

United Nurses of Alberta

Jane Bennett

JB: My name is Jane Bennett. I work in postpartum community services at the South Calgary Heath Center for the Calgary Health Region.

Q: Did you come to that work after working in hospitals?

JB: It was after. I had been out of nursing for 10 years and came back into nursing in 2000 and went into public health.

Q: Overall, how long have you been nursing?

JB: About 40 years--in and out, not 100% of that time. I'm looking at trying to get into partial retirement. I'll probably never completely retire; I understand it keeps you young.

Q: How has the profession changed?

JB: One of the things that really concerns me, and why I didn't go back into the hospital, is there really is no nursing care. There's no time allotment for nursing care. It's all mostly administration and keeping up with the flow of admissions and discharges. That really does concern me, possibly from a personal point of view that someday I may need that. Compared to the way we used to give care, it just isn't there. I hear it many times with my own clients in the postpartum community.

Q: Are you experiencing patients being released sooner?

JB: And with young moms, some are quite happy about that. I would probably say a majority of them are quite happy about that. My question that arises from those comments is what is the environment like for them within the hospital that has them want to get out so quickly? My assumption on that is there's just not the care and caregiving, and maybe even the celebration of the birth and the family. I don't think it's because nurses don't care. I think it's just because there's just no time to do that.

Q: It sounds like the teaching of the patient is missing now.

JB: There's an attempt at teaching in the area that I'm working in. There is a definite attempt in our program to be able to teach moms what they would be interested in knowing as they go out into the community. I think they're too tired; they're in too much of a recovery state for any of it to really stick. As much as I think that we're doing it in hospital, we find in community that we have to repeat it a lot, because they don't remember. A human being is often very tired after an extremely physical excursion like childbirth, and I don't think they can retain it.

Q: How can the system be changed to alter that out-the-door mentality?

JB: Ideally I'd like to see a woman-child facility that also includes family. I know they've done it in various places in the world; I understand even in Australia. I don't know if it's in the public health delivery system there or private, because I understand they have both. But they have the policy that mothers and babies stay in for 5 to 7 days. They wouldn't

probably need all of our services in community if we had mothers and babies stay in for 5 to 7 days. But I think what it gives them, in a situation like that where there's a bit more rooming in and assistance and the beck and call down the hall, that it gives them more of an opportunity to relax and get into being familiar with their new responsibilities. So here wouldn't it be nice if we could have a facility like that for babies and mothers, and fathers and families, where they could come and go and get used to the new infant and not have to go through a hospital that has a number of different ailments that may possibly be a compromised environment for toddlers that are in the family, or even the adults themselves. Our delivery system for childbirth is within the active treatment system. I even say to the moms to come back in a follow-up clinic appointment, stay away from the urgent care area, just because I think it's a healthier way to bring them into a follow-up appointment. Those are just my ideas.

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That's what they said yesterday. We've got 60 more years ahead of us. I won't be doing that but there has to be a vision; you have to have a vision. However, I must say I never had a vision like what you see today when I first was involved with UNA. But I think that UNA, my experience with my participation in UNA versus my participation with the College and Association of Registered Nurses, UNA has more action. UNA is more action-oriented. UNA has a place on the stage that's more centre stage. The college stays in the background. I don't know if that's necessary. That just seems to be the way it's going.

Q: You started out with the AARN?

JB: That's correct.

Q: What were you doing there?

JB: I was actually divorced and single at the time, with a 2 year old. There wasn't anywhere in the system of nursing where I could take a job and have childcare. So the AARN posted this job position as an employee relations officer. I have to admit I didn't even really know what that was. They hired me because I had a BSc in nursing. We were working with a number of professional nurses at the time who just didn't have the BSc or the baccalaureate of nursing. So I got the job. When I went in there I was actually working for the director of the AARN. There was a man in there that was actually overseeing the employee relations work. His name was Bob Donahue. Bob was very versed in the labour movement. I think he'd had lots of experience in the labour movement. It was an interesting perspective for me and a tremendous learning curve, because I have to tell you I was raised in the most rednecked conservative family in Alberta ever. I must tell you that when I told my father I'd taken this job as an employee relations officer, he said, not my daughter; I can't believe it. He didn't disown me but he was quite unhappy. Anyway, Bob is the one who brought it to the attention of anyone who was listening within the organization, that indeed we couldn't be doing collective bargaining and representation of the employee in a professional organization that was an umbrella that also incorporated management people. That's pretty easy to understand. So they hired a woman by the name of Donna Gilles from Nova Scotia. She had a

baccalaureate in nursing and a degree in law from Dalhousie, and she had majored in labour law. She was brilliant as far as her working knowledge of labour law was concerned. So we had to split off our collective bargaining program, take it out of the physical space of the AARN, open up offices, and try to get this thing off the ground. The thing I remember is if I had difficulty really understanding what it was we had to do and why, the challenge was to explain that to the body. This is a conservative province; well it certainly was back then. A number of my own classmates, of my peer group, were astonished that I would be doing that. Even to this day, because we have annual dinners and things like that, they still to a certain extent invalidate the union. Oh they're happy with what the union has brought to them. Some of them are retired too. So it's been a very interesting glimpse of where the union is today and where it was when we started. The overall acceptability or participatory willingness to participate, to me it's pretty interesting. So many women and men I'm sure, I don't work with any men who are in nursing today, have come to just accept what we have. A lot of it is they don't give recognition to the work that it's taken. I haven't been active in the union over the years. I was in and out of nursing and not really participating. But when you talk to nurses today, the minute they can pick up an issue that they think the union hasn't dealt with effectively, they're very quick to criticize. But that doesn't just happen in unions; it happens in life. Someone has to take the blame and I'm not going to take the responsibility. I think in many cases if they would just give some time to a conversation around it, they would begin to see that most of the time it's confusion around people's

understanding of where the union fits in and where management and union need to meet. I'm kind of meandering.

Q: Tell me the story of Bob Donahue, etc.

JB: We were fired, Donna and I. Donna Gilles disagreed with, and I can't remember the particulars so I'm not going to be a very good witness here, but Donna Gilles took exception to a number of the real strongarm positioning that Bob Donahue was advocating to the elected board. Gertie was on that board and a number of the other nurses that were there. Donna and I were a little softer on our approach. I certainly knew why I was softer on my approach, because I'd been born and raised in Alberta and I thought, this is not going to go down easy if we do it this way, kind of run right into people.

Q: I've noticed from the film that he was a bit in-your-face.

JB: Yeah, and he spoke with a lot of understanding and authority with it. He was like a pied piper – this is the way it's going to go; those who want to come on board, follow me. Donna, perhaps from her law experience, wanted to take a little more time and explain things to people and have them really understand it so they could be brought onboard. My whole interest in being in this movement was my experience mostly in rural areas where nurses were being asked to do things because it was convenient for doctors, like manage drips with women in childbirth while they went across the road to soccer games that their children were in. If anything had gone wrong, and that's all I'll say about that, the nurse

would've lost her license. But because she didn't have a union and she said, no, I'm not going to do it, they would say, you'll do it or we'll find someone who will. Well, there's no job security in that, and all she's trying to do is stick to her body of knowledge and what her license allowed her to do.

Q: And protect the patient.

JB: Yes. So I had seen enough of that. For me there was only one way that we were going to alter this, and that was to be represented by someone at a table where she got to save her job. That's how naïve I was with what we were doing. It's a lot bigger than that now. I had no idea what I was getting into.

Q: So how did you get fired?

JB: Yeah. We took the nurses out on strike. On the first strike of Alberta nurses, and I can't remember the time segments there. Was it the following February after ... I can't remember. And by the way, I had been assigned to go to Red Deer to organize a strike and go out on the picket lines, remembering please that I'd never done anything like this. So we were being very loud about what it was we were trying to accomplish in Red Deer. I went back to my room and had a death threat phone call, saying that if I didn't stop what I was doing they were going to stop me. So I talked to the Edmonton office and they said, you need to come back right away. We're not going to be playing around with those kinds of behaviors. That may have been where I kind of went. I'm not too sure what I've gotten into here. I have a life ahead of me that I'd like to live, and perhaps we should soften the

whole approach a bit. Donna and I didn't totally support Bob and his recommendations. When the committee met for that, he went in and presented whatever he did in camera, and then we went in and presented what we were presenting. They chose and said they were going with Bob Donahue. Donna and I both said, we can't do it, not that fast. We don't recommend that and we can't do it. As it turned out it was a good choice on their part. I actually lost touch with it. I was away for a while over the Xmas season and came back and thought, I can't go on and do nursing. I can't work in the hospital. I'm not welcome over here. So I'll get my real estate license.

Q: So that was your first hiatus from the nursing profession?

JB: Yeah.

Q: So when you came back, it was UNA?

JB: Yeah. I think what happened there was that the government or the hospitals didn't want to be dealing with two different contracts and two different organizations. I think they put some heat on us to organize together.

Q: So you came back to work in a hospital in Calgary?

JB: No, I was back to work here in Edmonton for awhile. I was working in coronary care. I did some work back in coronary care and had arranged some daycare and that sort of thing for my daughter. Then I took another leave over to B.C. but I was working over there in hematology, but I wasn't involved with the union over there.

Q: Do you have other outstanding memories of your time with the union?

JB: There's two things that I'd like to say about that. One was I learned so much from listening to Donna Gilles, who knew labour law. The application of the law to the rights of women in nursing was extremely empowering to me, in that women in nursing could have a voice and it was substantiated by a law. I think that was one of the most significant breakthroughs in learning that I've ever had in my life. That was the first thing. That was the reason why I aligned with her versus Bob, because he wasn't a nurse. We were both nurses. My positioning was nurses can lead nurses. There's no doubt in my mind about that. We do not need someone from outside of the profession leading us. I feel pretty strongly about that still. And then the other experience I've had more recently since I've come back into working in community is the representation of a UNA member. She's now the president of our local, but having her at the table in a dispute that I had with my manager was very comforting. Very, very comforting. Management is management. The nurses in management: their first hat is management, for whatever reason. Often the strongest reason for them is they have to stay within their budgets or whatever. But to be able to find a voice in a dispute at a table in a room with both the manager and assistant manager all taking notes at the same time, is confronting, terribly confronting. I know about conflict resolution, and what happens to us as human beings when we're in dispute; we don't think. We go into defensiveness, our epinephrine levels and our cortisol levels are all elevated; you can't engage your neocortex. It just doesn't work for you. You need someone there helping you with the speaking. Does that help? I have emphasized that

time and again with our PRCs. You will find yourself, no matter how well organized you are, in a defensive mode. I can tell you for 10 years I worked in conflict resolution in Calgary in the small claims court before I went back again into nursing. I know what people do in conflict. I'm really clear about it. You can hardly prepare yourself for it, because it's so fight or flight. You need someone there who's going to help you with it.

Q: Are there challenges now in your work?

JB: The biggest problem we're having is assessing new moms and deciding on the phone whether or not we can postpone the visit to the following day. We're doing that via telephone and it's very difficult on all of us. The protocols that we are expected to work under is everyone is seen within 24 hours of discharge. Then they started to make that more succinct by saying anyone who's discharged under 24 hours postpartum needs to be seen. Those who stayed in longer than 24 hours you could probably do an assessment on the phone, a safe assessment on the phone, and see them the following day. Of course all of this is the result of the numbers of nurses that we have in our department – we don't have enough. The birthrate is going up in Calgary. It's been going up for the last five years. They're running a seven-day program, a full week program for our home appointments every day, and they don't staff on the weekends fully like they do during the week. So the nurses on the weekend have a heavier load than the nurses during the week. Some of the nurses that are permanent part-time and full time, some of them work every other weekend and some of them don't. I'm not too sure why that's the way it is; there's a lot of issues on that too. Is the union going to be able to help us with that? Well

perhaps. There's a lot of grandfathering been done where you can't touch it with an argument. There are a lot of loopholes, which we will always find, and UNA has to keep trying to fight them. The work is never going to be done.

Q: How will you be able to de-escalate your career?

JB: UNA is doing a great job with that, because they're even saying that for nurses who are in my age bracket who are looking at retiring, what can we provide for you that would keep you still participating in special studies, and they're actually looking at that. It came through in our last contract for nurses who are wanted to--I don't want to quit. And do what? I'm more interested in the delivery of healthcare than trying to find another reason for living. I find it a very worthwhile cause and I don't think I'll ever really quit. But I don't want to continue doing full-time work either. I wouldn't mind having some time for holidays and grandchildren and things like that. So I actually have set up my own retirement plan, and I think everybody has to do that. I think because nurses are paid the way we're paid here in Alberta, if you're careful you can actually manage that. I think there might be a tremendous amount--I mean there are a lot of us who are retiring. So if this government or this health care region, want to keep us on working with them, they might be able to continue on with the health benefits, those types of things. Is that what you're asking me? But of course that's the same story as in the U.S.; when you stop, you lose your benefits. Well down in the States I'm told some of them are enticing nurses to stay on by extending their full-time benefits even if you're working part time. I don't know where that is; don't quote me on that as fact, because I don't know where that's

happening. I heard it; it's a bit of a rumour I suppose. But I think we could do that here. I've talked with women who are in my age group and a number of them aren't that anxious just to... people who are active in the delivery of healthcare today, especially in the area that I'm in, would like to continue, but not full time. So that might be one thing that we can do. How do we get young women into this profession? We had a group of 20 and 28 year olds with their husbands or fiancés; we had a family dinner here in September. One's a psychologist. One works for the Calgary Flames; she has a business degree out of the university. They're schoolteachers; they're architects. I said to them, it's interesting for me in my circle, in my immediate circle of family, no one went into nursing. Why is that? You know what three said quickly? You have to work weekends and Christmas. They don't want to do it, and it's not going to stop. We have to work weekends and Christmas and nights. Young people who can go into engineering or teaching or any of the other professions... [can't hear] ... I do know that even though we have nurses who are stepping up to the line and want to get into our schools of nursing, we don't have enough educators. We can't bring them on board. The educators that we have in our schools today are over 50. I don't know what to do about that.

Q: ...it's about creative solutions. Maybe that's something UNA can take on.

JB: I went back and took a Masters at U of C in 1997 through to 2000. I did a masters in continuing education and leadership in the workplace. It was done on distance education. I'm not so sure that we might not be able to do something like that in the field of nursing. It's a lot of work for an educator to be presenting those programs, but it's possible.

Q: Why is it important for UNA to protect the public healthcare system?

JB: I don't think we'll have a good future if we don't keep UNA. We wouldn't have what we have today if we didn't have the United Nurses of Alberta. The college can't do this. I'm not being critical of the college. I think the college does what they have to do. But we won't... [can't hear] ... In the interest of surveying the health of our practitioners, we must have UNA uphold us. We need something to keep us safe. By the way, I am active with CARNA. I'm on their board for alternative dispute resolution, which hasn't been used at all. But the woman who runs that, although there's been some criticism of her, she came out of the system in management and absolutely recommends that people submit the PRCs. We have to keep doing it. We need to work with our managers to make sure that the delivery of care is safe, not just for the patient, but for the nurse as well. If we didn't have the United Nurses of Alberta behind that procedure, I don't know where we'd be, because the college can't do it. So absolutely we have to keep the activities and push that we have this union for nurses continue. It has to continue, in my opinion, which isn't really humble, although I could say it's a humble opinion. I don't hear many humble opinions.

Q: Is there anything else you'd like to talk about?

JB: No, that's it.

[END]

