United Nurses of Alberta

Karen Kuprys

KK: My name is Karen Kuprys and I work at Youville Home in St. Albert, Local 154.Youville nursing home is the employer: Gray Nuns.

Q: How long have you been working there?

KK: I've been working there 14 years.

Q: So since you graduated?

KK: It was my second job after I graduated. For a short time I worked in a doctor's office for just a summer. At that time it was with the infamous cuts in the 1990s. Originally my dad, when I was deciding what to do for school, he said, be a nurse because you'll never be out of a job. When I graduated in 1993, I couldn't find a job if my life depended on it. After about 6 months of searching I became employed at Youville Nursing Home and I really fell in love with the gerontological aspect of being there. Now I've specialized in gerontology.

Q: Have you noticed any changes in the working situation?

KK: Probably the same changes as everybody else. It's become so much more acute… Our residents are much sicker now when they come in. They have different support for them in the community. So, by the time they come to us they are quite sick and advanced

in their disease processes. The challenges we face are the same as everywhere else. We're short staffed, and trying to meet the complex needs of the residents and their families is a daily challenge.

Q: How many workers would be on a regular shift?

KK: I was the night nurse for 14 years and I was responsible for 164 residents. I was the only registered nurse and there were 4 nursing attendants. I recently went to the day shift and I'm on a type of intake unit where we take all the new admissions. Right at the moment there's 30 residents on my unit. I'm the only registered nurse. We have no unit clerk, and 3 nursing attendants is the norm although we strive to have 4, and no LPN. So it's busy.

It would be interesting if the government ever set up the side staff patient ratios what they think is adequate to provide safe patient care. How many nurses to how many patients? It would be interesting to see what their interpretation of that would be. They should.

Q: Does UNA have a role in lobbying the government?

KK: That's been one of the most exciting parts of being involved in UNA. They're really pro-active; they've actually shaped my world view of politics. They are so committed to providing the safe patient care, living up to the values of equality. They're an amazing organization and they are so involved at all different levels of the government, and all different organizations. They have lots of affiliations and I'm proud to be part of UNA.

Q: Do you think UNA should be lobbying for some regulation?

KK: I think there's a lot of people that are responsible for insuring the staff- patient ratios. But it seems like UNA is going to have to be the one to lead the charge. They do speak up for the workplace and that's a main factor in the quality of workplace satisfaction as well as patient safety. When a nurse is run off her feet, she can't provide good care. None of us went into nursing to provide substandard care. I think UNA will be at the forefront of leading that charge.

Q: How does it work? Do you have to administer all the meds yourself?

KK: At night time they didn't all have medications, but now that I'm on dayshift, even with just 30 residents, it takes a good solid 3 hours to give the morning medication. I would say I'm fairly quick and I know all of my residents very well, and it still, without any interruption, takes almost 3 hours just to give the 8 o'clock morning medication. It doesn't leave much time for putting out fires or dealing with crises. When you do have to deal with a crisis, it puts everything else behind. So it really changes your day. When you're working at that high a capacity, it's difficult to manage those crises.

Q: And pretty stressful on you.

KK: It can be quite stressful.

Q: In your situation you're isolated.

KK: One of the interesting things about when I started nightshift is I had about 4 days orientation and they were desperately looking for a night nurse. They said, well we thought maybe you'd be interested in doing nights. I said, I'll get back to you in a couple of days. They said, no we really need to know right now: do you want to be the night nurse? So with some trepidation I agreed to do that. For about 6 months every day before I went to work I broke out in a rash, it was so stressful. Here I was a very new nurse, being the only nurse in the facility and nobody to confer with about some of the more important issues, until shift change. So I found it incredibly stressful, but I learned to cope with it. I had really great support with my coworkers at shift change. Some of them were ? all the questions I had in the morning, but they were great, they always answered them and took the time to help me. As the day nurse, I do have other colleagues on other units that I can talk to. But getting your break for coffee is another story.

Q: How long had you been working there before you became night nurse?

KK: I was 21 when I became the night nurse. The farther away you get from that number the younger that really seems. Now when I see nurses come into long-term care, the focus has changed quite a lot. I think the perception of long-term care for a long time was you might go there to finish your career for the last few years; it'll be easy. But it's nothing like that, and gerontology has evolved into its own specialty. Now when nurses come onboard to our facility I like it when they've had a lot of background in other areas, because you do need the knowledge. You can certainly tell the difference between

somebody who's had a lot of experience to a novice nurse coming in. It's a real great help for them if they have that experience behind them. It makes the transition easier.

Q: How did you find the strength to keep doing it?

KK: I love being a nurse. I'm not sure what I'd do if I wasn't a nurse. I love the profession, but it's getting harder and harder to see myself staying in it for another 35 years. If something doesn't happen to make the workload easier and to make it more manageable and to provide the support on the unit for the staff, I don't know if I could last another 35 years. It's a quandary: how do you keep people in that long?

Q: With the mean age for nurses being 45 years, how does that play out?

KK: I was pleased that Keith still put me in the younger nurse group. I started being involved in the union when I was 21, like I said. I was so well mentored into the union, it was exciting and fun and such a good learning experience that I wanted to be involved in it. But I think that younger nurses really need to be educated on the benefits of being involved in the union. Some of them are so busy with paying back student loans and trying to find the type of position that they want. I think what they need to realize is that the union is there to support those goals. If it wasn't for the union movement and UNA in particular, I'm not sure where nurses would be right now. It would probably be even much harder to recruit nurses to the profession.

Q: Is the social aspect a factor in staying with the union?

KK: Oh yes. Over the years I've met so many wonderful people from all around the province. I always look forward to coming to the annual general meeting, because you see nurses from around that province that you normally wouldn't get to be with. You get to see that your problems aren't really unique and that we're all fighting the same battles and have the same challenges. It's in essence the true sense of what a union is. It brings us all together in unity and we try to work on a collective approach to our problems.

Q: Can you think of some outstanding memories?

KK: There's so many things over the years. This actually was before my time in the local. When I was a student nurse, I was working as a nursing attendant in another facility. I had heard murmurings about how Youville Home had just got a union and they were beginning their journey into unionization. By the time I got there, they were fairly well steeped in it. It was only with a few years, and I think it changed the place dramatically. One of the biggest benefits, or not benefits, but probably one of the most beneficial things about being in a union in our facility is the fact that we have access to PRC. That professional responsibility committee allows us to bring our concerns to management, which may not have been receptive to hearing those concerns. They have to listen; they have no choice. That gives us a tremendous amount of power to advocate for our residents. Without having that formal access to them, they could always pretend that they don't hear and don't see. They can't say now that they didn't know. We make them aware, and we're trying to make them accountable for that too, to make the situation better.

Q: Have you experienced workplace abuse?

KK: Luckily abuse for me isn't a daily occurrence, but we've definitely had our challenges. It's not uncommon for nurses to be bit, scratched, spit on, yelled at, have your hair pulled. But what concerns me even more than that is how frail some of the other residents are. Probably the only place funded worse than geriatrics is mental health. So getting people who are severely demented with aggression problems, it's hard to find proper placement for them. So you're left to try and deal with those situations on your own. Then you have the ethical considerations of physical restraints, chemical restraints. You have the obligation to keep them all safe, but your hands are tied about how to do that. Appropriate placement is difficult to find.

Q: Again we come back to staffing levels.

KK: Staffing levels and government funding, and their priority for these people. Long-term care is an area near and dear to my heart. If these were people's children, the funding level would never ever be that way. Yet for these severe dementia residents, you have a lot of the same safety issues as you do with children. They're sensitive to medication; they're not able to make competent decisions sometimes. It's just amazing to me that the government puts such a low priority on people who formed this country.

Q: How does the system work re government funding?

KK: Up until this year the system worked by classification. Once a year we would get all of our care plans in order, and there's a classification system on how heavy your residents are. Based on that, the government would allocate money. The problem is that all long-term care facilities are allocated money the same way. But there is always only the same amount of money in the pot, or the same ratio of money in the pot. So even if your level of care goes up, if it doesn't go up as much as everybody else, you could actually get a decrease in funding. It's averaged over 3 years so that doesn't really give a true accurate picture. Three years, in today's day and age, a lot of residents don't stay 3 years on a unit. I know that they're in the process of changing the way they allocate funds, but I don't know what they're going to do. They really need to pour a lot more funding into long-term care.

Q: Are patients' families paying part of the costs?

KK: There are some costs that the patient's family have to bear when they have extras. For example, drugs that aren't in the formulary that's covered by the cost of them living there, and extra things. If they want different kinds of incontinent products than what we provide, better ones in their opinion, they have to pay for that. So there is some cost, and the cost that they pay on a monthly basis has risen over the last few years. In a family's mind and in a resident's mind, the level of care should rise too, but it's almost the opposite. They charge you more and they get less. I would say that's one of the big changes in my job. Families are more stressed out and life is busy for everybody. They're a more informed group; so they are more aware of what their parent's disease processes

are. I think they are a group that advocates for their parents more than they have in the past, and they really need that. They need families to do that for them. Otherwise they get lost in the shuffle of the system. But, when you're the charge nurse, you're the brunt of, you're at the end of all those concerns and complaints. You do your best to deal with them, but a lot of times all you can do is listen.

Q: What changes would you like to see?

KK: Certainly the government was going to review the standards for long-term care, and they promised to release them. Personally I think they haven't released them because they know there's no way they can meet improved standards. We don't meet the minimum standard now for care. But I think they need to be creative on recruiting staff to be able to meet those standards. They should take the suggestions from the union. The union is composed of nurses; nurses will be able to find a way to recruit more nurses, or at least give suggestions how to do it. That is the crux of the problem: there's not enough people to provide the care. I'm sure you've heard that many times today, in every field.
Every specialty has its challenges; they're all difficult. Every field is hard. It's just a different set of skills that you use in each specialty.

Q: It must be frustrating to see the gap between what it is and what it should be.

KK: My wish for my parents, my grandparents, myself, my friends, is that older people will have independence, autonomy, and the support that they need. . .

Q: I've just been dealing with my mom in Ontario; it would be great if she could live at home.

KK: Even if she couldn't live at home, I think there are some benefits to living in a nursing home or lodge-type setting. Loneliness affects a lot of elderly people. I cried when my grandma told me she was going into a nursing home, which was just a couple of years ago. She made it easy for us, because she decided on her own she was ready, there was a spot available, and she wanted to go. But she didn't cry. But I was surprised that I cried. I know that the care isn't what I would like to be able to provide her, and it was difficult.

Q: Let's go back to the point you were trying to make about what should be.

KK: What I would wish for my parents and myself when I need care at that time, my friends, family, is that the elderly client would be able to live with dignity, autonomy, as much independence as possible, and have the supports in place to promote that. And safety: that's a key factor in long-term care, is the safety and wellbeing of our clients. It would be an ideal world if that could be optimized for them.

Q: Is it important for UNA to support public healthcare?

KK: I think if it wasn't for UNA and some of their affiliates, the government would've been happy to usher in more private care as soon as possible. There's perversely a lot of money to be made off the people. That's not what nurses value and that's not what Canadians value. People need to stand up and fight for the values of public healthcare. It's

cheaper, it's more cost effective, it's more fair, and it's the human thing to do, to take care of one another.

Q: Would you like to add anything?

KK: No, you're a very good interviewer.

[END]