Interview with Holly Heffernan
UNA Offices Calgary, AB
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DB: Please give me your name for the tape.

HH: Holly Heffernan.

DB: Thank you; that's good. Talk to me about when you started nursing, and where you trained.

HH: OK, well I am a native Calgarian. So I was born here, brought up here. I trained – no sorry; I was schooled at the Foothills Hospital. I took a three-year program there and graduated with my RN in 1976. Next year in 2006 it will be our 30th reunion. And I've been nursing the whole time. In 1992, I went back to school and got my degree. I graduated from U of C with a bachelor of nursing in 93.

DB: So you are one of the nurses still being trained in the hospital at that time.

HH: Yes, that's correct.

DB: And now you've also had the experience of university. Talk to me a little bit about the difference.

HH: When I first went into nursing I was accepted at U of C before I was accepted at Foothills. I decided no, that a nurse needs to have bedside nursing, needs to be involved in nursing, and I felt that going to the school of nursing was better than going to the university. I felt you came out a nurse who could hit the ground running when you went to a school of nursing rather than going to the university. I still feel that way having been through both programs. You are a better bedside nurse to start when you come out from a school of nursing that has their whole third year as bedside nursing whereas when you go to the university you don't get as much experience at the bedside as you do as a school-nursing nurse.

DB: So, at that time, in the early 70s at the Foothills, where did they lie in the continuum? I've heard stories ranging from the military boot camp style of initial training through to a period of which things like standing when the doctor or the senior student entered the room were being questioned or disobeyed.

HH: I would say that was sort of being disobeyed by the time I got into there. We didn't have to stand when the doctor came, but we certainly had to go with the doctor on rounds and stuff like that, whereas they don't do stuff like that as much anymore. The doctor is pretty much on his own; the nurses are too busy working to follow the doctors around as much anymore. Mind you, I don't work on the floor. I work in an outpatient clinic right now and so exactly what happens on the floor – I'm not one to talk about it.

DB: No one stands up?

HH: Nobody, no one stands up. I mean, in those days you called the doctor "Dr. Smith" or whatever. Nowadays we often address them by their first name, although even where I work I am very conscious. I may call the doctor "Joe" when I am talking to him, but in front of the patient it is still always "Dr. Smith."

DB: This is one of the themes we are following: the increasing sense of respect and responsibility that nurses are being given for their skill. Can you tell me a story about when you were starting in your first decade of nursing, about what the attitudes were like? A story that kind of sums that up.

HH: I'm going to have to think for a minute, I'm not sure …

DB: I know that somebody in Canmore the other day was saying, telling a story about they were in a small hospital, a woman came in, she was having abdominal pains, they took her whole history, she did an exam, and she said OK this is serious, we'd better call the doctor. So she calls the doctor and the doctor says, Oh well, if you are so good at diagnosis, you can treat the patient. I think that speaks to the

hard and fast lines that were drawn at a certain point around a very narrow definition of nursing. Was that something you experienced?

HH: To a certain extent, when I first started out in nursing you just followed the doctor's orders. It was rare you would give an aspirin at night if somebody had a fever or a Tylenol without phoning and asking the doctor for that order. Nowadays often you would give an aspirin or Tylenol or whatever, and then get the doctor to co-sign the order in the morning sort of thing. That does happen, that sort of thing. There is a lot more belief in what the nurse's skills in accessing a patient are. When I first started out and somebody came in to emerg or whatever, you called the doctor right away. Whereas nowadays the nurse I think – well, by the time I started working in emerg, even in the early '80s, we would see the patient, we would often draw blood, do an ECG and do several things for the patient before we even called the doctor, so that when the doctor came, part of the assessment was already done.

DB: 76, 77 was a pretty interesting time. Cause you're moving from the association to UNA. What was your experience around that?

HH: Well, you know. Now that I've said I worked those whole 30 years, in 1977 I worked for six months after I graduated until January of 77 and then a girlfriend and I went to Europe for a year, and that was the year that the change happened. Mind you, when I came back in 78 we were still … now I guess it was UNA by then. The staff nurse associations had all changed to UNA. So, I really wasn't involved in that change. But from working in 76 and them coming back and working in 78 there didn't seem to be a whole lot of difference at first.

DB: As we come into 78 we then start to move towards 80 and the strikes in 82. What was the feeling around nurses at that time? I mean obviously things were shifting.

HH: In 80 or 82 our biggest concern, what we really wanted, was the professional responsibility committee clause. And we weren't going back without it. I remember driving – I had an MG Midget at the time – and we fit 11 nurses into this MG Midget and we drove up and down the hill in front of the General Hospital shouting "Hell no, we won't go! Hell no, we won't go!" Because we had been ordered back and we were not going until we had what we wanted and that was the professional responsibility committee.

DB: Tell me what is professional responsibility and why is it important?

HH: Professional responsibility to me anyway, and I hope to most nurses, is our chance, our way of being able to say about patient care and staffing. We encourage people to fill out professional responsibility forms when staffing is incorrect or when patient safety is endangered. And that to me is what professional responsibility is. It is our professional responsibility to advocate for the patient and the professional responsibility committee is there to do that.

DB: After the strike in 80 and 82 you start to win the professional responsibility. But then in 83 you've got the government coming in with its legislation to make it illegal for nurses to go on strike. What was your perception of that situation?

HH: I have to toe the party line on this, and it's the nurses in Alberta, in UNA who will decide if we are going out on strike. It's not the government; it's not a law. It's our decision on what we want to do. That's the way I feel. If we feel that our negotiations aren't doing well, or we feel that need we have to stand up for ourselves, and the only way we can stand up for ourselves is to go out on strike, then we will do so whether there is a law saying we can or can't.

DB: If you can cast your mind back now to the 80s and being a nurse, where were you nursing?

HH: I was at the General, and I was also working at the Glenmore, which is a non-union hospital. But that was only just some casual stuff. But anyways I was working at the General, in emergency.

DB: I'm going to jump you forward then into the 90s. Tell me about what it was like to work as a nurse in the General and then see what happened to the General.

HH: I left the General in 88, sort of after and during the strike. Just before the strike I had gotten a job at the Rockyview. So I wasn't working at the General when it closed and moved over to the Lougheed though I was a district rep at the time and did go over there and talked to a lot of the people who were moving over and changing and that sort of thing. And I was involved at the Holy when the Holy closed.

DB: When we get to the 90s I really want to talk about this business of closing hospital and blowing them up. I think it's a fundamental thing. Coming back to the 80s again, can you think of an incident that happened to you that really for you epitomized what was going on in that period with nursing? There are things that just happen at certain times.

HH: I can't really think of a specific incident, but what I do remember is the increasing busyness and acuity of what we did. When I first started in emergency in the late 70s, early 80s, I worked a lot nights – maybe 3, 4 in the morning it would quiet right down: we might have one or two patients; we might not have anybody. We would perhaps do our knitting or cross-stitch, or we had a water fight or two, you know; we kept ourselves busy. Whereas by the time the mid to late 80s came, you were lucky if you even got a break on your 12-hour shift on nights. You went from dusk to dawn and you worked hard. You rarely had time for a break and water fights were certainly and definitely a thing of the past. The doctor, even the doctor when I first started in emergency, he'd go and lay down. We didn't have a patient, or there were only a couple of patients, and he'd already seen them and

we were to call when their lab results came back or whatever, and he'd go and lay down and try and have a sleep. By the time I finished in emerg in the late 80s there was no way. The doctor was there, and he was up for the shift because we were steady busy all night all the time. It didn't matter if it was a Monday night or a Friday night, other than Fridays and Saturdays were much busier than the rest of the week.

DB: Lets talk about water fights for a minute. From management's point of view, I mean obviously water fights are not something you want you staff to do. It's a waste of time, but there is something about the fact that you are dealing with an extremely high-stress job and that there is something about having a water fight that is a way out of going crazy in that situation. Tell us a bit about that.

HH: We would be working hard all night and finally getting rid of the last patient or whatever and we'd be making beds or whatever, cleaning up, and we'd sort of start a water fight. You'd sort of … a few of us'd get wet, and you'd sit down and think, ahh that was great. Now I'm ready to start off on the next one. Whoever comes in the door, we are ready for you.

DB: One of the things I hear from nurses now is the burnout factor, the stress factor. Talk about that in relation to what you just said.

HH: That helped us to relieve our stress. Nowadays you go to work and you go full tilt. You go 100 miles an hour the whole time you are there and then you are off whereas then we had time to sort of de-stress while we were still at work and be able to enjoy our time off or even just the ride home. Whereas now, I mean, when you work nights sometimes you get back in your car and you are driving home and you think, "How did I get here?" You don't even remember driving home because you are just so focused on your shift and what's happening. And you are thinking, ok did I give Mr. So-and-so his medication, or did I remember to sign that? Did I remember to do this? You can't sleep; you are going 100 miles an

hour. Whereas at that point in time, we were able to sort of able to de-stress and you could go home and sleep. Whereas now you need an hour an hour and a half after you get home before you can even relax and sit down and go to sleep after a night shift.

DB: Are you seeing nurses leaving the profession because of that kind of thing, or going out sick? Does that happen?

HH: I think a lot more people are out on a stress leave, or just not being able to handle it as well as we used to be able to. I think we get sicker more often, because we are dealing with more sicker patients now than we did. I don't know why they seem to be sicker than they used to be, but they are.

DB: Isn't it partly because if they are not totally debilitated they are kicked out of the hospital?

HH: That's true too, I suppose. Yes that's true. The stays are shorter. I mean when I had my kids in the 80s I think I was in for 5, 6,7 days whereas now in 24 hours they go home. And I think if you have a C-Section you get to stay for 48. So that of course increases the acuity. I remember when I first started in nursing, people were admitted for traction, right, when they had low back pain. They'd be admitted for 24 or 48 hours or a week or two days or a week or so for traction, just to help the lower back. I haven't seen a case of traction in years and years and years. The beds are just not available. One of my colleagues, her 85-year-old aunt fell and fractured her pelvis, and she was not admitted because there were not enough beds. They sent her home: 85 with a fractured pelvis. But she could walk; it hurt like heck, but she could manage at home. She really had trouble, and my friend had to take some time off and help her aunt. That shouldn't be right; that's not right to have to do that. She should have been admitted, but with the bed situation the way it is, they didn't admit her. I might add that is when they did admit Ralph for his fractured ribs when he fell against a hot tub, but anyway.

DB: Let's go back to the 80s again for a minute, lets finish off what you introduced: the subject of the strike. Talk to me about the strike; start from the whole problem of not being able to vote.

HH: That just really ticked everybody off. I mean to tell us that we couldn't vote? There was no way; there was no way – ah! I was working at both the General and Rockyview so I had membership in both unions, and I voted at both places because they weren't telling me I couldn't vote. And not only did I vote, I voted twice in favour of the strike, because there was no way the government was going to tell me I couldn't vote. That's my democratic right to vote. I went both places.

DB: Where did you vote at both places?

HH: At the General I voted in a camper outside the hospital on the street and over at the Rockyview I think we voted in a motor home outside the hospital in an alleyway. When the strike did occur, I used my camper out in the alleyway for most of the strike, most of the 18 days. There was another lady who did have the camper who gave me a day or two off. But essentially I was out there 12 hours a day with the camper out there for those whole 18 days. Because we couldn't go on the hospital property we had to park in an alleyway.

DB: That was a long strike.

HH: Yes, that was our longest strike, the 88 strike. Our last one too, so far. We almost came to blows in 95; it was within hours. Yeah, 88 was our last strike.

DB: So, what did the strike do? There you are in 88; it's illegal for you to be on strike. What did that do to the membership as you go out?

HH: To a certain extent it divides, but I honestly think it brought us closer together. There were people who in 82 when it was legal for us to strike who didn't go out and in 88 did. They were more supportive because everybody was going out

illegally. I think it brought us more together. On the other hand, it was a little bit scary for people who were landed immigrants and not citizens, because there was the question as to whether there would be legal complications for them. It was scary too, because I was on the executive, but I wasn't the president. They came after some of the local presidents with papers and writs and all sorts of things. So it was kinda scary too.

DB: OK, let's jump into the 90s. It was the decade where you start to see almost an assault. Let's talk a bit about that. Let's talk about your experiences at Holy Cross, blowing up of the General. What was going on there? Actually maybe start with the layoffs and the bumpings.

HH: The layoffs and the bumpings made it so divisive among members. The government I don't think realized what they were doing when they were cutting so many jobs and getting rid of so many nurses, letting them go to the States and stuff like that. And closing units, and everything. It upset everybody. It just upset the whole applecart. People were crying, and nursing units were decimated. People who had worked together for years were spread across the city or gone. It was an awful, awful time to work. You were afraid to go to work; you were afraid to look at your friends because they might take your job and you didn't know where you were going to be tomorrow. And that's not an atmosphere for promoting good health for the patients nor for mental health for the staff.

DB: What was your perception of the laundry workers?

HH: I picketed with them, and my kids did too.

DB: OK, this is important here, start by telling me what happened here.

HH; OK, what happened was, or at least my understanding or my remembrance of it is that they wanted to outsource the linen. They just built this brand new facility over near the General for laundry services. They were doing most of the laundry

for the city, and they decided they were going to outsource it. Not only were they outsourcing it, they were outsourcing it to a company in Edmonton. So all the laundry was going to be trucked to Edmonton, cleaned, and trucked back when they had a new state-of-art facility here in the city. I still hadn't figured it out to tell you the honest truth. It was crazy. I know that they won to a certain extent, that for two years there wouldn't be any outsourcing but as soon as that two years was over – whew – you didn't even see them for dust. It was gone. It's still a source of contention in the hospital. That the linen isn't always there, there's not always enough, because it's not back from the truck from Edmonton yet.

DB: Take me back to that time. For a lot us, at that time I was in the east and we heard about the laundry workers' strike. And a lot of people say it was the moment when Ralph Klein blinked. It may have been brief, but it was a moment. So you were just starting to tell me about being on the picket line. Why did you think you needed to support these workers and what did it feel like to be there?

HH: It felt good to be there to a certain extent because they were so grateful to have our support as a union for them as United Nurses of Alberta. And it also felt awful; it was terrible that we had to be out there trying to save their jobs. But they realized that's what we were doing, trying to help them save their jobs and they were grateful for that. It just didn't make sense to be out there fighting to keep jobs here in Calgary and stop them from going to Edmonton; it just made no sense to anyone.

DB: It was the beginning of this process of trying to outsource, trying to privatize the system basically.

HH: Yes, that was the beginning. They privatized laundry and then housekeeping was privatized and now they've privatized part of the food services, and now almost all the food services are privatized in the hospitals. I thought honestly that the food right now--I know this is going ahead – but the food was coming from

Edmonton. But apparently it's being made at the Fanning Centre here. But some of it is still coming in from Edmonton. How can that be cheaper? In June this year, we went to paper plates and plastic cutlery because due to the flooding they couldn't handle all the water. But we are staying with paper plates and cutlery. Now you can't tell me that's environmentally sound, but that was a way they were able to lay off quite a few dishwashers and kitchen staff because they are not doing dishes. It's insidious. They do just a little bit; they started with the laundry workers, then like I say, housekeeping and it just keeps going and keeps going. Now it's the kitchens. It's going to be more and more.

DB: At that moment you're walking a picket line with the laundry workers, and I certainly know I was hearing about it nationally. It clearly escalated rapidly to a confrontation directly with the government. Was that your sense at the time?

HH: Yes. Definitely it was us against the government. Definitely. They were trying to- there was no sort of "oh well, it's the PHAA" or whatever they were calling themselves then – they seemed to be going through different name changes – it was the government saying this is what was going to happen. And your earlier comment about this is when Ralph blinked, I think you are right, it was. 'Cause he did back down, but just for the two years. And then as soon as that contract was over that was it; the linen was outsourced.

DB: Did that have any impact on – I mean the nurses had already been out, striking in face of criminal legislation so it's not that that changed the militancy of the union. But it did seem in this province that the labour movement as a whole really drew some strength from the fact that you could confront the government and make a change like that. It that something that fed into what you were thinking at the time as well?

HH: Honestly, no. Not really. I don't remember thinking of it in that global picture of fighting the government or that people would see it as that, no.

DB: At about the same time we are starting to look at Holy Cross and closure of the Holy Cross. Talk a bit about what was happening and what that felt like.

HH: It was sad to see that place half empty. Oh, it didn't make sense especially when they had just spent 64 million dollars renovating the Holy Cross and building all sorts of brand new areas. Then they sold it and closed it for, what was it, less than 4 million dollars. It was seemed like they were wasting money. They said that they were trying to contain healthcare costs, but what they were doing was spending money then throwing it away. It made no sense. They had done some changes to the General too. Spent quite a few million dollars on the General, and then they blew it up! It was just a horrible time to be working – well if you were working. You never knew from day to day whether you had a job or not. It was a scary time and you were afraid to use a band-aid sort of thing, because you didn't want to go over the budget, that sort of thing. You didn't give anything away or help any patients, or whatever. It was just you know a bad time to be working.

DB: At this point were you active with UNA at all?

HH: Yes, I was. I was on the board of UNA at the time.

DB: So what were you doing at UNA to deal with it?

HH: There was no way to deal with it as such, yeah. We were certainly pushing for severance and trying to do things like that. We were negotiating at the time. We took a 5% decrease to help keep jobs, which didn't happen, I might add. They still did the cuts in the mid 90s and onward, even after we had taken a 5% salary decrease. We were trying to do what we could as UNA. On the other hand there wasn't a lot you could do because the government wasn't handing out the funds, and there was nothing that the hospitals and the health regions could do.

DB: Every time we talk about this, it's so depressing. Was there any relief during that period? Were there things you thought you were able to toe the line on?

HH: When the Holy closed, we made the transition as smooth as we could. That was the main thing you could do. You didn't have everybody all go over at once. Everything didn't close down; just parts closed down so that we could at least help the transition of the staff. We made sure that we had all the rotations so that people could pick a line. We tried to make it as smooth and as easy and the least hurtful for everyone to choose where to go.

DB: OK, let's talk a minute about the 95 settlement. I do think that was also important. You mention how close you came to a strike, but in fact you were able to leverage that situation into something that did make some gains for nurses. Were you on the bargaining committee?

HH: No, I've never been on the bargaining committee. But I think 95 was the year we took the 5% decrease. I am not sure if it was 95 or 97 to tell you the truth. But I'm thinking it was 95. In 95 it came down to a strike vote which we did hold, but it was just before the provincial election. We did have a strike vote and we were going to go out on strike sort of the next morning. Because it was illegal we didn't have to give them 72 hours or whatever. We'd had a very positive strike vote, after midnight. In the middle of the night they settled. The government came to the table and helped with that. There were gains. But we also did take a 5% decrease in salary to help the government, we thought, at the time.

DB: But you did actually get that back later.

HH: Yes we did; several years later we did get it back.

DB: Now as we move into the early part of the 21st century, what's changed now? What do you see that's different now?

HH: I see in the 90s they cut administration and became a leaner machine. And now I see that the machine is growing fat again. It's chugging along. The money seems to be coming from the government and we seem to be putting in more and more

layers of administration and that sort of thing. That seemed all to be cut in the 90s and now it seems to all be coming back again. There are more and more layers of bosses rather than getting more nurses, although I've seen expansion. The area where I am working, we've doubled our capacity in the last year with some renovations and everything. Now we are doing double the patients that we were doing before. And the other area where I work--I work in two different areas,--they've also increased their patient capacity by quite a bit. So we are trying to increase and help those waiting times. But it's not a perfect solution. They way we are having code burgundy's now that they've blown up the General and the Holy Cross has been sold, there are not enough beds in the city and the city is growing way more that they had even anticipated and we're having what we call a code burgundy, which is no beds and that means the ambulances are waiting. Those wait times have increased a tremendous amount as have the wait times in emergency and that sort of thing because there's just no capacity to deal with people.

DB: One of the things that is also getting a lot of publicity these days, there are definitely issues around resistance strains of diseases and stuff. Is this something you've encountered in your situation?

HH: Not really where I work, no. I work in an out-patient clinic and we don't have a lot do with …

DB: Is there anything that you feel is important to talk about that I really haven't had a chance to ask you about?

HH: Not really. Except for I remember when I first started out in nursing, you touched the patients; you helped them. If someone was dirty, you cleaned them up. You weren't afraid. Now I rarely touch a patient without a pair of gloves on. And to me that seems to be the … I know that there are so many more diseases out there now, and it's just something we have to do. To me it seems like, those were

probably there, but you didn't think about it. And now you have to protect yourself at all times and you wear gloves. I don't know; it seems like the caring, not that we don't care, but the caring has gone. It's more that you see … like I said, I work in an out-patient clinic and we've doubled the people we see. You are getting them in, and getting them out, getting them in and getting them out. We don't seem able to do the caring, and the sitting down and the talking. One of the most favourite jobs I had, which again was in the 90s and was cut, was being an IV nurse. And I went around the whole hospital and you got to see just about every single person in the hospital who had an IV, and you could sit and talk for a few minutes; you'd start their IV and that sort of thing and put them at ease. They don't have IV nurses anymore. It's nurses on the floor because that's better. You know, you just get all the IVs in – more efficient. I just feel that's the change I've seen in my 30 years, that the contact between the patient and the nurse, instead of being connected like this, you're still connecting but you are keeping yourself farther away because you don't have the time to spend. I hadn't worked on the floor for a long time, but I don't think they give back rubs anymore and we used to give a back rub at night if a patient wanted a back rub and stuff like that. You don't go around asking if they want a back rub any more.

DB: I know the 86 year old I was talking to this morning, she was talking about this thing about sitting down. At what point was it decided that you were only supposed to administer treatment standing up? It was somehow the wrong thing for a nurse to sit with a patient.

HH: That's sort of what I was seeing too.