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HP: I'm currently working in one of the specialized hospitals in Edmonton. It's a geriatric psychiatry hospital. Is it okay if I… I'm not unionized right now. I recently accepted a position as a unit manager, but prior to that I've been in the union since I started; since I got my license in 2004 I've been in UNA. As I've said, I've been in a recent position that's out of scope.

Q: Tell me about your life prior to 2004.

HP: When I was in high school my goal actually was to become a chemical engineer. I've always liked to wear white gowns and in the lab. But in the Philippines the only way that people or a family that are poor, I don't even know how to say it, the way out of poverty is for the kids to go to school, finish their degree, and that degree is usually nursing because that's seen as a profession that will take you out of poverty. My aunt is a nurse in the U.S. and my mom convinced me that I should be like my aunt: You should be a nurse, you could go in U.S., and you could take us out of poverty. So I took nursing. Initially I thought, not for me, because I want to be a chemical engineer. But when I started nursing in the Philippines as a student I actually enjoyed it. I was initially a very shy person: if there are people around me, I will hide or I will try to not talk to them. But in nursing you have to talk to your patient. So that's when I started to be more open to people and started to be more at ease in having conversation. I took nursing; I passed the board exam. Usually back home when you're finished your nursing you have to work in the Philippines. But what I did is I applied in the Middle East; so after graduation I went to the Middle East as a nurse. I was in Saudi Arabia for one year, but because I don't have that much experience, because I was a fresh graduate at that time, my employer in the Middle East didn't renew my contract. So I had to go back in the Philippines. I reapplied again and this time I got a job in United Arab Emirates and I stayed there for four years as a nurse. When I was in United Arab Emirates I have a friend, a coworker. She has a sister that's working that's in Red Deer, and they were looking for a live-in caregiver. That's when my friend told me, why don't you apply as a live-in caregiver in Canada? I don't even know what Canada is. They just told me that Canada is a very cold country and I might not survive in Canada. But I said, well being in the Middle East

I don't have stability. I will spend a year working and I will go back in the Philippines for a month. My one year earning I will spend just for going home. So I don't having savings; I have to go back again in the Middle East, same routine. So I did that for four years until my friend said, well why don't you go to Canada and see? So I came to Canada in 2000. I find that coming to Canada is actually a dream that every nurse in the Philippines would like to have.

Q: Did you take the job as caregiver?

HP: Yes, I took the job as a live-in caregiver for two years in Red Deer. While I was a live-in caregiver, at that time there were a lot of stipulations in my work permit that I can't do things. I can only study. So I studied nursing mojo so I could take the exam. When I got my permanent residency. . .

Q: Tell me more about your experience as a live-in caregiver.

HP: I came in here as a temporary foreign worker under a live-in caregiver program. Under a live-in caregiver program, there are things that I cannot do. I cannot take a four-year course. I can only take a six-month. I can only study those course that are six months. I cannot have another employer; I cannot work for another person. So I'm quite limited of what I can do.

Q: Could you bring your family over?

HP: At that time I could bring my family, but because I came from the Middle East. When I came in as a live-in caregiver I was in the Middle East. I didn't bring my family at that time.

Q: Was that hard for you?

HP: It's hard; it's really hard. I have a husband and my daughter was in the Philippines. It took me four years before they can come.

Q: So you would have to send resources to them?

HP: I had to send money. At that time too, Facebook does not exist. The only way that I can communicate to my family is through phone, and the long distance costs at that time is costing me so much money.

Q: From 2000 to 2004 you were in Red Deer?

HP: 2000 to 2003.

Q: Then you moved to Edmonton?

HP: Yes.

Q: What brought you to Edmonton?

HP: At that time my employer was able to hire my sister as a replacement for me, because now I've already got my permanent residency at that time. I was about to challenge the exam and I'm thinking, okay because Red Deer is between Edmonton and Calgary.

Q: The exam?

HP: The RN exam. So I was thinking, should I go in Edmonton or Calgary for my RN? I seen Calgary and I seen Edmonton and I seems to like Edmonton better than Calgary. So I stick with Edmonton.

Q: By then you had your RN?

HP: No, not yet, because it takes a while to get my permanent residency. I actually applied for another job. At that time I already had an open visa, so I can apply for another live-in caregiver.

Q: Did your training in the Philippines contribute at all?

HP: I would say that because I'd been nursing in the Middle East for quite a few years, that actually was the one that has been recognized. My training in the Philippines was recognized, but my experience, that's what I meant, my experience in the Middle East was the one that's been recognized. Because when I came in I got my RN and then there are things, well the salary step. . .

Q: Did you have to have Canadian experience?

HP: No, I didn't. At that time I just had to pass the RN exam. Then they asked me if I have previous nursing experience and I gave them certificates of my nursing experience, and AHS did actually acknowledge those experiences and put me on a higher level. Instead of starting on a beginner, I was put on a little bit higher step based on my experience.

Q: So your union then became UNA?

HP: Yes.

Q: They didn't call you an undergrad or any other step before that?

HP: While waiting for my license, I worked as an undergrad RN in supportive living.

Q: And that was when?

HP: That would be 2003 or 2004.

Q: So you worked in supportive living?

HP: I worked in supportive living and I also worked in a long-term care facility.

Q: You mentioned that you were involved in a strike. Was that when you worked in supportive living?

HP: No, at that time that facility was not on strike yet. I was involved in a strike I think ten years after I left the facility.

Q: So you got your RN certification and you're now a registered nurse.

HP: I'm now a registered nurse, and it was 2004 when I got it.

Q: Where did you go from there with it?

HP: In 2004 I believe there were a lot of jobs opening. When I got my license I applied for all the jobs that I could see in the job posting. Then I got a call, and it was a phone interview at that time. It's the dialysis manager phoned me and gave me a phone interview, and then after the interview she asked me for my availability, and from there on I got hired.

Q: Was this at a hospital?

HP: It's at Edmonton General dialysis unit. That's my first RN job.

Q: How long did you stay there?

HP: Long. In between that, at that time I was offered a part-time position. Then because now I have the wings to fly as an RN, I applied in a lot of different places.

Q: How was that job at Edmonton General?

HP: As a dialysis nurse, because it's my first RN job and I don't have a dialysis background at that time, the training I would say is quite intense if you don't have any background at all as a

dialysis nurse. But it's actually good. It gave me a different perspective on what nursing in Canada is. Then I went to ICU; then I went as a supervisor in a long-term care facility.

Q: So you moved around.

HP: I move around, yeah.

Q: Did you find any doors opening or closing in your face?

HP: So far with my experience, when I was in dialysis, because it was a .4, I was able to apply for casual positions everywhere. I think those experiences gave me the advantage that when I applied for another job I get it. When I went to ICU. . .

Q: Was this still .4, or did you move up?

HP: I move up. When I went to ICU then it was a fulltime job. Again, there's an opportunity for me to go and take the critical care course. At that time it's just, I would not say overwhelming, I'd say it's such an opportunity for me. I was able to get all this training, that if I will be a nurse back home I have to pay for it.

Q: Who paid for it?

HP: Alberta Health Services. AHS has paid for my dialysis training and for my ICU training.

Q: Were you still at Edmonton General?

HP: Dialysis is in Edmonton General; ICU is at U of A. I move around a lot. I've been holding a lot of jobs.

Q: So they're all part time?

HP: No. When I was in Edmonton General as .4 then I will be a .6 as an ARCM at Edmonton General in the long term care. Then I will be casual in other areas.

Q: So you had three jobs at the same time?

HP: Two.

Q: When did you become a UNA member?

HP: In 2004. When I got my first job, they signed me in for membership.

Q: Did you attend any union meetings?

HP: When I started at Edmonton General as a dialysis nurse, no. I was just so busy I don't even know what union is. I was just so busy. I think sometimes we will see the rep comes in or when they give all the gifts. But I started becoming active in union when I took a job in Youville Home.

Q: What made you become active then?

HP: Well they made me as a president. . . . I was voluntold. There's very few of us at Youville; I think only 11 nurses. That would be six or seven regulars and the rest will be casuals.

Q: So Youville is. . . ?

HP: It's a long-term care facility.

Q: How was the workload?

HP: As an RN on days, I am responsible for two units, and each unit will have 55 or 60 patients or residents. On evening, one RN you have 260 some patients. I'm not 100 percent sure of the census, but around 260. Then I'm responsible for the LPNs and healthcare aides, and that will

be the same at nights. There's only one RN for 260 and then you supervise LPN and healthcare aides.

Q: Is this a normal or unusual load?

HP: At that time I really don't know if it's normal. There's nothing to compare with. I work in long-term care Edmonton General but as an ARCM, kind of like a supervisor. But at that time we're covering certain units, like I will cover five or six units. So the amount of patients that I'm handling probably will be the same, and also with the staff. Although I'm the only RN in the building, a lot of my responsibilities are troubleshooting. And assessment of the patient, and oversight, make sure that the staff knows what they're doing. If there are emergencies, then I need to call the doctors or assess and then it's my call if I need to send the patients to the hospital or not.

Q: Tell me about your role as president.

HP: I'd been in that position for quite a few years. I did actually enjoy attending the yearly annual AGM where you get to vote and you get to listen to people that talk about the collective agreement. I enjoy the guests that they invite. A lot of them I actually learn quite a bit. I remember this one speaker, I just forgot his name, but he talks about migration.

Q: Did you feel encouraged to stay in this role by all the activities you engaged in?

HP: As?

Q: As a union officer?

HP: As a union officer, yes. I think there's a lot. The only thing that I've seen as an issue as a president in a very small facility where you only have 11 is the engagement. Sometimes when there's a meeting there will be very few that will come and attend. When you want to say, I

don't even know how to say it. Out of 11 I think I will only have five or six attendance; I don't get the full.

Q: How does your union involvement affect you as a person?

HP: I think that gives me the courage to speak up. Being someone that came from a Third World country, Philippines, nurses are not trained to speak up. As nurses back home, even when I nursed in the Middle East, nurses are seen as assistant to the doctors. I don't even know that I have a right. In the Middle East where I work as a nurse for quite a few years, if your doctor tells you something, that's what you're going to do. Don't question; you have to do it. If they tell you to make coffee, you do go get coffee. But when I came to Canada, being in the union, I have a voice now. Now I could speak up. Now I could question what the doctor is writing, because now I've been trained to use my critical thinking. I'm now a professional. Back in the Middle East when I work I'm looked at as a servant, as someone that's being paid to serve them. If a patient ask me to go get water, I have to get a water even though it's in there. They call nurses different name – sistaba or a maid.

Q: How did that make you feel?

HP: Well it made me feel like, well I just felt like I'm just here to do a job, and if this is what you told me then I'll do it. I can't question; I can't say something. When I started my nursing career in Canada, when I finished my training in special areas in dialysis and ICU, as the years go by and now I have a voice, I told myself, well this is nursing. I feel proud to be a nurse. I feel proud to be an RN. Now I could speak up, not only for myself but also for my patient. Now I could tell the doctors, or I could advocate now for my patient.

Q: How do you do that?

HP: By letting the doctor know that this is what the patient needs, or if there are family meetings, including them in that care. That's how I advocate for them.

Q: You felt respected?

HP: I actually felt respected as an RN here in Canada. I've never had that.

Q: Did you ever feel any discrimination as a person of colour?

HP: I think my position as a registered nurse, I have not experienced that. I've heard that from other workers who are not registered nurse, but for me…

Q: Other people from your community?

HP: Yes. The healthcare aide, I heard that from healthcare aide. I heard that from LPNs that are giving care to patient. But as a nurse, as an RN, though I am coloured, how do you say it, I might not be Caucasian but when I go to someone or in a room I felt like a lot of patients. . . A lot of times I encountered from patients they'll ask, are you an RN? When I said yes I'm an RN, then they felt at ease. They don't ask me, well some will say, are you Filipino? But no, a lot of them will say, are you an RN?

Q: When would they ask you where you're from?

HP: Well it's just for when they call at the nursing station and we get to know them – oh okay, where are you from? They say, oh we actually have a member who's married to a Filipina, or stuff like that. But if there are issues or an LPN will come to me or a healthcare aide will come to me and I go to a patient's room they'll say, are you an RN? Yes I am an RN. Then they'll feel at ease.

Q: So how did your career continue?

HP: I worked at Youville and then…

Q: When you went to UNA conferences, did you have to advocate on behalf of your unit?

HP: No. When I was at Youville there was at that time a very strong vice-president, and she's a part of the UNA leadership.

Q: What was her name?

HP: Karen, you probably know Karen Kuprys. She's very strong; so she actually was the one who had shaped me or helped me with UNA stuff and telling me things. If there are things that I don't understand in the collective agreement, these are all collective agreement, these are all new to me. I don't know anything about collective agreement. I don't know what they're talking about. When I step in there I say, okay I'm gonna sit in here, I'm gonna listen. A lot of speakers during AGM are very good. They can tell why are they not passing it, why are they voting for this. When I started attending those I don't understand, but Karen really helped me, and explaining it to the members too. She explains it really well and I said, oh okay. So now I'm learning at the same time I understand now how union works. That's the only time I became really active was when I was at Youville Home, because I have a union member in there who's a very strong advocate.

Q: Tell me how your journey continued.

HP: After Youville Home, because there has been some issues that happened at Youville. . .

Q: How long were you there?

HP: I think five years. It's time to move on. So I went and applied for another job and became a transition coordinator. That's another new path for me. So I stayed as a transition coordinator for three years, then Covid hits. As a transition coordinator, we do assess patients for discharges, if they can go for long term support or go back home. But because Covid hits, everything was put on hold, so then there's no discharges. I told myself, what I'm gonna do now, the job is still there, but it's very slow.

Q: Was this at a hospital?

HP: Yes, Villa Caritas. It's beside Misericordia Hospital. It's an acute geriatric psychiatry.

Q: Did you ever hear anyone complain about the Klein cuts or did you yourself experience their effects?

HP: Well I heard about Klein's cuts. I think I came at the year when they're now starting to rehire nurses; I think that's the year.

Q: So nurses had been cut before you came and they were now hiring back?

HP: How will I say it? Dialysis is the first job that I have. At that time I heard about Klein cuts but in that unit that I was in a lot of nurses that were in there are new nurses too like me.

Q: Was it an older unit?

HP: Yeah, but. . .

Q: So that means the old nurses had gone elsewhere.

HP: Probably. I'm not really 100 percent sure. I'm just thinking back about the Klein cuts, Ralph Klein cuts. I've heard a lot about that from the older nurses.

Q: What did they say?

HP: That a lot of nurses has to go and work somewhere else. Even recently I have coworkers that came back from U.S. and they said that they had to go to U.S. to get a job because Klein had cut those jobs.

Q: Did you meet other Filipino nurses who had been affected by the cuts?

HP: No, a lot of the nurses that I met that talk about the cuts are mostly Caucasian nurses.

Q: Were you still a union officer at Villa Caritas?

HP: No not at that time, but I'm a union member of Local 11. Because I came from Youville Home and I'd been quite active, I tried to find, okay they have the local, I really wanna go. So I attended their meetings and fortunately being able to go as an observer during AGM meetings.

Q: Did they talk about Kenney cuts?

HP: This is so funny, because every time things comes up, I'm not in there. As a transition coordinator, I stayed there for three years. Now they're talking about Kenney cuts but at that time I'm now up north. I applied as a local nurse in north zone. So yes, they talk about cuts and everything, but up north. . .

Q: Who was talking about cuts?

HP: Well news right, and the locals will send some information about cuts and about collective agreement. But up north…

Q: Were you losing benefits? What was the language like?

HP: They talk about no increase. Some of the things that they talk about, because it's sent by e-mail because of the pandemic, at that time when I was still at Villa Caritas as a transition coordinator the pandemic didn't hit at that time yet.

Q: So there were no issues then?

HP: There were no issues yet. When pandemic hits, that's when I started looking for another job.

Q: Were you anticipating being laid off?

HP: No. But oh that's right too, at that time they talk about essential and nonessential services. They talk about if you're nonessential you might be laid off or you might get to work home, stuff like that. I didn't really fully get what they were talking about at that time, because there was nothing clear. At that time it's all talk.

Q: Who was talking?

HP: Among us, among the nurses.

Q: You were hearing rumours?

HP: Yes.

Q: But you hadn't gotten any directive from the government?

HP: No.

Q: You were still in limbo, because nothing was clear.

HP: There's nothing, yeah. Either we hear it from the news or I hear it from my coworker. But I don't really listen to a lot of news nowadays.

Q: Do you have a sense of history repeating itself? After these benefits have been won, they're now being threatened again.

HP: No.

Q: Would you say Villa Caritas is a pretty safe environment?

HP: I would say so, although my job as transition coordinator, I'm not a front-line worker.

Q: Why is it that description?

HP: Because I think for a transition, because we don't do hands-on care.

Q: But as a transition coordinator, you try to prepare the patient for returning home.

HP: Yes.

Q: So why is the job not there? Do they no longer prepare patients to return home?

HP: Initially we thought we would be the first one who will be laid off; if there would be a layoff happening, we will be the first one. Because, as I've said, we're not front line. Our nurses are not in the unit giving that hands-on care. Why I think that we will be the first one that could be lay off is that the patient can stay in the hospital if they want to, and they'll be okay, even without the transition coordinator. But it will be a burden to the system because now a lot of patients that are supposed to be going home or supposed to be discharged are now sitting in a hospital bed if they don't need it.

Q: What was happening to cause that?

HP: There has not been any cuts that happened or layoff that happened as far as I know in the position that I'm in. That had continued, because now they've seen. Initially when the pandemic hit it was slow, everything was shut down. So we, as a transition coordinator, our job was slow too because they're not discharging patients home, they're not discharging anywhere else. But when they realize that now with the pandemic a lot of people are getting infected and they're now needing hospital bed, there are patients that are in the hospital that are not needing hospital bed, they should move out. That's when we saw the increase now of discharges. Now we actually have more assessment to do. Now they have to make sure that those acute care

beds have to be available for the sick Covid patients. So those that are being assessed for placement or needing to go home, they should move out.

Q: So they called you back and increased the amount of work you were doing?

HP: It's the same; it's just that there are more assessments to be done. We've already been discharging patients. Especially in the area where I work, it's a little bit hard to discharge patients, because as you've seen, it's a psychiatric hospital. A lot of facilities tend to, because it's a behavioural patient; some facilities will think twice before accepting the patient. So it's a little bit harder for them to place, as opposed to a medically stable patient. I have a behaviourally stable patient. If you present that on a site they probably will take the medically stable as opposed to a behaviourally stable patient.

Q: You're still working .4 or .6 and fulltime?

HP: No, when I took the fulltime job I then didn't pick up any more shifts.

Q: So you're working fulltime right now?

HP: I'm currently working fulltime, yes. I'm still at Villa but I took an out of scope position. I still have a casual position in AHS because I'm under Caritas; I still have a casual position in AHS but it's the nursing local [44:57] program.

Q: But you're still in UNA?

HP: I'm still in UNA.

Q: In Local 11?

HP: Well effective September 27, because I'm now out of scope, then I won't be under Local 11.

Q: But you'll still be in UNA?

HP: I'll still be in UNA because I have a casual position in AHS.

Q: What's your assessment of the quality of care for Albertans?

HP: To be honest, when I came to Canada and went to Red Deer, I saw the hospital there and then in Edmonton. I thought, oh is this a western country? I know in the Middle East we're far more advanced in technology than what Canada has; I don't know in other parts of Canada, but in Alberta. But then I look at the overall healthcare and I think in Alberta as opposed to where I had previous experience, overall I think it's quite good. As the years pass by. . .

Q: Have you seen cuts of services anywhere?

HP: I have not seen; that's why I can't compare. If I will compare it back home, I will say this is top-notch healthcare that we're getting here. But as years goes by, and then little by little you're seeing different. . .

Q: Is the patient/nurse ratio the same as when you started?

HP: No. I've been hearing this quite a lot, there's such a shortage of staff. Not only here, but I think I could speak more of the shortage of staffing up north. As a local nurse I worked in long term care and in healthcare. La Crete.

Q: What part of Alberta is that?

HP: Northern part, close to High Level and Fort Vermillion. There were times that they're just so short, there are no resources in there in a community where you have homecare and long- term care and ambulatory care. A lot of the staff that works there are local nurses. There are locals that works in there as RN and LPNs and it comes to a point that there's only one RN in homecare. They have three vacant RN positions and they're having a hard time filling it up.

Q: Is the patient population large for one nurse on duty to take care of?

HP: Well that's a lot, because in La Crete they have supportive living, and that homecare has to be in there too. For an RN, they don't have a case manager in supportive living. If you're the only RN for the community, unless you have taken over a supportive living, that's when the patient care is compromised.

Q: How long did you stay there?

HP: One year.

Q: What made you come back to Edmonton?

HP: I had my family here.

Q: What made you go out there?

HP: I just wanted to experience travel nursing.

Q: So you travelled regularly?

HP: Well, I had a six-week assignment or I could be on a three-month assignment. But I did like the community so I extend and stayed there for a year.

Q: What's your opinion of the current environment and the services you provide?

HP: The services that I'm providing when I was still in scope are the same. There has been no change so far. I have not been impacted with that. I think a lot of things that I'm hearing are other things. They're talking about privatizing housekeeping. I have family that works in housekeeping, and they're talking about privatizing laundry and things that are, I don't even

know how to explain it. Those services. Even though it's not my area of work, I do have family members that work in those departments. Not only that, these are services that we provide to patients. If you cut something in there, then we're cutting some services. At the hospital where I currently work we are providing free laundry. But if they're going to privatize it now, a patient has to pay for it.

Q: What about food and other things?

HP: I have not heard that yet.

Q: But you did hear that patients may have to pay for their laundry and housekeeping?

HP: Laundry for sure. I know the other facilities are already charging for laundry. This is even before cuts. Long-term cares are charging for laundry, supportive living are charging for laundries. I don't think hospitals are charging for laundry yet. But if there will be a cut, that will be probably something that they're going to look at charging patients.

Q: What other cuts did you hear about?

HP: That's all I heard.

Q: Do you find it strange that they're threatening cuts during this Covid period?

HP: I think it's really strange to put that in there. But again, a lot of it is talk, but I've not really seen something that came out.

. . .

HP: I just want to go back to that transition services. I've heard about essential and nonessential services. But I think in the healthcare system there's no such thing as nonessential services. I don't even know, okay, define nonessential. I think everything in that healthcare, as you've said, is a part. For something to work, everything has that part. If you take that part and you think, okay this is nonessential, it's like, okay let's take your feet, because it's not essential

to your body. Well will I be able to walk well? No. Look at it as healthcare system. If you take something that you think is nonessential, a job that is nonessential, well first of all that job is there because it is essential. It's a part of a system that is essential, there's no such thing as nonessential services.

Q: Are you still active in UNA?

HP: Not as active as I was at Youville Home.

Q: Are you thinking about retirement?

HP: Retirement? No. Well it's really hard to say now, because I'm out of scope.

Q: Would you ever go back into scope?

HP: I would definitely go back in scope.

Q: Do you have benefits while you're out of scope?

HP: I have benefits, yeah. I just started the job; so I don't really know. Okay, I might be going back in scope now. But I just started the job.

Q: Is there anything else you'd like to say before I turn it over to Don?

HP: I think I've said a lot.

Q: Can you describe further about your work in the north?

HP: Up north when I worked as a homecare nurse, essentially what you do is provide services to keep the patients at home. If they have a wound, instead of coming to the hospital the homecare nurses go in there and do it. You assess them for their care needs. If they need help

with bath and stuff like that, you assess them for that and then you authorize services. So you have a healthcare aide going to that patient home to help them with dressing and stuff like that. Up north, because of lack of staff, there's only one RN. That RN will be the charge nurse, the team lead, and she wears different hats. They do have LPNs in there, and the LPN has to step up into the roles, because one RN cannot manage a whole community. When I left, they currently had three RN positions that are open waiting to be filled. A lot of times, local nurses goes to these communities because they don't have staff.

Q: What's the impact of staff shortages on patients?

HP: In homecare, based on my experience when I went in there, AHS has a partner site, the supportive living facility in there. Homecare has to go in that and assess patients. I believe because of the absence of homecare and they're not being seen all the time because of the shortage, we have not established that relationship to the site. The site has that, not hate, but they don't trust when homecare go in there. They only go there once in a while and they have not established that relationship. But when I was in there and we were able to fill those positions and they were able to have someone in that supportive living constantly in there Monday to Friday, we build that relationship. Now the patient and family are starting to trust the system. Now they see that, okay someone now is assessing my mom, someone now can advocate for my mom, see what's going on. Someone now can say, okay your mom is a higher level of care, let's assess them; this is what they need. At that time we had nurses that filled those positions, but after a while again we had resignations. I don't know what would be the situation now.

Q: What would cause people to resign?

HP: Like me, I'm not from the area; so my tendency will go back. There are locals that are in there, but it's not enough. There's not enough people; they don't have enough RNs that are applying. It's 700 km away from Edmonton. Yes, they do have supermarkets, they do have that, but what you have in Edmonton is not there. You want to drink liquor-- you have to drive 45 minutes to get alcohol, or an hour and a half.

Q: Has there been a change in the amount of time you have to connect with the patients? In the past, was there more time to establish relationships?

HP: Are we talking about generally or up north?

Q: Both, but more in long-term care and supportive care. Is it harder to maintain with the staff shortages?

HP: Absolutely. With the shortages it's really harder to connect. With the shortages, it's really harder to connect with patients. Now you have to prioritize who you need to see. You know that you have ten people that you have to look at in a day, but you probably are just going to get into three people.

Q: What happens to the rest on the list?

HP: You just have to see them the next day. It just piles up. Sometimes you just say, okay well this patient just got discharged or now we've sent him to the hospital.

Q: Do you sometimes have to discharge them before they're ready because you don't have enough staff?

HP: This is up north where there's really shortage of staff. I work in homecare at the same time I work as a case manager in that supportive living. So I really need to prioritize who I'm seeing that day, because I only have eight hours to work. I don't have 24 hours. Then at the same time you have the doctors that you need to connect to; you have other people that you need to talk to. Family are calling you. So prioritizing that. As much as I want to see most of my patients, I won't be able to do that in a day. I just have to say, okay I guess tomorrow I'll see Mrs. So and So. The next day I'll go there, okay I guess Mrs. So and So can wait the next day. Next day comes in--okay now Mrs. So and So is in the hospital and I didn't even see her.

Q: Did you ever hear about bumping?

HP: Yes. When I was at Youville Home they were going through a transition at that time. At that time I step into a temporary position and out of scope, and at that time I'm handling the pink slip. I think the RNs are done by that time I went in. I now had to deal with the healthcare aide, and at that time I had to tell them that they had to reapply for their position.

Q: That must have been hard.

HP: Yes, because if they've been holding that position for years and now there's bumping, now anybody in that organization either within Youville or outside of Youville, based on their seniority, can now apply to that position, and they could be bumped somewhere else. I think that also had happened at Edmonton General.

Q: Was this in around 2010?

HP: Yeah, 2010 and 2011.

Q: When you were in Red Deer, was it difficult making the transition from temporary foreign worker to the immigration path? How did that work?

HP: I was just so fortunate to have people and friends that had told me what to do. When I was still on that Temporary Foreign Worker visa, I was already told that you need to take mojos; you need to study, so that once you get your permanent residency then you'll be able to take the exam. There are people that really coached me on what to do, and that really helps a lot. I didn't really find it that hard. The hardest part of that is the waiting part. It took a while for my permanent residency to be issued, and then waiting for the exams. But other than that, I'll say that it went well with me.

Q: Did you have any resistance from your employer?

HP: No, my employer was so supportive. He was so supportive for what I was planning to do with my life. He knows that I will not be his permanent caregiver.

Q: As a transitions nurse, have you found an increase in urgency to move the patients out of care?

MP: Not in the hospital that I work. As I said, we're acute psychiatry hospital, so this is quite different than other acute hospitals. Our length of stay are sometimes longer because a lot of sites will not take our patient right away. These are behaviourally stable patients but it's about mental health issues and it's being looked at differently. Regardless of whether, how will I say it. I think mental health is viewed differently as opposed to someone who's suffering from stroke or stuff like that. But when someone is suffering mental health issues, I don't see anything wrong with you right now, but it could become unpredictable. So now I have to make sure that I have the staff to look after you, but because of staff shortage, we're not going to take you. So our length of stay sometimes are longer.

Q: How has Covid impacted you?

HP: I think I could relate my experience when I was up north. The community that I work, I don't know if it's okay for me to say, but there are communities that do not embrace or believe that this pandemic exists. It's a little bit hard when you're coming in as a healthcare worker, and now your organization wants you to implement these restrictions in a community that is so against it. That's where the challenge comes from. I don't know if you guys have heard that there was an incident that had happened up north where AHS vehicles has been egged.

Q: So healthcare workers were being attacked?

HP: Their vehicles were egged.

Q: What was the reaction?

HP: Well I think there was a misunderstanding at that time in the community. They thought AHS was there to police if they're wearing masks or they're complying to the Minister of Health order. So I think there was a misunderstanding. At that time there were AHS employees that were in the community, but this is because they're implementing the connect care system, and it's not about policing.

Q: It must have been difficult to provide care to clients whose belief systems are at odds with the care that you're trying to give.

HP: I think that's the challenge as a healthcare worker. Here I am. I want to advocate for my patient. My patient has a right to say, well I don't want to take that. But I say, but I need protection too. I also have the right not to be infected. So now how will I advocate for my patient who has different beliefs than what I believe?

Q: Did you feel unsafe?

HP: I think in my line of work I just had to make sure that I am well protected. If a patient or community don't want to wear masks, then I just want to make sure that I take precautions for myself. That's all I could do. I can't force them.

Q: Have you ever been physically challenged by a patient?

HP: No. A lot of challenges in this pandemic are the restrictions, and also the confusions. There are a lot of things that are changing every week. You are telling to the family, okay you cannot visit, only two people are allowed, and it should be designated people that can visit. Then the next week you'll say, oh okay now it doesn’t matter how many of you, now you can visit. Then after the next day you'll say, oops we're back to only one person can visit. That's where the family get frustrated. Okay, you guys are so confused, you don't know what you're doing. As a healthcare worker, I'm only doing what I was told. It's my job to tell, but really we're the one that's getting blamed for the confusion because we're telling different things almost every week. if not every day.

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

HP: I don't know what else to talk about. I will say that my nursing career in Canada is. . .

Q: On target?

HP: How do you say?

Q: Is it on target, heading in the right direction?

HP: It's heading in the right direction, and I've never experienced that respect. Like I said, I've worked in a different country, I've seen how nurses were treated. In Canada as a nurse I have a voice. I feel respected, and I'm proud of it. Now I'm proud to be called an RN.

Q: Do you feel that the union gives you a strong voice?

HP: Because of the union I think that's why the nurses in Canada have that voice. Nurses in Alberta have that strong voice because of the union. In countries where they don't have unions, they don't have a voice. I think the biggest reason why we're that strong is because of the union.

END