

United Nurses of Alberta

Kristen Hennes

KH: My name is Kristen Hennes. I work at the Medicine Hat Regional Hospital on a floor called 4 west. It's cardiac, ICU, step down, general medical.

Q: How long have you been working?

KH: Almost a year. I graduated in December of 2006 from Medicine Hat College. We are an offsite campus of the University of Calgary, so my degree is from U of C.

Q: Did you do practicums?

KH: I did a rural practicum in the Crowsnest Pass, and that's the only other hospital I have currently worked in.

Q: Where were you in the Pass?

KH: In Blairmore.

Q: Were you from around there?

KH: No, actually my dad likes fly fishing and likes that area. I had to do a rural practicum and was picking a place. He said, put that on your list of places to go so I can come fishing when I visit you. That's where I ended up going.

Q: What was your first impression of working in the hospital in Medicine Hat?

KH: It's overwhelming. In the profession itself, there's a lot of responsibilities of a nurse. They're always drawing tasks away from specific professions and adding them to nursing. Especially when you do evenings and nights, you do everything as a nurse, it feels like. It was a little overwhelming. Being a young nurse, I had to learn how to multitask and do critical thinking, and even just interacting with people of different ages. The responsibilities of being an RN was an area where I had to learn quickly.

Q: How many of you were on the ward in a given shift?

KH: On a night there would be 2 RNs and 2 LPNs for 36 patients. Evenings you can have 3 to 4 RNs and 4 LPNs at times. Sometimes we have a cover RN that does charge, but with staffing she's not always there for us.

Q: So is that pretty intense?

KH: At times. Hearing a lot of nurses' stories from around the province, the rural and bigger cities have had more issues with staffing. Don't get me wrong, our hospital faced issues too, but I haven't had to work anything more than 12 hours yet, and I haven't been demanded in. There are those that do, but it's not on as big of a scale as some of these other places. Right now, I'm feeling fortunate with the staffing, but you can see it's going to decline and we're going to get hit too at some point. You're just holding your breath and waiting for the moment when you get called in to work all the time.

Q: How much orientation were you given when you started working?

KH: I started as an undergrad nurse, so I was working after my 2nd year of school during the summers. I was more of a float in an LPN role. I worked on the floor I'm on now as an undergrad for 2 summers. When I graduated, I picked up some shifts there, deciding what I wanted to do. I thought I may move from Medicine Hat but ended up staying. I took on what they called a mentorship position on our floor. So I did not get orientated to my floor, other than my previous experience as an undergrad. But the RN role is a big change, with the responsibility, the organization, and making sure the floor runs well. You are expected to be charge nurse at times. Technically, I haven't had a full orientation. In the mentorship program, I was paired with a senior or experienced nurse. I was supposed to work shifts with her where we would share a patient load, or I would take on a few patients myself. I had a few shifts with her at the beginning, a couple of weeks' worth of shifts. Then I started being used as a staff nurse. Mind you, my confidence increased, and I felt like I could do it on my own. I figured my orientation was the shifts I worked with my mentor when I started.

Q: That's two weeks?

KH: Ya, about that.

Q: When you're working nights do you have access to more experienced nurses?

KH: Yes. We do have a nurse supervisor, depending on the night. She's supervisor for the whole hospital, so keep in mind, emerg, ICU, floors like that can sometimes take the time

of a supervisor. But as I said, I've been learning how to deal with situations as they come up. I've learned that when I'm not sure of something, I call a nursing supervisor. I did my final preceptorship as a student in ICU. Our floor is an ICU step down; we're right across the hall. I've learned those are great girls to call over if I'm not sure about heart monitoring, the strip that comes back. If I'm not positive about what to do, I call somebody. So, there's help, there's experienced nurses somewhere in the hospital. You just have to know who to call, and that takes experience too, knowing who might have the answer for you.

Q: You're step down from ICU but you're still dealing with patients that are fairly acute?

KH: Ya, we're an acute care floor. Patients will come to our floor and there's choices that need to be made if their health is declining. We often transfer them back to ICU. Or a patient comes to our floor, they go downhill, and then they go to ICU. Or we get ones from ICU, and they do fine but then need to go back. We're also the cardiac area where people may go into congestive heart failure and have a heart attack. So, we are closely knit with intensive care. There are other floors that send patients to intensive care as well, but we're right there.

Q: Those are quite a bit of business for a couple of RNs to take care of.

KH: Those are the nights that you don't get a break, and that happens. We're really fortunate in that we have bad nights every now and then but it's not every night. We may have bad nights for a stretch but sooner or later we do get a bit of relief. I find it's busy

and it's hard, but I know there's people that are getting it worse than our hospital right now.

Q: How did you end up at this convention?

KH: A lady I work with is the treasurer of our local, and she was talking about this weekend here. I don't know very much about our union, but as a registered nurse, part of my paycheck - I think it's 3% - comes off. I'm a union member, I get the newsletter and flip through it for interesting headlines. If I don't see anything, I don't really read much, to be honest. But she told me about this weekend and what the union provides for you, that's it's a nice getaway and you learn more about the union. I was like, yeah, I don't know much. Some of the ladies I really enjoy working with were coming. My brother is an RN, he was coming for his first time too. I thought, sure, sounds like a good opportunity. Now coming here I've learned more of what the body is, how decisions are made. I'm going to look more for local meetings because I have never attended a local meeting before. I think the newsletter will be more interesting. Now I know who our president is, so reading her articles or addresses to us has more importance now that I know what she is talking about. Before I just thought it was none of my business. I thought, oh they take care of themselves, they're the union and they do their things. It's definitely opened my eyes more to how things are run and what's going on here.

Q: Do you see ways the union can help you in your workplace?

KH: Yeah, I've learned that if something happens on the floor in which I feel my rights as a worker have been crossed, I know who to talk to, and they know the steps that need to be taken. As a new nurse, I didn't see the relationship that management had with us as abusive – not abusive, that's not the word I want to use. But they do take steps that don't always match with what the union said our workplace should be like. I didn't realize that management and the union were interested in different sides of the issues. I thought management was supposed to take care of me and they're my boss; I would think that they'd want to take care of their staff. But with financial crunches and things, or maybe just not fully understanding how the floor works in nursing, some of the upper management may not understand how things go on the floor anymore. Decisions I make about how I should carry out my profession may differ from their opinion.

Q: It's about interests and priorities.

KH: My biggest thing is that my manager would back up the staff. If something goes wrong, they should be asking us what happened before jumping to conclusions. The floor I work on has had a couple of different managers; we just had a new one start. At one point, we were between managers, so we didn't technically have one. I think I'm a bad person to talk about how management has affected me. I don't have a lot of experience working with a manager and haven't had an instance where I've been disappointed yet. . . . As I said, management's intentions may be different from the UNA. Staffing is a huge issue, and this is my only experience of management thinking differently from how I think. They use staff more. They will get staff to short-shift so that, if you're working an

evening, you come back and work a day shift the next day. I've changed my schedule a lot. As a new nurse I feel I'm young, I have the energy, I don't have kids – if I did, I couldn't do that - so I may as well do it while I can. But you start to get tired of working 3 out of 4 weekends and things like that. I've noticed staffing issues like that where management has no problem bringing you in and doesn't care that you have a life outside the hospital. Being here and hearing about all the staffing issues, UNA does care that you get 2 weekends off out of 4, and you do work to your schedule without being taken advantage of.

Q: Do you think improvements could be made in your workplace?

KH: It's difficult for me to come up with improvements with just not a lot of work experience. When I think of solutions, if it was a perfect world, we'd have more nurses, more positions filled. That takes money. I like to think I'm level-headed in the sense that I can't just sit here and say, oh the government needs to give healthcare more money because it has to come from somewhere. One of the solutions we've been hearing is recruitment. I have a difficult time thinking of where that's going to come from. Yes, improving working conditions. So that gets kids into starting a program this year but it's 3 to 4 years before they can even start being a nurse. I think there's a lot of issues that have backlogged that have to be dealt with before. That's a really hard question. I hear a lot about recruitment, but I personally don't know what UNA is doing to encourage recruitment. "Improve working conditions" - how are we going to do that? I haven't seen steps or anything like that yet.

Q: Maybe the union can make a difference when it comes to keeping nurses.

KH: They talk of closing beds so that nurse-patient ratios are more doable. You look at that too, and how can you turn people away? If they're sick they need a hospital. I look at the floor I work on and I do see areas where, okay these 5 people can go to a nursing home. But we're also backed up there. Even the floor that we have in our hospital with people waiting to go into a nursing home is backed up 3 weeks right now. So now they're waiting for a nursing home on our floor, which is taking up an acute bed, and so forth. If we are shutting down beds, I don't know where these people are going to go. Again, you just need more staff.

The school program I went through concentrated on community care. We did a few weeks of community on almost every rotation and did a whole semester on community. It's very important and I can understand the need for prevention before people come to the hospital. But there is sickness and illness so is there going to be a point where we need to start drawing back from those great programs? It's a great intention but is it feasible? Numbers and financially, is it feasible? You think of my graduating class with 45 people. I wonder how many are working in a hospital and how many are in the community. Can we just keep all those nurses for the hospital so that at least we can take care of the acutely ill? Once we get this nursing shortage under control, then we have the ideas for those community programs. Maybe we just keep a few out in the community. I don't know. It's a big issue of staffing and you don't have immediate results. Someday we're going to need more, but where do you find them?

Q: Maybe that's where UNA has a role, is in the bigger picture.

KH: They represent all the RNs in our province. I would love to just hear a direct plan other than the general idea, we need recruitment. We need to work on the situations in our work environment generally. That sounds great, a better work environment, awesome. But the thing is, what are you going to do to create that? This is my first meeting, I don't know much about the union, so maybe they do have very specific plans; I just don't know them.

Q: You read the newsletter; are there any other ways you get information?

KH: There's a newsletter. That's great if you read it. I guess that's where the responsibility lies with the individual nurse. I'm a part of the UNA and, until now, I didn't make any effort to figure out what they are, what they do, how they operate, and what they stand for. So now, learning a bit more about them, yes, I should take the responsibility, read my newsletter, attend local meetings, and ask questions, because, as I've seen here, the individual does have a voice. It is listened to and is ultimately democratic. If you have a valid point that the rest of the body feels is correct, then it's going to be heard. I think that's awesome.

Q: Do you think it's important that UNA help protect public healthcare?

KH: Fundamentally yes, I do believe that our public healthcare system is important. You look at the US and go, of course I don't want that. My fear and hesitation on that is, how

do we support that financially? We just see it costs so much money for public healthcare. We heard about a two-tier system and how there was a very drastic “no” against that. My thoughts are, could you have services in which people can pay to get it quicker, but the doctors and nurses are still paid by our government, and the money that these patients pay goes back to the government to put back into public funding? That would shorten wait lists, but also you wouldn't have the worry that the good nurses are going to go and get paid more. They're still getting paid the base amount that the government is providing. These are just thoughts because that's a huge change to our system. But if you ask me, do I want it the way the States is or the way Canada does it? The way Canada does it. Do I see that we could run into problems? Absolutely. Financially we just don't live in a perfect world where we can just hand out healthcare to everybody. I've had family in the hospital, and it is a great relief that you're not thinking about finances and how to pay their bill. You're just thinking about their health and you're happy that they're receiving care. ... And as a nurse taking care of other people's family members, knowing that I don't have to cheap out to save them money. Knowing that I can take the safest route even though it does use a few more materials. I think it's a good thing as a Canadian nurse, that I'm not sitting there constantly like a business person thinking, well this is going to cost our floor or our hospital or cost the patient even.

Q: Do you see the union as a source of social connections?

KH: I definitely sense camaraderie here. People are saying hi to people from other locals. We're in the districts too, like the south and central and northern. I can see

friendships there. Obviously, it's my first meeting so I don't have those yet. But I observe it. It's neat to see support across the province. We had our open forum to talk about issues. Naturally 100% of it was over staffing issues and the nursing shortage, and our workplace environment. It was interesting to hear that that's what it is province-wide. You can tell there's support for one another because we all feel for each other in that sense. I think it's always good that you can come together with common interests and be able to relate to one another.

Q: Is there anything else you wanted to talk about?

KH: I don't have a lot of stuff to draw from ... I think there's a lot of people that I work with that don't know their union. They're a part of it, they pay into it like I did, but I knew nothing about it. It's good to know you are involved with it; it's good to know what you're a part of.

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