UNA Centennial-Sandie Rentz
2005

I Interviewer
S Speaker

S -- prior to that the employers had always provided them with a turkey at Christmastime. And as part of their austerity program, they had eliminated the turkeys, and so, you know, you could say it was as much about not getting turkeys at Christmastime as it was about a perceived rollback to vacation accrual for WCB. They -- there was also some people that felt very strongly that there were some proposals on the table that were not good in relation to layoff and recall, that there were some limitations being placed on that. And so everyone had a different -- if you want, a different agenda or a different reason for voting in favour of the strike, but when the votes came in it was landslide. It was just -- there was no question that the members were going --

I Well, Trudy and David also agreed about that that being told not -- that you couldn't vote, the ruling just made-- that put it right over the top.

S Way over the top. And, you know, nurses came to the polling stations carrying their suitcases with them, their overnight bags, you know, quite prepared to surrender to the police if they were arrested and toted off to jail, and explain to -- some of them were even to the point of explaining to their children why their mother right end up in jail that night and --

I Are we ready to roll?

S It was pretty nuts.

I Are we rolling? Okay.

S So -- so it was -- you know, it was -- one delegate at the reporting meeting stood up and said very clearly, you know, it was the best of times and it was the worst of times. And it really was. When -- when all was said and done after the '88 strike, we didn't end up with a whole lot more than we had prior to the strike, but I think what it demonstrated for our members is that, you know, push us too far during the -- the negotiations and in between respect our process or else we will go out on strike. We don't need a great deal of provocation because you provide it during the interim between contract negotiations. You say it every time you disrespect us as work. You say it every time you ignore some important clause in our collective agreement that takes us to -- through an arbitration process. I truly believe that if the employer would just sit down and not just bargain in good faith, because that's one issue, but I really feel that there is this whole issue of what they do during the term of the contract that says to nurses, We respect what we put on paper. We -- we -- we're not going to argue about

words on paper. We're going to, you know, sit down and resolve this. We're not going to have to go off to arbitration. But look at how many issues go to arbitration. And it's -- it's not -- it's not healthy for the members and I can't see that it's in the employer's interest, but that's where it goes. So then the next time around you've got a whole bunch of things on the table that -- that don't really have a lot to do with bargaining; it's just that they're leftovers during the year. And -- and that turkey story is very true. You know, the one lady -- it's not even in the contract. You know, there's nothing in the contract about turkeys, but for her, that's what it was all about. And if she had to exercise her frustration through voting for the strike, that's what she was prepared to do. There was another local I remember visiting, and I went out with Murray Billett to Provost, and they -- their employer had always allowed them to brew a pot of coffee and they would sit down and have their coffee while they were at the end of their shift while they were charting off their day. And the employer did some number crunching and realized that if they sold that same coffee at 50 cents a cup, how much it would mean to his budget. So they started taking -- it wasn't a he, it was a she actually -- so they started taking away that privilege. Well, then the nurses brought their own coffee. Well, then the employer said they had to pay for the electricity to plug in the pot. And on and on it went. And we went out to a labour/ management meeting about coffee, you know. It's not in the contract and there's nothing in there that would protect it -- that sort of privilege, but it translates into frustration and anger when contracts roll around. And if the employers would only realize that nurses give 110 percent everyday that they go into work and they should be treated like they're liquid gold because they're few and far between and there's soon going to be very few nurses left in -- giving the kind of care that's being given because people just aren't going to choose it as a profession. That's my fear anyway.

I Yeah.

S My mom -- you were asking about my mom -- my mom -- my mom's 85. She's a dual grad. She's got her psychiatric nursing and an RN. She took her psych training at Ponoka and she took her RN at the Alec. And when I was growing up, all I ever heard her say to me was -- about nursing was, Be anything, just don't be a nurse. She wanted me to go into another field of education. And actually I did go to university and try commerce and hated it. I had a roommate who was in nursing and I spent all my time poking through her books and getting her to relay to me all the information about her day. And I was so excited. And one day she just grabbed me and said, Get out of here. Go back home and enroll in a nursing program. You're driving me crazy. So I did. And much to my mother's disgust I enrolled at the Mount Royal College. It was the first -- very first two-year program in Canada -- college program, non-hospital based diploma program. And at the point in which we enrolled in the class, none of us even knew if we were going to be eligible for registration in Alberta. B.C. had confirmed and so had Ontario. And I think maybe some of the Maritime provinces had committed to allowing us to practice, but Alberta was still on hold.

So we knew somewhere as graduates we would be accepted; we just didn't know whether it would be in Alberta. And it was only a few months before we actually graduated from the program that Alberta recognized the two-year program.

I Was there a good practicum component in that program?

S It was an excellent practicum because we weren't tied to any one facility, one hospital. We took our geriatrics at, like, the Colonel Belcher. We took our maternity at the Grey's. We took our peds and the Children's. And so we got around a lot in the city and we got to see a number of facilities and the way they dealt with their staff and the way they structured their care. So it was a pretty broad-based program. It -- you know, in retrospect we probably could have benefited from maybe a two and a half year program, maybe more like an internship at the end, six-month internship. I don't know how they do it now, but I believe it's quite different than when we took it.

I Are you aware that there's a crisis right now in finding practicum spots? Like --

S No, I didn't know that.

I There is -- and finding preceptors.

S Well, I can understand the whole issue of preceptors because my frustration with that -- and I've been a preceptor a number of times -- they -- it is so easy for the management to start looking at the students as extra staff. And the assignments usually are reflecting that, you know, now you've got two people doing one assignment. The whole point of the practicum and the preceptorship is that the student is supposed to be virtually on their own with you as backup and resource. And it's their chance to see whether they can make it or whether -- where their areas of weakness are and where they need extra help. If you're given an assignment that basically requires two full-time staff to do, it's not much of a learning experience for the student. But there's a huge responsibility that goes with it. So I guess I can understand.

I Do you think it was valuable to negotiate the small preceptor allowance?

S Well, who knows, you know. Like if they're still having trouble, maybe that's -- you know, sometimes it's not always about money. I'm not saying that it's not nice to have an extra little bit in recognition of that sort of thing, and certainly it would have been appreciated, but most preceptors weren't in it for the money. It was because they felt a commitment to the profession and felt they could lend their expertise to a student. And -- you know, so I don't think that that's necessarily going to help the problem. I think that most people are just feeling overworked and overwhelmed. And just having the extra responsibility of a

student maybe is just more than they can manage right now. But it was -- you know, it's a good thing to have in there.

I But, yeah, as you say, it may not solve the problem and just getting the workload down so that they can feel like they can do a reasonable job of preceptoring.

S Right.

I And the time to do it would be -- but, like, that's true about so many aspects of nursing now.

S Mm-hm. Mm-hm. Well, and I -- all through my career, I can't say that there was ever a time where the workload and the responsibility weren't tremendous. It's just that the focus is so different now. And I feel badly in a way because I think that some of the things that have been lost to nursing were some of the things that were, from my perspective, the most valuable components. And nursing now is far more about being a technician. Lots of the things that nurses are doing now weren't even on our realm of practice before. And I think that the things that have been lost are some of the art and humanity of nursing. The time that you got to spend with patients and patients' families isn't there anymore. A lot of the teaching isn't there as well. A lot of the follow-through isn't there.

I Can you explain teaching just a bit to us?

S Well, patient teaching, family teaching.

I How is that important?

S It would -- for me it was very important. For me it was vital part of my xxx. It was one of the parts that I felt good about. It was sort of like in a way it was -- it meant that, you know, the outcome had been successful. Now you were sending this person home with instructions how to manage at home. You were helping the family set up -- to take this patient home and deal with what was going on. And now it's more about being able to sign off that it was done rather than being able to commit the kind of time to it that it would take to do it properly. And it's kind of sad, you know. A lot of the bedside skills, a lot of the, you know, hands on care that we were able to give before, it was always a bit rushed, but not like now. Today it's a real luxury if you get to spend those extra few minutes with a patient or the patient's family. It's a total luxury. And I -- I speak from that, not only from the point of view -- I'm no longer a practicing nurse, but just being with a family member in the hospital, I can see the change in it. You know, lots of time I ended up doing some of the bedside care not because I wanted to, and I totally didn't want someone else doing it, but I could also see that those things maybe weren't going to get done if a family member wasn't able to do it. So it's

changed that way. And it's not to say that there's not wonderful advancements in nursing. I mean I see that people are living longer; they're being kept very comfortable in hospital. There are lots of really good things going on in the healthcare system. And I don't know what the answer is because they need more staff, but where are they going to get this staff?

I Is the union going to have a role in finding that answer?

S Well, the union, I think, is critical in finding the answer. They have a first-hand knowledge of what the problems are from their membership the way -- especially the way UNA is structured, all of the concerns are generated from the grassroots up. And even if our members don't stay actively involved during the non-negotiating period, like coming to meetings on a regular basis, they're always there doing negotiations, and they're always very vocal about their concerns. It's not so much that UNA's not going to have just a critical part to play, it's I don't know where we're going to find the solutions because it's more hands on. It's more finding more people to do the job. And so there you've got a whole issue with recruitment. You've got to make nursing a very attractive, viable career choice for people. And right now, there's too many competitors, I guess, is the word. There are a lot of very interesting job opportunities out there that are going to draw on the same sorts of labour pool that nursing might be drawing on. So it's -- and then you've got the whole issue because it's a degreed program now, you're looking at having to find master-prepared and doctoral-prepared instructors.

I Yeah, that's a big issue. And that preceptorship xxx --

S And there's very -- yeah, and there's very few openings for those kinds of post-graduate positions out there, you know.

I That's been identified as a crisis. That's a very big problem as well.

S Well -- and government might have to step in and make that a lot more easily attained, getting your masters. I mean that's a huge commitment. And so -- so that's part of the problem. You know, I mean problems are easy to identify. It's the solutions. And so, you know, UNA and the other nursing unions in Canada, I think, have got a real challenge on their hands to come up with constructive options, constructive solutions, and it can't just be around bargaining time because that's when the crunch is in, and everyone's under an incredibly enormous amount of pressure in work. And so it's almost -- you know, I think this year, the fact that the contract was settled without having to go through a whole formal process I think was very advantageous in terms of just stepping back, taking a deep breath, and trying to digest some of the issues that are already in the contract instead of just adding more words to already a very, very complex document. And how do we find ways that are -- that are going to encourage the employer to recognize that they've got to do the same? Because I think that they

largely respect the monetary issues in the contract, and they don't recognize that sometimes the non-monetary are more important to the staff nurse than it is the monetary. You know, you could always go and say, my pay stub's not right, but how do you go and say, you know, I don't feel that I'm being respected and considered in my workplace. And that's going to become critically important as time goes by. So --

I Very good. Very good. We forgot a little piece at the very beginning.

S Who I am.

I Can you just tell us your name and where you nursed.

S My name is Sandie Rentz, and I spent -- well, I nursed for 35 years mostly in Red Deer at the David Thompson Red Deer Regional Hospital. And I'm retired now. I've been retired for five and a half years.

I That long already?

S That long already.

I Boy. I remember xxx.

S Yeah. Yeah.

I I thought you retired -- I said two years ago or three years ago.

S No. No. Five.

I Oh my God.

S It was five years in June. Yeah. So --

I Can we just go way back. This is getting a little bit out of order here, but that's okay. I wanted you to talk about remembering what it was like when your mother was nursing and what you -- how you -- how you saw what she did at that time. Where was she nursing when you were growing up?

S Well, she didn't work for the first -- she didn't go back to work till I was 12. But some of the most interesting stories she was telling was during her training years. She -- they worked 12-hour shifts; that was the norm. And they usually got only half a day off during the week. They were definitely considered staff. Any time they were on the wards they were a staff -- a member of the staff. They weren't there as a student in a learning capacity, they were there to work. And they would have back-to-back days and nights with maybe a four-hour break in between to catch some sleep. On top of that they were expected to carry their --

their study load and find time for a social life. And they -- they got a monthly stipend. And --

I Where --

S That was at Ponoka. Yeah. Well -- and the Alec. She worked at both. But they got a stipend and they always joked and said it was just barely enough money to cover the cost of their stockings because they had to wear -- of course, they had to wear full stockings, and they wore the starched bib and aprons, and the starched collar. I remember when she did go back to work, she still wore the bib and aprons and the cap, and I would have been about 12. And when she would walk, her dress and apron would rustle. It was kind of a neat sound. But she worked -- when she went back to work, she worked at Alberta Hospital Ponoka. And she became one of the head nurses out there. And she retired in '83 from her head nurse position. But she was definitely one of the old breed of head nurses because every day they would have reported and she would end up with a basic patient assignment, just like everyone else. She would go out there and do bed baths, feed patients, do all of the things that nurses on her units did for the patients -- just like all of the rest of the staff. And in the early 80s, there was a big shift to have the head nurses be more management. So the expectation was that they attend more meetings and do more office work etcetera, and that just wasn't her. You know, she was more about being out there and coordinating care, but actually being involved in the care as well. And that's when she put in her letter of resignation. But probably one of the most interesting things that I found about her student years was because she did receive a $12 a month stipend, when she went to file her pension papers, all of those years of training were considered years of service towards your pension. So that little $12 translated into a nice little return when she finally did retire. But I think eventually she was very proud that I went into nursing. I know she was extremely proud of me when I became active in the union. The very first hospital that I worked at, Red Deer Regional, I started in November, and the following April, they went out on strike. And that's the first hospital that I had worked at that was unionized. And my mom joined me on the picket line, and she came down with a group of nurses from Alberta Hospital. They weren't part of UNA, and they brought a cheque that represented a day's pay from all of the staff at the hospital at Ponoka and donated it to the picket -- to the UNA strike. Xxx --

I Quite the gesture.

S Well in -- yes. And the reason they did was because they were part of AUPE at the time. And they knew that the hospital -- whatever agreement was reached at with UNA would be respected by their hospital towards the nurses under the AUPE. And so they knew that our fight was their fight. And they were -- they felt it was a very good investment on their dollar to invest in our strike. So -- and as it turned out they were -- they were smart people. They knew what they were thinking. And over the years, we would be invited down to make a

submission during their open period to see if they wanted to join UNA. Some of the votes were very close; some of the votes weren't so close, but now they are part of UNA, so -- and very happy I think. Yeah.

I That was just two years ago.

S Yeah. Well, I mean I remember first going out there. And I know I wasn't the first person to visit that facility to see about them joining up, but I remember going out there on a membership drive with Margaret Ethier, you know, when she was still president. So that goes back decades.

I To the 80s.

S Yeah.

I Twenty years ago just about.

S Yeah. They were always very interested in it, you know. It was just finally doing it. And now with the new region, they're under --

I Well, I thought it was actually just before the region.

S Oh, they joined before the region?

I They actually --

S Oh, well, good for them.

I Yeah, yeah, yeah. That is nicer that way.

S Yeah.

I They voted and chose.

S I spent a lot of years out at Rimby, which I believe is still not unionized.

I That's right.

S And I started out -- I sat on their little local committee --

I You were working at Rimby?

S I worked at Rimby. Yeah. And it was after UNA had signed a contract and so then the board members came in and they met with representatives from the nursing and they showed us the red -- it wasn't -- I don't even know if it was red. They showed us the book anyway. It got passed across the table, and we read

through it. And they said, would you be happy with that? And we said, sure. And we all signed and walked -- oh, and I remember too, they gave us something extra too, but it had to with the end of the shift because I think UNA's length of shift had changed just slightly, and they said, Well, would you be done in that period of time? And we said, not likely. So they said they would pay us overtime for the last 15 minutes of the shift. But that's a rare situation. I mean to have that kind of working relationship with a board nowadays is unheard of. But that's the kind of relationship that was out there then and --

I There must have been some particular individuals who -- sorry. Can I just --

S As far as the board went?

I Yeah. There were probably some very talented individuals who had a good management sense --

S They were just good old rural farm people, you know, for the most part. They didn't have a lot of fancy education in labour relations or anything like that. They just felt that the hospital was a valuable asset to the community and that the people that were in the hospital were valuable to them, and everyone was treated with kindness and respect. And the doctors had a wonderful relationship with the board, and it's really kind of an island. You know, it's -- we used -- on Wednesdays -- if you worked nights on Wednesdays there was always a note to remind you that you had to put the turkey in the oven at 4:00 in the morning because the turkey wasn't cooked -- if it didn't go in at 4:00 in the morning it wasn't cooked when dinner rolled around. So part of night staff was to -- we used to go down and check the boiler room and do all kinds of things that weren't in a typical job description. But it was a really neat place to work. I loved it there.

I A lot of nurses have done boilers. I've heard this story many times. A lot of nurses have fixed boilers.

S Oh yeah.

I xxx said, What's going on here?

S Oh yeah. Well -- and you know, in a smaller community it's quite different than if you work in a large regional facility. A small community is -- you know, if -- you work all of the departments, and I don't think that's going to change in the short-term. And so lots of time you'd get a call in from the ambulance and the police and someone was being brought in that was a friend or a son of a friend or a son of a co-worker and it makes it a very different situation altogether -- different stressors. We had a -- we had a long-term care facility there. You don't have to put this in for sure, but it's one of my all-time favourite remembrances of nursing because I was orientating someone new to nights and --

(END OF SIDE 1 of 2)

S -- I said, you know, on this particular night -- we used to clean the patients' dentures every night, but on one particular night a week, we would give them an extra soak in denture tablets. And I told her that, and so I left her and I came back, and here she had emptied everyone's denture containers into a massive bowl -- everyone's was in there together.

I How are you going to sort them out again?

S Well, exactly, you know. I walked in and I just sort of froze, and I said, what are you doing? And then she said, I'm cleaning the dentures. And I said, But now whose are -- you know, how are we going to know whose are whose? So -- you know, something that simple, something that basic. I mean to someone who had never been involved in that kind of an environment, you know. Well, how else are you supposed to do it? Just dump them all together and get in there and start scrubbing. So I had to go down the next morning and meet with the cooks and tell them soft boiled eggs and cream of wheat and juice only until we get this all sorted out. God, the local dentist had to come in and fit everyone by trial and error. Went around and -- now, whether everyone ended up with their same dentures, I don't know, but they all seemed pretty happy at the end. And then he engraved their names on the side. No, he probably did know whose they were. He probably made most of them, but that was -- that was how some of them were done. I don't know whether that would still happen today or not. I don't even know if nurses have the luxury of providing that kind of intimate care for a patient, you know. It was just part of the routine of tucking them in at night. You know, you washed them up, you cleaned their dentures, you made sure their feet were warm, rubbed their back, padded them up if they needed it, and turned out the light. Now, I don't know whether that gets done or not. Hope it does. Hope it will always get done. I could talk on and on, but you don't want it all.

I Well, is there anything else? We've gone over all the things I wanted to cover with you basically. So if there's anything else --

S Well, just that I -- I enjoyed nursing but I loved UNA and maybe that's not fair to nursing, you know. Until I got involved with UNA, I didn't know that I could make a difference. I didn't really understand that my voice mattered. And fortunately, I had a local president who made a very specific point of seeking me out. I had gone to a meeting and I was not happy with some of the information that had been given out. And she sensed my unhappiness about it and she came and found me, and she said, you know, you're the kind of person that should get more involved with the union. And I said, well, from what I've seen, we don't see eye to eye on a lot of things. And she said, exactly. She said, That's why you need to come and be involved because it's people like you that

we want. It's people like you that have a different idea, different vision for the union. She said, because I don't think you're necessarily not voicing something that other people don't feel as well. You just happen to be more vocal. And so she took my distress and unhappiness and turned it around on me and she said, and if you don't get involved, you've got no one to blame but yourself. Because she said, the opportunity is always there for anyone to be heard. And so I went away in my usual stubborn way and I thought, Hmm, that'll be the day. And a couple days later I thought, you know, she's probably got a point. If I've got something to say and I don't say it to the people who are in a position to hear me and make a change, then I've got no one else to blame for myself if nothing changes. So I started going to the meetings. She took me to my first annual meeting, and there was no one in the district who was letting their name stand for the board. So Cindy said, what would you think about putting your name forward? And I said, I've just started attending meetings and now you're asking me to let my name stand for the board. And she said, well, give it a try. So I was nominated and got on by acclamation. So -- and the rest is, as they say, history. But, you know, if there are nurses, particularly young nurses, who are in a position to have some ideas about how they would like to see their profession evolve, how they would like to see their union respond to the evolution, they need to start going to meetings and they need to stand up at the mic. I know it's hard to do but do it at the local level first, and then let your name stand as a delegate, come to the AGM, learn how to formulate your arguments, and you'll just be astounded at the -- how much better you'll feel about your job and yourself and your profession.