper way to protect your license, when to say no and when not to, when to file PRCs and safety papers and things like that. How to protect themselves and their patients. There needs to be a mentoring system; there needs to be a support system. Right now that's not happening because there isn't the manpower. Again, those senior nurses could be used in that capacity. There may be a nurse that's near retirement and says, I can't work 8 hours, but I could give you 4 hours every day 5 days a week. And why couldn't they be helping some of those newer people to the profession, whether they're mature students or younger students or whatever? But they could set up a mentoring program for them, and it's a support group. There are support groups out there for everything under the sun. Why isn't there a support group out there for new people to our profession or new people to a facility or to a new health region? It should be readily available. The employer should be supporting that and giving them the time to be able to attend and do that. Same as they should be giving you the time to take care of your health, whether it's a gym membership or whether it's a walk at lunch or it's a nap during your break. They should be facilitating that; they should be helping you with everything with your health.

Q: Can you think of an example of where you were able to help someone in your work with the union?

MS: It's hard sometimes, because there are a lot of negatives and a lot of times you wish things could go differently and they don't. I'm very fortunate with the many years of experience that I have, that I do have some really positives. One that's very true is when the court awarded that nurses do have the right to have their own investigator involved in the investigation of a unit where there's documented toxic mould. The judge awarded UNA that they didn't have to pay for the court costs, that actually the health region and the province had to pay the damages, had to pay the court costs. That was a win for nurses in the province, that we had a voice that had never happened before. That was a great accomplishment. Another thing was the nurses of that unit. I'd worked for years with nurses where they were calling about their eyes were burning. They had many allergic reactions, whether it was a rash, whether it was hives, whether it was a throat they couldn't speak, or things like that that were going on for years, and the employer was doing nothing. But what we accomplished through advocating was we accomplished that they closed the unit. They relocated the staff; they had to tear the whole unit apart right to the ground and they had to rebuild it. Those nurses are on that unit and it is clean now and it is healthy. What really hurts is that there were still nurses off that were damaged so much by the years of the toxic mould exposure that they cannot work again, and they will not work again, because they can't. We are seeking, through WCB and all that, all those proper remedies for them. I've helped many nurses that, due to health reasons, they're not able to work in their full capacity, whether it is a bedside nurse that's working on a medical unit or whatever. But due to some health condition, they want to be a nurse and they want to return and their doctor says that they can, but with limitations. In working in

collaboration with the employer, with the UNA staff, and being a nurse, many of the staff are not nurses so they really rely on you as a union advocate to say this nurse may be able to return to another unit. I don't know what that unit involves, what kind of nursing care. But myself as a nurse knows what that entails and can talk to this other nurse and find out if that's going to work for her, and successfully have accomplished many good accommodations for members. That's in a real positive way to see these nurses, some that have not been working for 2 plus years, to return to a nursing job that gives them satisfaction, that makes them feel good, and yes many thank yous. And it helps the workforce. We need all and every one of those nurses. If the employer would stop putting up all these borders to these things, whether it's the senior nurse or the nurse that's sick, we would be right out there. We need to accommodate every nurse in the profession for the job that they can do. So that's been a real positive. Another thing is through committee work, through PRCs, having a unit that writes this is catastrophically dangerous, the way they would leave one nurse on a unit or one nurse and one nursing assistant who has no medical training, for all these post-surgical patients. And to be able to document that and take it to the proper officials and say, this can't happen. And to hear the other side say you're right, this can't happen and it needs to stop. They do implement change so that that doesn't happen again. Those things are all success stories that need to be told, because there's so much bad stuff going on out there. People need to hear the positives, and there are many positives.

Q: What do you think we should be doing to protect the healthcare system?

MS: We need to be right in the face of government. We need to be right front and foremost. As a healthcare professional body, one of the largest ones in the province, we need to be advocating for everything to be public health care. I think it's a crime in Alberta the way there is these private eye clinics, private ortho clinics, private this, private that. Being a mother of 5 children, I've gone through the health system many different varieties of ways, and it's appalling to me the way they say, I'm sorry, your son needs a CcatScan or he needs an MRI. Once we get that booked, then we can book surgery and then we can do this. I said, okay, what timeframe are we looking at? Well if you go to the private clinic you can have an MRI tomorrow. What's that going to cost? Oh between $500 and $1000. But if we go through the public system, we're looking at anywhere from 6 weeks to months, and we can't book until after that. I think that's a crime. I think it's a crime. What they're doing is putting people on different fields, and we're not. We're all Albertans. We all have the same skin. We all walk around with our two legs or one leg or whatever. But we're all Albertans and we should all be treated the same, and not this preferential treatment to your affiliations or your income or whatever, or whether you're WCB or you're non WCB or you're a government official or you're not. But we need to all be treated the same, and that's fundamental to public healthcare. There's no way people should have to pay different varieties of payments for their medications, never mind their tests. And different rooms. If a man who's dying requires privacy to be with his family, he would like a private room. Why should that be a different cost? It's appalling. We should all be on the same level, treated equally. It's fundamental.

Q: Are there any other things you'd like to talk about?

MS: I think just the history of UNA, very briefly. Being a member for 30 plus years, certainly I became involved when there was the issue of a manager calling on me. It was something very simple as, Michelle, you work permanent evenings but we need you to work days. I said, I'm sorry, I have 5 children that I'm paying daycare and everything for. I work evenings for a purpose, that my husband and I share childcare so that I don't have to incur those costs, and it's the best for the children. My manager was adamant and said, no, you have to work days during these weeks in the summertime. I remember going for my supper break and mentioning it to my fellow staff and another nurse said, no Michelle, that's not right. They are imposing something wrong on you that is a violation of the contract; call your union. I did, and I saw how it made a difference. I became more involved and more involved, on committees and on executives and things like that. My sole purpose always in being involved is to help others and to bring others in to be involved in the union. Your union can serve you and you can serve them, and it's always been that fundamental basic to care and keep the caring and compassion in nursing. That's by caring for each other and helping each other. The union offers that, and they've only increased through the years. The only areas they could help a lot more is being front and foremost to the government about the poor work environment. The leaders need to be visible right there at the bedside and with those nurses, so that they know the union is there for them. There need to be mentoring programs, helping programs for executive, for committees, for the new nurses in the profession, for the nurses that are getting to the end

of the profession, to help them stay in the workforce, give them avenues to still work. I think the union can only get better in the next 30 years and I wish everyone luck. I wish all those people that are here for the first time to a UNA AGM that they enjoy their experience and they'll get more involved and work as hard for their union as their union works for them.

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