

United Nurses of Alberta

Pat Richardson

PR: My name is Pat Richardson. I work right now at Calgary Health Link. So that's Local 211 of the UNA. But I have worked at Foothills Hospital, and I worked at the Grace Hospital for a very long time before it closed.

Q: What kind of nursing do you do?

PR: Right now I work on the telephone. I do telephone triage. We do sort of a telephone advice line for people to phone in 24 hours a day. We do health assessments with them. We offer them advice as to should you go to emergency or just go to a doctor; give them ideas of things to do if they can stay at home and look after themselves; plus just a general navigation through the healthcare system.

... Nobody ever wants to go in, that's for sure. We hear that all the time, every day. Even when we tell them they have to go in, they still don't want to go in. But it's very good; it's a totally different way of doing nursing. I had always worked on the floor in a hospital, and it's just so totally different. It's rewarding in itself, but you get your feedback in a different way.

Q: How long have you been there?

PR: Thirty years this year, full time.

Q: Over that period of time, how has nursing changed?

PR: Tremendous amount of change. I guess the biggest thing for me is that when I began nursing I was able to nurse the way I was taught to nurse, to provide the kind of care that people should have. I was given the time, the ability, everything that I needed to do that. Now it's very difficult to do that, because there's just not enough time. The patients are too acute; there aren't enough nurses. You find more and more that when you go to work, not so much where I work now, but in the hospital, that there just isn't the time to give the kind of care that you'd want to give to a patient. Sometimes I think it's almost unsafe, and that's the frustration of it.

Q: What changes would you like to see?

PR: I guess I would like to see a more supportive environment within the hospitals that really encourages people to give the kind of nursing care that we all know we should be giving. I think that it's difficult for UNA, but getting more nurses is the biggest thing. Hiring more nurses, developing more programs, opening more hospitals. Calgary was one of the hardest hit areas in terms of hospital closures. Our bed numbers decreased dramatically, and of course our population has increased so much that we are just not keeping up with it at all. It really is a huge problem for Calgary right now. Even if they are working on the new hospital, it's not going to be done in time to handle that. So places like joint surgeries. I've always worked a lot of maternity. Moms and babes are always the ones who are getting shuffled around and sent home in 24 hours or in 6 hours or whatever. I just don't feel that's really right; I don't think that's the way it should be. So

if we can manage to make more beds for those kinds of patients, let them get the sort of start that they need, then that's going to be a good beginning for them.

Q: What Calgary went through was drastic where you had the Grace closed and the General blown up.

PR: And the Holy Cross closed. Then the Colonel Belcher was downsized, so basically closed too. So it was pretty amazing. We had a 35-bed maternity unit at the Grace Hospital, and we had an initially 60-bed surgical unit that went down to about 30 beds. We were busy all the time; we were full all the time. When they closed it, it was like, so now where do all those people go? To the Foothills that was already overcrowded; same thing for the Rocky View and the Peter Lougheed. It was not a good thing. It's a time that a lot of us who are nurses would rather not think about, because it was hard. It was really hard to go through all of that.

Q: You were talking about how disruptive that was for yourself.

PR: Yeah, I ended up getting bumped after I'd been working summer for 20 years, kind of in the job I'd always wanted to be in. I loved my job, absolutely loved my job. So there was about a 6 year period where things were pretty unsettled and I went to lots of different jobs. I actually got bumped from a job before I even started working at the job. I was hired and got bumped the next week. Just a lot of that kind of stuff. Certainly things are settling now. I think there are changes occurring, but they're slow to come. I think

more and more, management and administration are seeing that they've got some repair work to do, that things have gotten into a pretty bad position.

Q: People always talk about infrastructure being weak in this province, but it's the invisible infrastructure of the people.

PR: That's right. And nurses are the kind of people who will always pitch in and try to do their best, and give that little bit more, and work overtime just because they care about their patients and want to do for their patients. That's wonderful, but you can only do it for so long. You can only give that extra for so long, and eventually you start burning out.

Q: What were some of your memorable moments in the UNA?

PR: The union has really been a big and important thing for me. I kind of felt like I grew up with the union. I graduated from nursing when I was 21, and my first year nursing I became the secretary of our local. So I came to the first annual meeting in Edmonton, didn't know a thing about it, had not a clue about what I was getting into. Didn't know anything, and just kind of learned as we went along, and really learned a lot. I was the student secretary of our local. I became the president of our local, I was on the district rep, and I was on the UNA board for a couple of years. I did the district secretary position. I've been ward rep, all of those things. I always had some sort of hand in it, until the last 5 years when I moved to my position at Health Link, and there just hasn't been an opportunity since then. But majorly wonderfully friendships and growth experiences for me. Learning about parliamentary procedure and how to conduct meetings, and how

people get along, and how to get things you want without causing a lot of problems or having a lot of conflict to get it. People like Margaret Ethier taught me so much, and Heather taught me so much. It's just been a wonderful thing for me. Coming to annual meetings has always been just the kind of boost you need every year to keep you going and to make you go back and think you're going to really do it this year, and you're going to get all organized, and everybody's going to be enthusiastic, that kind of thing. So it's good; it's been a good thing.

Q: What has to be done to reach out to new nurses?

PR: I don't know. It's something that I've thought about. It's a really difficult thing because of the whole surroundings in hospitals. You used to be able to have time to talk about things when you were at work. You could converse about issues and you could talk about let's get together and do something about this, or try to encourage people to get to meetings and that sort of thing. Most of my involvement was in a small local of 100 to 150 people. So it was much easier to get your membership involved and to make it something that everybody wanted to be part of. But when you get to a local where you have 1300 people, it's just so difficult to really get people interested. I think a lot of people don't even really have a clue what the union does for them or how much it's helped nurses over the years. I think somehow we need to get that message to them, to help them realize that they have to keep supporting that in order for us to be strong.

Q: When you come into the workplace, you take things for granted.

PR: Exactly. When I graduated, I had worked at the Calgary Albertan before I went into nursing, and I made \$350 a month and I thought I was doing good. But then my first cheque as a nurse is \$900 a month. It's like, wow. Then the union started, and I got \$1200 a month. Just amazing. And it isn't just money, it's all of the working conditions and the things that have really framed who we are and what we do, and supported us in our work, against management, who has been less than helpful.

Q: Can you think of an example where the union has helped somebody?

PR: There are always the issues of grievances. There are always issues of sometimes management getting a bee in their bonnet about a particular person. Not necessarily always about their work performance, but just how they feel about that person. As a union person, I've been able to support them in that, and to make management understand that they needed to have some basis in their complaints. If they didn't they need to leave that person alone. I think certainly things like our unit, the Grace went through lots of changes over the years. At one point they closed half of the hospital and there was a lot of controversy about what was going to happen to those people. The union is who stepped in and helped us to get some sort of agreement so that some of those people could stay at the hospital. They had choices. They had somewhere they could go. They could take a package; they could go to another hospital. But they didn't lose everything they had worked for all those years. So that's convinced me totally. I've had some disability issues myself, and without the union's support in that, it's just as likely that management would say, well sorry, we can't help you. But because of what the union has built, they couldn't

do that; they had to help you out and help you find a job and support you along the way. I don't know what it is. Not only are we union colleagues, but I think we all become quite good friends. So it's really a family kind of feeling behind it.

Q: What are the challenges that lie ahead?

PR: As I said, I haven't been to an annual meeting for a little while. So I'm not really up on everything that's going on. A lot of things that have to happen in the next little while are thoughts about reorganization and how to best serve the members. We're getting such a varied kind of membership, plus the location of those members is different than the traditional hospital setting. So we have to look at being able to address the needs of those new members, and look at what their specific and special needs are. But, aside from that, I don't really have any thoughts on it.

. . . With our new contract, which we just got there is certainly a lot more leeway. I haven't seen all of the articles to know specifically how they're going to work out, but definitely. And that's certainly something that I'm looking at, because I can retire in about four years and yet I still want to work. There's some different options that I can look at now that are going to be wonderful, that are going to give me more of a choice as to what I do when I do decide to take my retirement and still work. Certainly there's some way of still working casual but receiving benefits, and getting set hours but having the ability to not work for periods of time. Things like that are going to be really helpful to keep older nurses working.

Q: Are there any safety concerns that you'd like to see addressed?

PR: I think for sure emergency is something that has to be looked at, the whole emergency scenario. The length of time people were having to wait, the fact that a lot of people just won't go no matter how sick they are, because they don't want to wait 8 or 12 hours to be seen by somebody. How we treat those patients when they appear in the emergency room, not just when they go into a bed in the back, but when they're sitting out in the waiting room, how they're treated, and how they need to know that someone does care about them and what's going on with them since they arrived in that waiting room. Hopefully there's going to be some changes there. And maybe we could increase our emergency room beds. Health Link has been really helpful in decreasing the amount in emergency rooms, and hopefully we'll have more emergency urgent care centers set up throughout the cities so that they have other places to go after hours. Most walk-in clinics close at 10 o'clock and that's it. Then you have to go to emergency. If we can have more 24-hour urgent care centres, that'll make a difference. Not everybody needs an emergency, but some people still need to see a doctor at 2 o'clock in the morning or whatever. Because it's been so busy on the units and in the hospitals, there's been less focus on education and policy and the things that we always worked on together as nurses to make sure we were doing the best we could do on a unit. I think that really needs to start coming back again. That focus has to start to change. Not so much worry about, we only have 10 nurses today and we're supposed to have 13, but we need to work to build our units and make people feel they have some kind of ownership on the unit. With this

short staffing, a lot of people don't take ownership, they just come to work and they're gone, because they're so exhausted by the end of the day.

Q: How do you see the role of UNA in protecting public healthcare?

PR: I'm so happy that they have always been supportive of that, being part of Friends of Medicare and really working to keep that voice up. Public health care is absolutely what we need to keep in Canada, and I think it would be a horrible thing if we ever lose it here. We just need to really be vigilant in keeping it and making sure that it doesn't go by the wayside. I don't want privatization.

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

PR: No, I don't think so. I want to say I'm from Local 47, Salvation Army Grace Hospital, initially, and we had a wonderful local. It was a sad day when that local had to close. We have produced 5 district reps from that local. Karen Craik, our secretary-treasurer for the union came from that local as well, as well as just a very active membership over the years. You still run into people at these meetings from Local 47 that had their start and got their little boost into the union from there. I just want to make a plug for Local 47.

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