ALHI Road Show 2005

Canmore Nurses Group Interview—Pam Little, Jean Shafto, Maureen Brass, Helen Krizan

[Nov.17/05, Canmore Museum]

Q: Let's just go around and introduce yourselves, and tell us where and when you started nursing.

PL: My name's Pam Little. I live in Banff right now. I started nursing in Manitoba. I graduated in 1974 from a site nursing program. Actually 1974 was the year of the nurse, or 1975, sorry. I remember that because unions were starting to form all across the country. I have a button with "The Year of the Nurse." I was excited because I got enough money on my paycheque my first year of nursing to pay for my car. That was a huge jump in our wages. That's where unionization came in my life. Then I moved to Alberta and took my RN in Alberta. I came here in 1978, but I had to ski and do a lot of other things first before I went back to nursing. I graduated from my Registered Nursing course in 1984, then worked in Calgary. Then came back to Banff, and have worked there for 20 years.

JS: I'm just the opposite from Pam. I came from Toronto. I graduated in '44. I came out after a year of nursing in Toronto to experience skiing and such, and work in the Banff Hospital. I've worked there for 20 years off and on. Then I moved to Calgary for two years. Then I took a post-graduate in psychiatry in '74; then worked in mental health in

Calgary from '76 to '79. Nursing has been a big part of my life, but I haven't nursed actively since '80.

MB: My name's Maureen Brass. I graduated from Aberdeen Royal Infirmary in Scotland in '64, then went to Glasgow and trained as a midwife. Back to Aberdeen as a Queens district nursing sister. I needed some adventure in my life. It was either Australia or Canada. I thought if I didn't like it, I could get back from Canada. Australia was a long way away. I first came to Toronto and then came out west by train. When I was about three I heard about the Calgary Stampede. So I wanted to see the Calgary Stampede. This other girl and I had jobs to go to in the hospital in Calgary. But we'd been district nurses and it was like we needed some more adventure; we needed to do something else. Somebody said: you should go to the Northwest Territories. I thought that was northern Alberta. I didn't realize it went all across Canada. Somebody got a map out and said: there's Baffin Island. It's like, wow, we should maybe try that. So we flew from Calgary to Edmonton on the air bus, no idea even where Edmonton was. Got our registration. That was in '69 just after the Stampede, so July. Then got another taxi to I think it's Churchill Square in Edmonton, and knocked on the door of this lady who recruited nurses for the Arctic. She said years later, I'll never forget you; you're the first two people that ever knocked on my door and asked for jobs in the Arctic. So spent a year in the Arctic, back to Alberta, and got a job at the university as a nurse practitioner. Then went to Stony Indian Reserve and was there nearly three years. By that time I was living in Canmore and finished with the Stony Indian Reserve. The Mountain View Health Unit came knocking at my door one day and said: we're looking for somebody here. So 21 1/2 years

later I was the public health nurse in Canmore, and the first one to live here. But I'm retired now.

HK: My name is Helen Krizan, and I was born and raised in northwestern Ontario. I went into nurses' training in Thunder Bay, which was Port Arthur at that time, at St. Joseph's Hospital in 1952, and graduated in '55. But in 1954 the student union body decided they wanted to send two student nurses to Banff for a biennial nurses' convention. The group didn't have much money. So they decided they would send two girls whose dads worked for the CPR, and they could get them a pass. I was one of two. So we were in Banff for a week at the Banff Springs Hotel, and really enjoyed that. The friend I was with, on our last night, she said, we haven't really had any fun. We have to find out where the fun is in Banff. We asked around and they said, well you have to go to the Cascade Dance Hall. So we went, on our last night here, and I met a fellow who lived in Canmore. That was in June of 1954. I graduated in September of 1955, and got married in October of 1955, and came to Canmore. I was a recent graduate, a new young graduate, who had not every really worked on her own. My husband said, you should maybe go to work. So I went up to the hospital and met with the doctor, Dr. Milnes at the time, who seemed to run everything. He hired me. He said, start December 1st, 1955. I went to work, and it was such a horrible day. I got home about 8 o'clock that night and just cried. I was so frightened and scared to be on my own. But I did work two months, and then I quit. I went back nursing in 1968 after I'd had my family, to the Canmore Hospital. And I was with the Canmore Hospital for 25 years, retiring in 1993. So I've been here all those years, because my dad had a pass.

Q: In the first 10 years that you were nursing, was there a story that illustrates what it was like to be a nurse?

JS: A bit of a shock coming from Toronto Western Hospital to the Banff Mineral Springs Hospital, which was a funny old house that isn't there now. There have been three hospitals, two since. I found it a drastic change. I had to deliver a baby about six months after I came, and that was terrifying. Then we had polio patients, because in the early '50s when the polio epidemic came, they had mineral spring waters there and a physiotherapy department, and we had an iron lung. So, patients came down from Edmonton even, for rehabilitation and such. Then the other drastic change was the invention or discovery of cortisone. Banff hospital had an awful lot of arthritics. It was mainly an arthritic sanatorium, with prairie farmers and a few from The States. But all of a sudden cortisone came along with a magic cure. So in the next three or four years it dwindled to being an average little town hospital with a physiotherapy department and things like that.

Q: Can you talk a bit about why it was so frightening? A lot of people think about nursing in the context of a big hospital where there's a lot of nursing support. But I'm hearing from you that it's very different in a small place where you're the only person.

JS: You are so supervised in a big hospital. Somebody's always at your elbow to tell you if you're doing the right thing. I'd only nursed a year in Toronto after training. So coming out to one that was a 40-bed hospital, no elevator, you carried patients up to surgery on a stretcher up the stairs: all kinds of inconveniences that you didn't experience in a big hospital. But I did learn to love it, and it was quite charming being able to know the people in the town, and to nurse them.

Q: When you were on shift, what other hospital workers were working with you?

JS: It was about a 30 to 40 bed hospital. You had to do the night shift. We had one girl who wouldn't do night shift in Banff because the bats at the back door of the hospital would swoop down. She had a dreadful fear for bats; so she didn't work nights. But we worked the shifts. You usually worked with at least four or five on at the same time, on your ward. There were two wards in Banff. We lived in a little residence in behind the hospital when I first came, and then I married later. Also we had a nurses' chapter in Banff in the '50s, and no public health in Banff. The dominion government couldn't decide whether it was provincial or dominion. So our nurses' chapter gave all the polio shots, the cubes of sugar, for polio vaccine in about 1954 or '55. That was a very interesting period, and it made our chapter have a real purpose. And we had a well baby clinic.

MB: I have two short stories that I can add. Having worked as a nurse practitioner in the Arctic and different things, I worked for a brief period at the Canmore Hospital. I think I was on alone this night; the other person hadn't shown up. But this 28 year old woman came in. So I took her temperature and examined her. She had abdominal pain, and on and on. So old Dr. Miltons was a real character, definitely old school. I phoned him and said, oh Dr. Miltons, we have this 28-year-old lady presenting with abdominal pain. On examination she has tenderness. He said, huh, you want to be the doctor, you be the doctor, and hung up. I had to send this woman to Banff; he wouldn't come and see her. So anyway that was a lesson that there is a fine line between being a nurse… When I first came to Canmore, they hadn't had a permanent public health nurse before; so there were

no real programs. Little bits and pieces had gone on. Someone came up from Calgary. I wanted to set up prenatal, because I thought this was really important. So I called the doctor in Banff and said: could I come to the doctor's meeting? He said no; you can't come. I said, why not? He said: you're a nurse. I said, I just want to talk to you about prenatal so you can all have your input into what you'd like me to teach. He says: you can't come. I said, why not? He said: we have lunch. I said: I don't want lunch. I just want to come and talk to you about prenatal. Anyway, I went there and said: do you have any input? Oh no, they had no idea what I'd be teaching at prenatal. Anyway, that was the beginning of the prenatal classes. But I included them; they had to come and talk to the parents. So they were part of that process. But it's an interesting learning curve in smaller areas where they've never had things like that going on.

Q: Did you see the relationship between doctors and nurses change over time?

MB: Tremendously. I started here in November of '74. It was either that fall or in the spring there was a workshop in Calgary, a two-day workshop by Dr. Deacon, who was an neonatalologist. He was a very progressive sort of guy. I was so interested in what he was teaching that I thought, we would really benefit in this area from his teaching. So I invited him out. I don't know if that had ever happened before. So he came out and came to a staff meeting in Banff. I was so nervous that day I got the doctors' names all mixed up. But anyway, he said, for two years I've been waiting to get into this area to meet everybody, and it took the public health nurse to do that. Anyway, by the time the women who were in the Banff Hospital having their babies came home, they were saying to me, Dr. Deacon says. I said: how did you know what he said? Well, because that's all the

nurses could talk about, was what Dr. Deacon said. So it was a whole change. The fathers were allowed in the delivery room, and the whole process changed. It was interesting to see parenting and how people's parenting changed too. It was pretty exciting to be there in the beginning.

Q: Can you explain what a public health nurse is?

MB: I think back then we were called community health nurses, because we did home care and public health. Public health is preventative nursing. So you're teaching in the schools, with families, prenatal, postnatal, doing immunization, health teaching in the community, surveillance visits to seniors. That role has changed a lot over the years, because nursing has become more specialized. There are not so many generalists as there used to be. The district nurse, as we used to be called in the old days, did everything. Now it's much more specialized.

HK: I'll just go back to my story of December 1955 at Canmore Hospital. I had not ever worked on my own, because I was just a recent graduate. Like Jean said, you were always, you were not allowed to do anything. So when I went on shift at 8 o'clock, the night nurse was actually the matron. She gave me a report; I believe there were six or eight patients at the time. She gave me a report and said, okay here are a few things about where things are. That's it, I'm going to bed. That was my report. I had no orientation or anything like that. But at that time the nurses were living in the basement of the hospital. The Canmore Hospital at that time was 10 or 12 beds. It was very small. You were on shift by yourself. Also the doctor, and it's the same doctor we were talking about, had his

office hours there. So you were also to help him with his office hours. I remember that day was utter chaos. I didn't know where things were. I didn't know the patients. One lady passed away on my shift. They brought in an accident victim from Lafarge, the cement plant down the highway. Then we had office hours and I was helping the doctor. Then about 2 o'clock a pregnant lady walked in. I had never done a delivery before in my life. I thought to myself, all that I remember is that if it's her first baby, it takes longer. So that was what I asked her and she said, no, it's my fourth. So I proceeded to do all the things I was supposed to do, and I remembered. But anyway, she delivered the baby in the bedpan. I went hollering for the doctor and he said, get the mat bundle. I had no clue to where all these things were that I needed. That's the day I went home at 8 o'clock and thought, I don't ever want to go back. It was very scary for me, the rural nursing, because I had not had any time to do that prior to coming here. I was very nervous at it. You did get to know your patients very well. You relied a lot on your observation skills and what you saw in your patient. But I found it a very scary time. It was very anxiety-producing. When I went back in 1968 I worked under supervision to regain my registered nurse's status. That was a little bit better; then from there on things changed a bit. Nurses then were getting more of a rapport. They were getting a couple of shifts of orientation. So you weren't so nervous and you weren't so scared.

Q: Was the hospital larger when you went back?

HK: No, it was basically the same. They didn't put on the addition until the late '70s. At that time Canmore nurses had never been unionized. We thought it was a grand time, because we wanted to get into the union. We wanted our wages to go up. But what

preceded it was a new administrator had come in and was doing things that nurses here never had to put up with before. We felt we needed the protection at that time. Prior to that, things were very good for the nursing staff in Canmore. But when the new administrator came in and things began to change, we felt we needed the protection of the United Nurses of Alberta. I believe it was in the '70s – '78. It was fun doing the picket line at the bottom of the hospital hill. It was a good chance to join together as nurses and to be part of a group.

Q: What did the new administrator do that made you feel the need for a union?

HK: I can't remember. But I think it was just also a very scary time. Some positions had been cut; there were staff being moved around. I think we were just fearful for our jobs. And we also wanted an increase, that was really important.

Q: And you said it was fun being on the picket line?

HK: It was fun. There was a lot of camaraderie. One of the nurses lived just beyond where we were picketing. So we used to go up there and coffee. I remember it as being a really fun time. We were out for quite a while, because we had never belonged to the union. So once the union settled, we did have to wait a while before we were allowed to belong to the union.

Q: So the strike was to get a first contract?

HK: That's right. And it took longer for us at that time.

PL: I think for me, it's interesting talking to people that have worked a lot longer than me. I graduated in '74 first of all as a nurse, and then I came to working as a nurse in Alberta in 1984. I worked in psychiatry in the early '80s in the city. So I came to Banff in

'84. I think over those 10 years, nursing had changed quite a bit. Unions had come in. I didn't have to work like everybody else towards getting a contract or to really fight for nursing. I came into it in a time in the '80s in Alberta where it was already established. For me it was more shocking to have some of those things where they said, we're going to take them away, like in '88 when I went on strike. So for me that was a bit of a surprise. I hadn't been here for the historical stuff, like to know what it was like before. My experience with being on strike was similar; it was a great time to come together as nurses, to stand together. Just being out on a picket line and having people holler out the door, we love you nurses, was sort of an affirmation for what you'd done in your career. For many nurses, they just don't get enough of that. Those were the days of Margaret Ethier. I remember going to my first union meeting in Edmonton and being blown away with this woman who was like the steel workers of America. I never dreamt that the United Nurses of Alberta was going to be like that. We stood and sang songs and held hands. Wow, I was really amazed. It thought it was really good, I loved it. Potluck dinners and supporting each other. Some people couldn't afford to be on strike, so we would have these dinners together. There was grocery money given out to people who couldn't afford their groceries, and childcare was organized. It was an amazing time, even in '88. That's when they were trying to whittle away and break the union.

Q: What were some of the issues of the time?

PL Wages were an issue, but more it was the idea of taking away our benefits. Benefits are probably 16% of your wage, and they wanted to change people's pension benefits, people that had worked for 20 years. It was mostly benefits that really got us. And things

like shift differential. When you worked nights, not being paid to work those nights, not being paid extra. Shift work is detrimental to your health, and nurses work shift work. People really believed that things that older nurses had worked for were really important. The idea of the professional responsibility clause, it was in '88 they wanted to break that down also. That's the clause; it's one of the only clauses in our contract that lets us have access to the hospital board. In a hospital it's really important to nursing. If I felt that patient safety was jeopardized on my shift, it means that I have to keep working under those circumstances. Maybe we're short-staffed; maybe there's something in the institution that's not safe. You keep working, but you can file a form that says this is what happened; this is what we think should change. Please let us meet with you and change it. So it's asking for action on things that you are concerned about. The idea is not to neglect your patients. There have been instances in Canada, not very many, but I can think of one, where nurses actually had to walk out on their patients, to make that kind of stand, because it was such an unsafe situation. But that clause added to our contract really helped nurses. You could document a problem without leaving your patients. They wanted to take that clause out. I thought that was something worth fighting for.

Q: What was the outcome of that strike?

PL: We paid a lot of fines, but unions from all over the world helped to pay those fines. There were people--I think Margaret Ethier-- there was a threat of her spending some time in jail, along with some other union people. I think it really strengthened the union and the solidarity of nurses. The value doesn’t come in the pay that you get. We kept the professional responsibility clause; we strengthened the health and safety part of the

contract. We did get a bit of a raise, 3% or something. In my mind it was a success. And we had some great potluck dinners and got to know each other better.

Q: Helen, you brought a memento with you.

HK: I brought my cap; it even still has the bobby pins in it. I was talking to a group of friends the other day and they said: you don't often see nurses wearing the caps, and the designation of the registered nurse with the black stripe. So I just brought it for people to see. I just attended my 50th nurses' reunion, which was held in Thunder Bay in September of this year, 2005. These were at our table when we had our dinner. It's a replica of the caps. I thought that was kind of cute. And they gave us a Terry Fox coin, because Thunder Bay is where he ended his run 25 years ago. Those were just a few of the things that I brought today.

Q: Could you tell us about how the caps used to be used to designate the kind of nursing that you did?

HK: In the school of nursing that I graduated from, it was a Catholic hospital, and I don't think that made a difference though. But during your first year you had a yellow stripe; so that indicated you were a first year nursing student. Then the second year you got a light blue stripe. Then, when you graduated, you got your black stripe. I don't know if all hospitals were the same as that. They could've been, but they may have had a different way of identifying what year you were. I think now nursing is very technical these days, and caps and starched uniforms are just a thing of the past. They just get in the road anymore. But it was a way of life back then.

Q: What does the pin say?

HK: This little pin? It's just a pin saying I'm a graduate of St. Joseph's Hospital, 1955. It's very tarnished now.

PL: I think you'll find that most places had the symbolic nursing caps. Mine, I had a green stripe in my first year, and a blue stripe, and then I graduated with two navy blue stripes. You had the hat clips and pins, and the nursing pins.

JS: Well we didn't have any bands on our caps until we graduated. Then that was a very important thing. And we wore black stockings for the first 2-1/2 years. We got into white ones the last six months. One girl was denied her black stripe for six months because she had to go and write another exam. You didn't get your cap after the probation period if you weren't up to scratch. Some of them had to wait another three or four months. It was rather cruel, very army-like. I think it's good those things have gone. The caps were lovely, and you could always look around and see another cap that was the same as yours and know, oh there's one of our grads, wherever you were nursing, whether it was in Toronto or out west. So they were in a way a good symbol, but I certainly think the time came to do away with all of it, because of the technical equipment that is used now days and with codes and such.

HK: Maybe I'll just jump ahead in time. When I went back in 1968 and then they did an extension on the hospital in the '80s. That was late '70s. Then in 1984 we got a brand new hospital in Canmore. It had a long term care unit of 25 beds and a brand new acute care of 23 beds. It was like moving from a little old house of 10 or 12 or 13 beds to this huge hospital. It was wonderful to have all the new facilities. But you lost something in the transition. We used to sit down in the dining room and have our lunch together. You lost

that social aspect when you went from the small hospital to the big hospital. That was 1984, and I was in the management department then, looking after the long term care. That was new for me. I did some extra training in Calgary with District #7, specifically for long term care people. I thought, that will be a nice job to have as I come closer to retirement. But it was very difficult as well. One thing that I remember about the long term care with the older patients, I never thought we would have a problem with the older population fighting, having words, and throwing things. We had two men in the same ward who just absolutely detested each other. Wheelchairs would go; they'd push each other around. Canes would go flying walkers; they would bop each other over the head. It just amazed me, because I never ever thought of that happening. So, needless to say, we had to move those two people around. But that was just one story about long term care.

MB: I have something to add about living in a small town and how things change. There had been no home care prior to me coming, because there hadn't been a permanent nurse. It was pretty easy. If somebody needed a bath they'd phone in or whatever. Then we got a little more adventuresome and sure, if you want to die at home, we'll do our best to help you. But I was the only nurse. So it was fine through the week and it was fine through the day, because I could go in and bath and run and give somebody a shot for pain, or whatever. But it was amazing how the other nurses in the community came together and said, well I live two doors away, Maureen; I could give you a night off and I'll go give Betty her shot. But she got sicker and sicker. I had twin boys at home who were just babies. Her husband would phone me up in the middle of the night and say, oh Maureen,

she's really bad now. I'd say, okay. So he'd get in the car, warm it up, come over, sit with my babies. I'd run over in his car to her house, give her a shot, turn her over, rub her back, and come back with the car, and he'd go home. Then I'd get up in the morning and go to work. So it was amazing in a small town of 2,000 – 3,000, how we could deal with people being at home. I remember asking the minister to please come and see some other person. He would never come and never come. I said, are you afraid? He said: I've never been around anybody dying before. So we cajoled the minister along with this, because he'd never had anybody in the home. The doctors were the same; they'd often never had somebody at home. They thought they should have a nurse there if they went to see people at home. But homecare as you know has become very sophisticated now from these first days. But we all pulled together as a community, and it worked beautifully.

Q: Can you talk a bit about your experiences in the north?

MB: Well I could, yeah. I first went to Cape Dorset, which is in the southwest part of Baffin Island. I was there for four months. There were three nurses in the nursing station there. I got a letter from the supervisor in October, and I'd only gone there in July. It said: would I be willing to go to Clyde River? They'd had a nurse there for a few weeks, but she was going on vacation and they didn't know if she was coming back, and would I consider going? It would be an adventure to go north of 70. Get the map out and see where Clyde River is. I arrived there in the dark. I had never driven a skidoo, and the first time I attempted I went too fast and hit a snow bank and tipped the whole thing. I had only been there about a month when this person came in from camp in the middle of the

night, saying that the people there were starving because the ice in the bay wouldn't stay frozen. They needed a group of people to go out with food. They thought, seeing they had a nurse, it would be a good idea for me to go too. I had no idea even what to wear; what did I know? The Hudson's Bay manager said, I have a caribou outfit; I'll give it to you. He was a little fat man, and the crotch was below my knees with suspenders. Then the top you had to pull over your head, and it was very stiff. This is how they got me all dressed in this outfit. We set off early in the morning up the sea ice. Sea ice is like millions of broken plates. It was 140 miles to this camp. About midday they decided we should stop and eat. I was the only female there, and there was a lot of muttering and talk under their breath. The fellow that was in charge of me said, you need to piss, sweetheart. I said, what? I'm looking around, there's nothing but sea ice. I said: no I most certainly do not. I managed to keep going until later on that day when I was pretty desperate and had to go. But the big story was trying to get out of this caribou outfit to get it pulled over my head and lower the suspenders and the stiff bottoms. That was quite an initiation to the north. But anyway, we got to the camp safely, and it could've been a Hilton. I was so excited to be in a safe, warm place. It was the middle of the night before we got there. It was a long, long journey. The pictures that I gave you were the second time I went back for Easter. I went back with the RCMP. I drove the skidoo there and back. That was my Mt. Everest. The people had impetigo; they had never been immunized; they had lice. But they were so kind and good to me. It was a very memorable visit, and the first time that a white person had been there.

JS: I think I'd just like to generally comment that I think nursing is a wonderful profession, and I still do. It's partly the variety that you can have in it. I moved quite a bit around Canada. I nursed in Toronto and Brandon and Calgary and Banff. It was always different and exciting, changing into psychiatry in mid-life when I did. Doing mental health work was very rewarding. Our class is to have their 62nd anniversary next year, and it's wonderful that we have kept together. We trained in the days when you lived in residence and got one weekend a month off. A real camaraderie was created, and they're still like a family to me, and we keep in touch all the time. I had troubles in my life at times, and nursing came in to rescue me and made me realize that there's always somebody a lot worse off than you are. I think it is a wonderful profession.

Q: Why did you decide to go into mental health nursing?

JS: I really think it's a shame that our three year nursing program at the time had very little psychiatry, and the two year psychiatry program needed a lot of the other. I think everybody should have a general knowledge, just like maternity. We only had three months of maternity; so no wonder we were terrified when we came out to a little hospital and had to deliver a baby. But it's now so much more generalized. A four year university course: I think they're taking a lot more psychology and psychiatry with that. It's wonderful that it has become all-inclusive.

PL: I guess I could add that I started in a class of 28, in a big mental hospital in Manitoba. We lived in residence; so I caught the tail end. We were the first class that could go to a classroom setting without our uniforms on, in my hospital. That was 1972; so it was the end of an era. Then, when I graduated from my RN in the early '80s, I

graduated from a community college. Nursing had moved out of the hospital into a community college. Then when I got my degree in '96, I was at a university and they were taking all sorts of courses that even at the community college level you weren't taking, and definitely weren't taking in the '70s. It had become a more general information, more well rounded in psych and sociology and all those things. Now I'm what they call an education specialist for rural nursing. I see lots of issues that have come full circle. We have nurses now that come out of the university program that are very good at critical thinking and thinking way beyond the box that I learned in a hospital program. But they have trouble working in an institution where most nurses are still working. Now I see a huge gap – there's 10 years of nurses missing. You have nurses my age, in their early 50s. Then you have nurses that are in their late 20s, and they're the new graduates. It's quite interesting to see those two groups try to work together. It'll be an interesting future that nursing is looking at. One of the things Helen said was about the specialization. You see it even in rural nursing. In Banff, when I started there, we worked everywhere. We still had a little pediatric place when I first started, and we had the second floor and the first floor. When you started there, you worked all of those places. By the time we moved into the new hospital in Banff in '88, we had separated units. We had emergency nurses and we had acute care nurses and we had long term care nurses. Community care nurses and public health nurses had also separated. Now we have home care nurses, which are almost like a separate entity from community care. I know a story that I could tell you about working in Banff. My first summer in Banff, I'm casual, I'm working in emerg. I'm a new grad, and I'm not trained in emergency. I've worked a year

in the city on a medical unit. So that's the experience I came to this job with. I had the idea that the physicians knew what they were doing. I had this patient who had overdosed. A young woman had taken 100 coated aspirin. By the time I left on my 12 hour we had given her Ipecac to make her vomit, which we wouldn't do now. There are many changes in nursing. But she had thrown up 40 of those pills out of 100. She was fine when I left. I came on the next morning at 7 in the morning, and the night nurses in report were saying she's a lot worse. We couldn't get the doctor to come in, which is one of the challenges of rural nursing. Like Maureen said, things from the '60s in the '80s hadn't changed too much in that direction. But they couldn't get the physician to come in and they were really worried about her. So I go into assess her after report. We have a woman who's ataxic; she can't sit up in bed, and these are the things that happen with an aspirin overdose. She can't hear anymore; she's got this loud ringing in her ear. Thank goodness the nurse I was working with was a very experienced nurse. She'd worked in emergency for about 10 years at that point. She said, start an IV. I'm calling the ambulance and then we'll call the doctor. I'm like, I don't think I would've done that in that order, being a new person there. But I did what she said, and she phoned the doctor as the patient was being loaded into the ambulance. She had phoned the poison center in Calgary and they had said she needs dialysis. So we got her packed up and said to the doctor, if you want to see your patient, you'd better hurry; the ambulance is ready to leave. That's where he saw his patient, and he was livid. But that woman came back a couple of months later, and she was alive, and I really thought when she left that she was going to die. I proceeded the next month to enroll myself in an emerg course in

Edmonton. I went and took an emergency course with a couple of other nurses from Banff because I just felt, I'm not prepared for this little place where everybody's skills are really varied. We need to be able to anticipate what our patients need. That was really a lesson for me on depending on myself to advocate for patients, and not always depending on someone else.

Q: What are your perceptions of the change of the medical system over to the public system? When did it actually change in Alberta?

JS: 1963 or '64, something like that. You sort of knew the doctors and you knew the ones that, if they couldn't get payment for the patient, would do treatments for them and forget about it. But there was the odd one that, well I don't know if I'll go on that house call, because I'm not going to get paid. Before that they were often paid in coal or bread or services. But I think Medicare was a wonderful contribution. I've just been into the Foothills Hospital where one of our nurses from here is very ill. She is getting amazing care at the moment. She certainly would not be able to afford all this. They're medium income, and it's wonderful that we still have it, to a degree.

PL: I could speak to working in an area where I see the same thing happening now. I work in an emergency department where there are young service workers who are seeking care, and they may not be covered by healthcare. They may not have their healthcare paid up in Alberta. Or they're from another province, like Quebec, where the payment is lower than what a physician would get here. So I too have to know the physician that will treat without asking about money or payment. I find it sort of ironic that we've come to this. Also we charge for many things over my career when we used to

put casts on without charging and now we charge. There's all sorts of appliances that we charge for. I know where I work we keep a stash. We tell patients, if you want to bring this back after you're finished with it, that's great. The company would shudder at that, but we need them because we have people who need a splint and can't afford the $50 or $100 or whatever it costs. For me, for a person who wasn't around – well I was born into the system where my parents probably had to pay for me to be born, but I don't remember that. I find it really disturbing the things that I see happening, that I actually took for granted and can't believe that now people are having to make choices.

HK: The only thing I can vaguely remember about it was that at the time when the emerg nurse was asked to take a payment for something. All I can remember about that was that nurses felt they didn't want to have anything to do with money and asking people to pay for treatment they were receiving. That seemed to be wrong for nurses to have to do that.

MB: I can just add that coming from a national health system to what you have here, and being back in Britain this April because my best friend was dying of lung cancer, and seeing what's offered there, we have a tremendous healthcare system. It's absolutely amazing to see what they have in Britain. We seem to be really progressive in our thinking and the information that we get. There the patient client would never question the doctor or ask what's happening. Whereas here, in most things you're part of the decision making process. I think the healthcare here is amazing.

Q: One comment I often get when I talk to nurses is the difference in the quality of care that you're able to give to patients. Most people talk about the fact that the system has

been cranked up in terms of workload, speed, and everything else. Bedside care and things like that have been altered. Has that been your experience here?

HK: I'll comment on that. I think nurses don't have as much time now to spend giving bedside nursing. But it's a little strange, because I did have surgery in July in Canmore Hospital and I thought, oh, I just wish there was a nurse that would come and rub my back. About 7 o'clock a nurse came in and said: would you like a backrub? She had the lotion in her hand. I said: do you still do that? She said, somebody messed up the scheduling and there's an extra person on tonight. So she gave me a backrub and rubbed my feet; it was wonderful. So there are still times when you might get that bedside nursing. But nursing is still a wonderful profession. I think the nurses here, especially in Canmore, are still doing the best job that they can. With cutbacks and whatever else, they still give full treatment to their patients.

PL: I think you'd find that in smaller places, like rural hospitals, the nurses can bring that caring into their practice a little easier than in a larger centre. I think rural nurses would still say their practice has changed. I know mine has. But I think generally we can give a higher level of caring nursing care.

JS: I think the stress on nurses, the one nurse who didn't show up, when they cut back in so many ways, it was just too much. Going off duty every night and not feeling you've done everything: that was very destructive for nursing, the image of it. Those that wanted to go into it started dropping off. A lot of damage has been done and it'll take years to redo it.

PL: I'd say the early '90s were the worst. Now, 10 years later, we're still suffering with the consequences. A lot of trust was lost. Nurses didn't feel confident in administrations to back them. The whole terminology, we lost directors of nursing. We didn't see those anymore; there wasn't that term. Nursing in a hospital you couldn't find nursing in the title of anyone. I think that is changing. In the Calgary health region we now have a chief nursing officer, and that's been for four years. But that is a historic moment that we're restoring some of the things that were lost in the early '90s.

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