

UNA Centennial Project-Nursing History-Bev Dick 2005

I Interviewer

S Speaker

=====

S My name is Bev Dick and I'm the vice-president of United Nurses of Alberta.

I What brought you into nursing in the first place, and how did you get involved with the union?

S How I became a nurse I think is pretty simple for me. I think for a lot of nurses -- my vintage, my age--they'll probably tell you similar stories where I knew from the time I was a very little girl that I wanted to be a nurse. And I'm not entirely sure where that came from. I have an aunt that was a nurse, and that seemed to kind of be an admirable thing, I guess. I remember that kind of a vision sticking in my head. But that's just something that I always wanted to do. It was never a question. And certainly when I graduated high school, there were other choices for women too. I mean years before that, my mother's generation, there weren't really so many choices. But there were more choices for me. But I certainly stuck with my first instincts of wanting to be a nurse, and went into a nursing program and absolutely loved it.

I Which one?

S I trained at St. Michael's in Lethbridge. Our class of 1973 was the last graduating class of St. Michael's School of Nursing in Lethbridge. And that was -

I It was St. Michael's Auxiliary Hospital. Was it called that or what was it --
S No, it was St. Michael's -- it was a general hospital at that time. Yeah, it was a full-fledged general hospital at that time and we were the last graduating class. And that's kind of a sad thing to be the last class and to see your school closing. And so that's how I got into the profession and immediately upon graduating. My husband and I were married at the time. I got married in my second year of training. So I was a married student. And that was a little bit odd in those days too. Not too many students did that, and certainly not in a Catholic school of nursing. You know, they didn't encourage that sort of behaviour, you know, so -- but I'm a little bit different. So I thought, No, this is what I want to do; so I did get married during my training. And after I graduated, my husband and I moved to Edmonton and I started my job at the Misericordia Hospital in Edmonton. And it didn't take me very long working on the unit that I was on before somebody said, how would you like to be ward rep? And I said, what's a ward rep? You know--well, you're new. You can do this. So before you knew it, I was what was called a ward rep at that time. Now, at that time--that was in 1973, it wasn't a union as such. It was a staff nurse association, and the bargaining was done by the Staff Nurse Association of the AARN. So it was certainly a different structure. So I did become a ward rep in my first year of working at the Misericordia. It was like, okay, you're the new kid. You're going to --

I That brings up a couple of interesting questions like where you were in '77? You didn't go to the big meeting -- the AARN meeting?

S No.

I You were still a ward rep when you --

S Yes, I was a ward rep, yeah. And I recall in those early years, too, during the bargaining that there were a lot of disgruntled nurses that weren't terribly happy with the way that the bargaining was being conducted. And when representatives of the negotiating committee would come, well, who is it, but it's the executive director of the AARN! Well, how ridiculous was that? You know, it just didn't seem right. And I mean that was kind of common knowledge that, you know, to the regular general member out there that they're picking up on. This is really bizarre that this is the way the bargaining is being done. And I recall we weren't happy with the results of the bargaining. It seemed like there was little or nothing ever achieved in those rounds of bargaining. It was very frustrating. So certainly when UNA was being talked about and being formed, it was an excellent thing. And the nurses at the Mis were quite happy to be part of that as well. So it was a very welcomed move.

I Did the Mis go on strike in '77 in the first strike? Was the Mis part of it?

S You know, I'm not 100 percent sure. I don't think so.

I Yeah, I'm wondering.

S I don't recall -- I don't think so.

I Maybe not, being a Caritas. Probably not.

S I don't think so. I don't recall us doing that. I think we went out and we picketed with some of the other hospitals, but we weren't out that I can remember.

I And you first went out in --

S The first strike that I participated in would have been in 1980, and at that time, I was president of the local and I believe that one was in--kind of

gauge these things as -- I don't remember the specific months, but you remember whether the weather was warm or cold when you're on a picket line. It comes down--

I That was a cold one, wasn't it?

S It comes down to the pretty basic stuff. I don't think '80 was terribly cold. I think it was -- no, I think '80 and '82 were both in decent weather. And I remember one of those strikes in -- whether it was in '80 or '82, they had to have a dress code because they did not want the nurses out there in skimpy clothes. So that was quite amusing, that you had to worry about you know, the attire of your members on the picket line at that time. But certainly in those early years -- or those years of some of those first strikes, in '82 when we were ordered back to work by the Labour Relations Board, and we didn't go back to work until our union told us to go back to work. We were not going to be going back to work. And I remember being in the basement of the secretary's home, which was strike headquarters, and the HR person from the hospital phoning us, after this order came down from the Labour Relations Board and saying, well, Bev are you coming back to work tonight then? Are your members coming back to work? And I said, no, Bob, they're not coming back to work. And he said, well, why not? And I said, well, because until we've heard it from our union and until the union has made a decision on this, we will not be back. And he just about flipped out. He could not imagine why we would not be coming back because, you know, the Labour Board said you have to. You should be coming back to work. So I think every half hour after that he was phoning, wondering if we'd changed our minds. He was a very nervous kind of person anyway, and my goodness, I think those situations just freaked him right out. But I remember that being quite entertaining, just waiting for him to call. But we were quite

comfortable with that. It was, no, we're not going anyway until there's been a decision made by our negotiating committee, and everybody across the province is doing the same thing. So we were quite happy to do that.

I Were you, at the local at that time, doing emergency services? Were you providing emergency nursing services? Is that a reasonable --

S Yes, I think we were, but there wasn't a lot of need because there were a couple of hospitals still open. The University was still up and running. So it wasn't that there was a huge need for that. There was a little bit of it, but not much. Not much at all.

I Did those strikes in '80 and '82 help build the determination of nurses at that time, do you think?

S Absolutely. Yeah, absolutely it did. Both those early '80 and '82 strikes certainly did build the resolve of nurses that if you believe in something strongly enough, the only way you're going to get it is if you stand up and do something about it. Chatting about it in the cafeteria isn't good enough. And bargaining at the table and being nice particularly isn't going to improve working conditions and situations for patients. At that time, a lot of the negotiating was around professional responsibility issues and, of course, the employer was not taking those seriously either. So I think nurses really found that when they did stand together and take an action, things happened. Some of the things that happened in those early years too before it ever got to strike was, I guess, the work-to-rule kinds of things. I remember going to work on a medical unit, not in a uniform, but putting on a skirt and a blouse and heels, you know, and going into work that day or that way, and

everybody did that. And the employer was absolutely furious that we were doing this. And we wore buttons too. I can't remember what the slogan was. It may have been "Nurses are worth it" or something like that, but we wore buttons on our clothes that day as well. We just did it for one day, but it just freaked the employer right out. And I mean certainly any of the things that we did as a union and as a group of workers to try to enforce our demands around collective agreements, I think we saw in -- was it in '83, I believe, when the right to strike for hospital nurses was taken away. And when that bill came down, when you looked at the definition of a strike, it, in fact, included things like not wearing your uniform. If you're wearing street clothes to work, that could be construed as being a strike. So a lot of things that we had, in fact, done that were, you know, peaceful kinds of things, and not terribly disruptive to the work place, those kinds of things were taken away from us too. And all that did was infuriate nurses even more. So, when it came to 1988, it didn't take the nurses very long to decide that, okay, this is what we have to do. You're backed into a corner. Things can't get much worse. It really doesn't matter that it's, you know, 30 below outside. This is what we're going to do. And I think you just heard a story a few minutes ago from one of our colleagues here, how she got involved. And in 1988 it was cold wintertime, and we had gotten word that we weren't going to be able to have our strike vote in the hospital as we'd always been able to have our votes on any of these issues in the hospital before in the room that we had booked for those, and that suddenly we weren't going to be able to have it. So we had a motor home rented, and we needed somebody to drive it. So I was frantically phoning around trying to get somebody that, you know, had the ability to drive this motor home, and found somebody to do that --

I Florence.

S -- Florence Ross, yes, to drive this motor home. And she did that. It was parked across the street from the Misericordia, and that day of the vote was the most miserable, horrible day. Late January -- I think it was January 25th or something. It was very cold, blizzarding, drifting snow. It was an ugly, ugly day. And nurses are walking across that huge front lawn at the Misericordia to cross the street to come and vote, and they were coming in hordes. They were so angry at being told that they did not have the right to vote that they were just out there in hordes. We had a bigger attendance at that vote than we'd ever had. And part way through the day I got a call from this very nervous human resource person, as I mentioned before, and he was still there as well saying that, you know, they really hated to see the nurses trekking across that huge lawn in horrible weather to do this, and that if we wanted we could come back in. And I said, no, we won't be coming back in. We're quite happy here. They're quite happy to come out here. So, you know, thanks, but no thanks. We will not be doing it. So they continued on with the vote, and it was a positive vote, as you know. And I'll tell you, the morning of that strike, I recall taking my son to school that day, and Murphy's law being what it is, that was my day to go and help out at kindergarten and to take the snacks. Well, I phoned the school. I let the teacher know, like the day before, that I could bring the snacks in. I would do that on my way in, but I could not stay for the day because of this potential strike that was going to be happening. So I did that and then I drove to the Mis and I really did not know what to expect. I truly believed that the members would be out there, but this was the first illegal strike that

we had ever been participating in and I really didn't know for sure. I had great faith in my members, but I really didn't know what to expect. So when I came around the corner by the Mis there on 87th Avenue, I thought, you know, is there going to be anybody out there? Will there be any nurses out there or not? Well, lo and behold, they were. The ward reps that were working the night shift had done their job. They had gotten everybody out of that hospital prior to 7:00, as they should have, and they were out there. And it was such a tremendous feeling to come around that corner and actually see that the night staff had come off those units at 7:00 as they were supposed to. So I was so proud of our members for being out there that first day and, as you know, it went on for many, many days in horrendously cold weather. And we got to the point where we did say to them, you know, it's so cold. You don't have to come out here anymore and do this. And they said, no, they wanted to continue to do this. They wanted to show the employer they were serious. They felt the camaraderie when they were out there with their colleagues, not that you could really see each other too much because a lot of them had, you know, Ski-doo suits on and things like that. You could barely tell who was who, but they really felt strongly that they needed to be out there every day. It didn't matter what the weather was like. So I think they really showed the employer and the rest of the labour movement that nurses are very determined. And as a group of workers and as a group of pretty much women, you know, when they make up their mind about something, they're darn serious and they will do everything they can to follow through. So I was extremely proud of our members being president during that time and the things that they went through. And, of course, a lot of my members were served with the notices from the court with civil contempt and had to come to court. So I went to court with them and

followed that process through too. And I mean that was very, very frightening for members. And they didn't pick me as local president. I was waiting for them to come and serve me. And a tactic that the employer used was not to go after the executives because they knew that the executives would be your activists in the union and probably the stronger people, and would be prepared for that. They went after ward reps and individual members on units. So those people were quite vulnerable and quite afraid. But they didn't, you know, run back into work when they were served with these notices either. So, you know, it's a tremendous feeling of pride when you see that people in the face of those kind of legal challenges will stand up to that situation. And other things too that I think a lot of people may not realize that go on in a strike. I had members that were threatened by their spouses, by their husbands, for participating in an illegal strike. They were mad as they could be about that that. Okay, it's all right for you to, you know, join a union, and that's all well and good when it's going well, but to be doing something like this, this is really bad. And there was one member that was being physically abused by her husband and we were having to be watchful on the picket line. When she was on the picket line, we were constantly watching for this guy. And she had moved out of her house. There are a lot of things that go into a strike, whether it's legal or illegal, that I think a lot of people have no idea that goes on behind the scenes.

I Those are good stories. Yeah.

S Well, in a sad sort of way, you know.

I Well, they're powerful stories.

S Yeah. Yeah, they are. And I think when, you know, the people that went through those difficult times during the strike, I think that just maybe pointed out to them that the kind of relationship that they were in was maybe not terribly healthy to begin with if that's what happens when there is a crisis because I think that kind of a situation is a crisis when one of the partners is on strike, you have to have the support of the other partner. And if you don't, you know, there are real problems. So I think it brought some of those situations to light and maybe that was a catalyst for people to leave an unhealthy relationship. And that maybe isn't a bad thing, but it certainly is a difficult thing at that time. But maybe part of the good that comes out of it is that those members had the support of their colleagues when they really needed it too because they were there, really there for each other.

I Those are great stories. Can we fast forward a bit to your thoughts on the issues facing nursing now and/or maybe commenting -- like it's become very clear through working with their union, nurses have managed to do a lot for their profession and for themselves.

S Mm-hm.

I But what are the challenges now and so on? What are the issues lying now for nurses?

S Oh, there's still so many issues. I mean we've been involved in the union for many, many years, and we haven't fixed everything. You know, certainly we've made huge gains and lots of improvements. But every time you make an improvement, you find five more things that need to be fixed or challenged or something. So there are lots of issues. Certainly the nursing shortage is a horrendous issue, and it's not being taken seriously by the

powers that be. And there are not enough initiatives and whatnot underway to address it. You know, we need more seats in the education programs to educate nurses and that's just very, very slow in coming. And I think that's a very sad thing. Other challenges are certainly the workloads that are out there, and that's part of, you know, the nursing shortage. It creates the horrendous workloads. Skill mixes are a challenge right now. We're really seeing problems particularly in the long-term care areas where the patients just aren't getting the level of care that they need because there isn't the level of professional registered nurses, registered psychiatric nurses, in those facilities. Those kinds of things. So nurse-patient ratios are very important. Nurses really see that as being part of the solution to guaranteeing quality patient care.

Nurses are very concerned these days, particularly in Alberta with this government, with the privatization initiatives that are going on in this province, with what that is going to mean for patient care in this province. And, you know, people in the media tend to discount what we say as being -- we're trying to protect our jobs and that's the only thing that we're worried about. But it isn't. Yes, we don't want nurses to lose their jobs. But you know what—there aren't enough nurses right now and nurses losing their jobs really isn't the biggest issue. It's the quality of care and maintaining a strong public healthcare system that's important to nurses and stopping the privatization. And it's not just a self-serving kind of a situation that some media folks would try to pass it off as. So nurses are very concerned about that. There are other issues that will be ongoing, you know, for the next generations too such as how you keep union members involved and interested, and do you have the attention of the young people? And I think

we do. I think we saw at our last annual meeting: there were a huge number of young people coming. So, you know, we do want to make more moves to encourage young people to get involved and stay involved. And we'd like our middle-aged nurses, our older nurses -- we'd like them all to get involved, but I don't think it's realistic to think that you're ever going to have 85 percent of your members actively involved either. So you have to be realistic about these things.

S Other issues that I think we've made some stabs at, but there's still lots of work to do too, include the issue around staff abuse, around nurse abuse. We have made some attempts to try to address these through provincial initiatives and working with employers and other healthcare unions to try to make sure that employers have policies to address this. But it still seems to be fairly rampant and fairly accepted.

I -- Unpack that a bit? Explain what you mean by nurse abuse?

S When I say nurse abuse, it could be -- I mean the first thing that you might think of would be physical violence towards a nurse, and let me tell you that that does happen on a daily basis probably in every work site in this province. At some point during the day somebody is kicked, bitten, scratched. But it's other things as well. It can be verbal abuse--anything that can be deemed as degrading, humiliating to a staff member. And often this comes from employers themselves, from managers. Frequently it's doctors that are verbally abusive to nurses, and often in front of patients, which is really humiliating and degrading. A lot of the physical abuse and verbal abuse comes from patients themselves and their families that can be very

abusive. And unfortunately, there's still the belief out there, and I think some of our members still believe this, that it's part of their job. And we've been working, I think, fairly hard to try to convince people it isn't part of your job. There are ways of dealing with this, and you don't need to go to work and expect to be kicked and punched and bitten and sworn at and things thrown at you. That should not be happening in any work site, but particularly in the healthcare system where you're there to try to help people. And you shouldn't be abused yourself. So there's lots of work yet to be done on that, and I've been part of some initiatives that have been developed over the years for that. I wish things had improved a lot more than they are. I see some little improvements, but not enough. There's still much, much more that needs to be done.

I It's hard though, isn't it? It's a tough one.

S It is. Absolutely it is. But when you talk to nurses that have been, you know, physically attacked -- and I don't think there's any nurse out there, unfortunately, that hasn't been part of the abuse at some point or been abused at some point. I've been kicked, punched, thrown across the room. I mean I wasn't happy with this, certainly. You know, when I was kicked across the room, I pulled myself up and I went and phoned the doctor and I said, you order something for this patient or I'm out of here. But, you know, not everybody does that. It's just unacceptable. So I think we've got an awful lot of work yet to do in that area.

S The last 30 years, right? So there's so much. I guess just, you know, certainly during my career, I've seen huge changes, you know, since the

union was involved. And, you know, when UNA was first formed and the first few rounds of bargaining and whatnot, you know, it was very easy to see a big change right then and there. But when I look back at how things were when I started as a new grad and how things are now, huge, huge changes. And I know we hear some of the members, you know, my age group saying that the young ones, you know, take that for granted. Well, I think that's the nature of the different generations, you know. I hear stories of what my parents went through as children and, yeah, I didn't have to go through what they did. But I'm real happy about that. So I'm real happy to maybe be leaving when I leave the profession thinking that maybe it's better than when I came in. And I hope that some of the work that I've done over the years has contributed to that. That would make me really feel happy. I hope in some small way it has. But, as I said, certainly if you just look back at the difference of the collective agreements huge, huge changes.