

United Nurses of Alberta

Kevin Wilibnisky

KW: My name is Kevin Wilibnisky. I work in Red Deer Regional Hospital in psychiatry, and I'm a member of Local 2 there.

Q: How long have you been doing that?

KW: I've been in Red Deer since 2003 but I've been involved in nursing since 1998.

[can't hear]

KW: I went through a few different varieties of schooling. I tried the marketing management. I went for public relations in advertising. Later in my life, as an adult, I decided that nursing was something that was more suited to my personality and what I wanted. I was in my 30s when I began nursing.

Q: How has that experience of psych nursing changed in the time you've been doing it?

KW: A lot has changed in the short period of time. Environmentally there have been huge changes as far as moving from old outdated facilities to very modern cutting edge facilities. That's really helped towards changing the whole stigma of mental health and the whole institutionalization of people. That's one of the biggest changes I've noticed is the actual environmental settings that we're nursing in in mental health.

Q: Is it largely the physical building, or is it the technology support?

KW: Largely the physical building, the physical layout, the environment that people would expect of a mental health setting has changed. That somewhat has reflected in the change of attitudes of the staff and clients.

Q: Are you facing the same kinds of workplace pressures that we've been hearing about?

KW: Yes, in a lot of ways we're facing situations in which we are running into excessive overtime shifts. We're being asked regularly to work beyond our general, we're being asked to work beyond the hours we would expect to work. I'm a full-time employee and I could work way beyond full-time hours. I don't think that is very helpful to myself, even though there's financial gain there. But the burnout factor is very high.

Q: In psych nursing it's more about a long-term relationship with the patients. Surely that is impacted by what you're talking about.

KW: Certainly. Even dealing with the amount of casual staff coming in, the continuity of care, and being able to establish long-running relationships is definitely limited in the staffing crunch, that's for sure.

Q: People don't hear my questions. So could you talk a bit about why it is important?

KW: A long-term relationship with the patient, you establish that rapport, that trust. It takes more than a short period of time or brief interactions to develop a therapeutic

relationship with someone with a persistent mental illness. Full-time staff are a huge benefit and very necessary to having the system run smoothly in mental health.

Q: What's your vision for how your workplace should work?

KW: That's a tricky question. When I consider when I started working in mental health at a period of time when there were significant cuts happening, I think right now even though there's all this economic prosperity that we hear about all the time, we're just starting to come back to levels that we were previously operating at. It seems that to me the goals that I would have would be to have more full-time staff, as we were talking about earlier. And the amount of casual people we have in the system--we need them, everyone knows--but I would like to see a larger percentage of people working on a permanent basis. There are very many nurses that work part-time, and I think that's something that is not a help to the system, especially in the area I work.

Q: What can be done to bring in new people?

KW: One of the things that I find a huge challenge, especially for the newer people coming in, you come in with an attitude that you want to help, you want to save the world, help these patients. Yet in the institutional or hospital settings, they're very busy, very saturated, and there doesn't seem to be the availability of community supports outside of the hospital structure.

...

Q: Expand on that lack of community support.

KW: I'm just finding that a lot of our patients that come into the system, we do our hardest to treat their symptoms and to identify their illness and work with them very intensively while they're in hospital beds. Once they leave hospital there often isn't the availability of supports. I find that the same patients continue to come in and the whole revolving door syndrome. That creates a lot of burnout for the newer people. You feel like, okay I've done all this work, and once they leave the facility, 3 weeks later or maybe 3 days later, could be 3 hours later, they end up returning. You're starting off from square one very often again with the same patients. The repetitiveness and redundancy of that, and the amount of integrity that a person expends to help a patient seems demeaned when they just fall into the same trap they were in before, after leaving hospital.

Q: What does UNA do to support community-based organizations that work on things like affordable housing, etc.?

KW: I think it's totally integral to UNA's role. I have to steal medicare's phrase, 'it's about need not greed.' Also just the whole social awareness that something like a gathering like we're at here today at the AGM: it's more than just a bunch of nurses dealing with healthcare. It's bringing a connectivity, not just collectiveness towards a whole social awareness of a lot of the needs that we're facing. I kind of lost topic with the question, I'm sorry.

Q: Talk about the broader role of UNA.

KW: Especially with things like supporting affordable housing or looking at peoples' whole social situation and supporting other agencies that indirectly all collectively work towards the wellness of our society, our province here. I feel that UNA's role is just bringing awareness of a lot of the issues to the public. By informing our members, that information trickles through to a variety of different disciplines throughout the community. I certainly hope that that would lead to some political impact.

Q: Does the union have a role in workplace safety?

KW: I've been very fortunate to be part of a union that has significantly aided in the safety of my own personal wellbeing on the unit in a more than a few situations. Recently through filing PRCs we've gained results. We had doors that were high security room doors that were not operational. You have a violent patient in the back, somebody that needs their behavior to be controlled at that time, and we had a situation where our doors were not working adequately. Situations like that through the union were resolved very quickly, even though there was huge financial undertaking on the employer and a reluctance to act quickly. The pressure from a large collective group of people really significantly impacted the speed in which our situation was resolved. There's no question the unit has improved safety for staff and clients because of the ability to put some pressure on employers in dangerous situations.

Q: That is the other concern: that client-to-client physical situations could happen as well.

KW: Keeping your staff feeling safe and confident does make a big difference in the way we treat people. You're a lot less defensive when you're in a situation that you know you have safety controls and you have an occupational health and safety committee behind you. It makes a person much less fearful to speak up to an employer and say, listen, this is something we need, without feeling you're going to have repercussions that negatively affect your job.

Q: You just mentioned the PRC, which is clearly a really useful tool in this context.

KW: It's an underused tool. More people need to realize that those tools are there for us and they work for us. There is the collectiveness behind that which really makes a huge difference in how we operate.

Q: A lot of people see it like filing a grievance, but it's different. The PRC is trying to mutually talk about situations.

KS: Exactly. It's not about working against management; it's about working with management to lessen liability on their behalf as well. A lot of times by filing a PRC and addressing a safety issue, we're probably in the big picture saving money for management and avoiding possible lawsuits or safety issues.

Q: Did you get involved in the union fairly early in your working life?

KW: I'm 43 years old now. I started nursing when I was in my mid-30s and I was a member of AUPE at that time. Then the nurses that were members of AUPE became amalgamated, or we became members of UNA. I've found a huge difference in the fact that we are now not a fragmented union. It is nurses and solely nurses, not a bunch of other disciplines. Our issues are not as watered down; it's nursing and strictly nursing.

Q: Do you have any favorite memories of your time with the union?

KW: Being able to be part of the demand setting meetings was a very positive moment. Something that seemed typically very boring, the dryness of a contract, got somewhat brought to life. Just being able to be involved in the political process and have an understanding of how these changes and things come about. It's not just pulled out of a magic hat. I think that was definitely enlightening, to be part of the demand setting process.

Q: What can be done to avoid burnout?

KW: My opinion is, looking at financial enticement, things like signing bonuses, very competitive wages, things like that are very helpful, but not nearly as helpful as actual recognition and job satisfaction in the workplace. To be able to work in an environment that you feel safe and supported and you feel is improving, not deteriorating, is probably the key to maintaining your younger workforce. A lot of people focus on financial gains. I don't think that's the sole answer. Knowing that you're in a career that is advancing, not deteriorating, is a start.

Q: Do you think it's important for UNA to have a role in protecting the public healthcare system?

KW: I think being a union member, I'll start again. I think that public healthcare is an absolute necessity to being able to run our system effectively here in Alberta. We are as union members all working supposedly on an equal playing field. To have a 2 tier system evolve, it's to me the beginning of the end.

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

KW: I guess one of the things, when I thought about what it means to be a union member to me, is it seems to me that we're more than just healthcare. We're more than just a bunch of nurses taking care of patients. It's like we have an opportunity to be political watchdogs. We have the ability to network and share information between other unions and other collectives of people. It raised an overall social conscience that is a very positive thing about just being a union member. It's something I wasn't aware of. I didn't realize how much empowerment would come with being able to be in a roomful of people from all over the province in all kinds of different jobs and going, wow, we actually have the opportunity to make some changes. This isn't just one voice. We've got a lot of clout; we really do.

[ END ]