

## United Nurses of Alberta

Pauline Worsfold

Q: What in the working situation has changed over those 26 years?

PW: Well I first started on the general surgery unit. I worked there for 5 years and then moved into the recovery room, and have been there ever since. So over 20 years in the recovery room. What I've seen is a hurry up mode. You have to do more surgeries faster and get them into the recovery room and out of the recovery room as safely and as quickly as possible. So there's that push, there's always that push, because you know that the next case is coming, the next case is coming. There's a real sense of urgency all the time at work now. It wasn't so in the past. I think it's not only in the recovery room, it's the operating room, it's on the general duty wards, in the ICUs. Hurry up, hurry up, get the patients out, get them onto the wards. Then from the wards hurry up and get them out home. So I think patients are really being discharged sicker and quicker.

Q: That must be pretty stressful for you as a nurse.

PW: Well it is. If you feel that you're not being given enough time to give safe patient care, there's always that stress and there's always those questions in the back of your mind. Should I have done this differently, should I have done that sooner, should I have kept the patient longer perhaps? For sure, we never send a patient back to the unit unless we feel that it's going to be safe for them. We know that the nurses on the receiving end

have more than one patient, they could have 6 or 7 or 8 patients, and they're all acutely ill.

Q: How does that impact on how UNA can come in to give you the protection and say, we don't want to move this patient so quickly?

PW: In the collective agreement we have a professional responsibility form and a professional responsibility committee, so that's one way that the United Nurses of Alberta backs up the frontline workers, where we can fill out the form, enlighten the committee on the situation, if it was an unsafe situation in our mind, and then write on the form its recommendations for change. So certainly that's one way that we have that we can pursue.

Q: Was that possible 26 years ago?

PW: I think it was slower; it isn't treadmillish like it is now. It was a kinder, caring place to work, nursing in general.

Q: Are there any other things you'd like to see changed?

PW: Yes. I think that nurses who work every day in the hospitals and in the community know what needs to be changed, and I think that we need to be listened to. The people who run the healthcare system don't listen, at their own peril. Also I think that the nurses who are the hands on caregivers should have the ability to say no, I can't take another patient. They should have the ability to say, we have to close those beds because we don't

have enough staff for the nightshift or the dayshift or the weekend or whatever it is. I think that more of the day to day hands on immediate decision making could be made by the front line people.

Q: Let's talk about the history.

PW: The Staff Nurses Association of Alberta was initially at the University of Alberta Hospital, and came about because they were under a different piece of legislation, because they were government hospitals, for lack of a better term. We were under a different piece of legislation and therefore not allowed to strike, and therefore couldn't belong to the United Nurses of Alberta. So there was a small staff association that was formed. It grew and the Alberta Cancer Board joined. That would be in Calgary as well, so the Tom Baker Cancer Center, the Cross Cancer Institute, and a number of small community locals joined the Staff Nurses Association of Alberta as well.

Q: Was this in the '80s?

PW: In the '80s, yes. There were 2 nurses unions in the province of Alberta, which was a unique situation in the rest of the country. I think over the years it was a detriment to the nurses, because the government and employers would play one union off against another. So then in 1996 the Edmonton area employers petitioned the labor relations board to have one nurses union. We could see the writing on the wall and we tried some opportunities to join the 2 nurses unions over the course of a few years. Unfortunately, those attempts failed. So the big push really did come in '96 where they were having these hearings

where what the end result they wanted was to move nurses from hospital to hospital, if you can imagine. And they saw that having 2 nurses unions was a huge barrier to allow the "mobility and flexibility" of the nurses in the Edmonton area. So these hearings were ongoing, so actually the 2 nurses unions were spending quite a bit of time together strategizing and putting positions together as to how we could make this work. In the end, it was late one night when we said, we just have to do it, we have to amalgamate the 2 nurses unions. I was the president and it was a very short term. I was elected president by the board in March, and then the amalgamation took place in October. So it's actually been 10 years since the amalgamation and truly I think it was the best thing we could do for our members, our combined membership. I think it was the best thing, instead of pitting one union against the other and nurse against nurse, in the end we did triumph. I have to say, we shocked them. It was a memorable moment, making the announcement. . . . It was very high powered people that were coming in to try and, it was Justice George Adams who was attempting to work out this "mobility" agreement. He went away for the summer, and then when he came back in the fall they talks were well underway for the amalgamation. His comment was, well you've been busy over the summer. Yes we had, because we fleshed out how the amalgamation would take place. . . . He said, oh you've been very busy. We said yes we had. We were able to flesh out an agreement that each union was going to take to its members in October, to amalgamate the 2 nurses unions, and what provisions would apply. We did have different cultural differences as well. Not every union is a union is a union. We had different ways of doing things, and UNA had their ways of doing things. Not one way was right and one way was

wrong. So we were to hash out some constitutional changes that needed to occur and those types of things. It was passed by an overwhelming majority of each of the memberships of each of the unions. So it was a real coup. Like you say, be careful for you wish for; you just might get it.

Q: What ever happened about the mobility?

PW: It's now in the collective agreement. Two rounds ago the employers were desperate again for mobility agreement. So we were able to incorporate it into the collective agreement that first of all they have to identify that it's totally necessary, and it does protect the worker.

Q: They're running from hospital to hospital, when there's different procedures...

PW: Right, different protocols and different ways of practicing. It's dangerous actually, and SARS really proved that as well when they had nurses moving from hospital to hospital, and residents and interns moving from hospital to hospital. That was one of the factors that they cited as spreading it.

Q: Are there any other moments that were memorable?

PW: My first UNA meeting. I became a transition officer with the UNA to really be the go to person if there were ever any concerns on either side. Whether it was the new SNA members joining UNA or concerns about UNA members feeling that something wasn't quite right, or that sort of thing. So I was the go to person. I remember being introduced

as the new transition officer with United Nurses of Alberta. I thought, wow, even just walking into the building and thinking, wow, I have an office here and that sort of thing. It was really membership driven. I was lucky enough to be one of the leaders at that point in time that was able to participate in all the excitement of the 2 nurses unions joining. It was momentous for sure.

Q: Talk about the fight to maintain public healthcare.

PW: I'd like to say it's really protecting public healthcare. I think we have to be careful on how we phrase that. We're always fighting for things, but we already have it, so what we need to do is protect it from the erosion of the profiteers. They're waiting in the wings wringing their hands and seeing dollar signs, there's no 2 ways about that. But it won't benefit anyone except the profiteers. I was in California at the California nurses union meeting, and you should hear some of their stories. It's unbelievable what the nurses have to do. They have to take care of the budget instead of taking care of the patient. Certainly we don't want that in Canada. But I think UNA, along with their national member affiliates with the Canadian Federation of Nurses Unions, I think we're definitely on that right road. And hooked in with the Canadian Health Coalition as well, who are supreme advocates for the protection of public healthcare in Canada. Sadly, I think some of the privatization and profiteering mentality really is bond here in Alberta. There are other provinces that are helping us along, BC and Ontario aren't too far behind where they think privatization of healthcare is definitely the way to go. No it isn't, simply put.

There's no facts. If we're in the healthcare field and we're trying to make a decision about

what type of care or what type of drug or procedure the patient requires, we try and base our decisions on evidence. Evidence based decision making is a common thing in the healthcare field. There is no evidence to support that privatizing healthcare is a better way to go, except for the profiteers.

Q: Why is it important to be engaged with the CFNU?

PW: Being a long standing member of the Canadian Federation of Nurses Unions, that was something that was brought with Staff Nurses Association of Alberta, was investigating the feasibility of UNA joining, because the Staff Nurses of Alberta always belonged to the Canadian Federation of Nurses Unions since its inception in 1981. We felt that, instead of having just a small portion of Alberta belong, that since the amalgamation the whole of UNA should belong. We embarked on an information sharing session all across the province with then-president Cathleen Connors. I participated in that, and we were warmly received in ever district that we went to. There was a vote held in February of 1998 and the vote was positive. So UNA joined the CFNU. Then they were part of something that they could share with other nurses in other provinces. We didn't feel so isolated, because it wasn't only happening in Alberta, it was happening in other provinces where they were trying to do massive cutbacks. So we could share our experience and help other provinces strategize around what they can do to support their members, what they can do to be politically active, to shed the light on rhetoric that surrounds cutbacks, and that sort of thing. Also UNA could share an receive information from other provinces on what their strategies are surrounding certain issues and hot topics

of the day. It has definitely heightened the membership's awareness. We just had a biennial convention in June in St. Johns Newfoundland and Labrador, and had a huge contingent of UNA members. They enjoyed it so much, we heard this morning, 2 education days and 2 days of business. They could touch base with other nurses. I work in the recovery room, I can talk to a recovery room nurse from New Brunswick. That sort of networking goes on, and really feeling like you're a part of something bigger. UNA is fantastic and now we're part of the Canadian Federation of Nurses Unions, and it's all good.

Q: What do you think some of the challenges for the future of UNA are?

PW: Membership involvement. You can always count on the members, they'll always be there when you need them. But there's day to day stuff that needs to be done as well. I think having some of our newer graduates; I almost said younger, but now people are taking nursing as their second and third degree, so they're not necessarily younger. But I think some of our new nurses perhaps are unsure of the value of having a nurses union, because they're coming into it now when the wages and benefits are at a good level. They're not aware of the past struggles and challenges, and why do we have that wording in the collective agreement? That's a huge challenge. It's not that it won't be overcome, I think we just have to look at different ways of doing things we've always done.

Q: How do you think these newer nurses can be brought into this process?



PW: I think you have to say not only look at what we can do for you but we have to say, what can you do for us? What do you bring to the table, what skills can you teach us?

There's a whole new way of communicating out there. I have 2 teenagers, and I can't even imagine some of the things that goes on with them in regards to communication. There's a responsibility for us as union activists for a number of years to share with our new young activists how we got here, what the history was, why we call each other brother and sister, for example. If they know the history and the traditions perhaps they'll be more interested. We can't just say, look at all we've done. We have to say, what can we do for you?

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

PW: Not that I can think of, except celebrating 30 years of history with United Nurses of Alberta and 10 years since the amalgamation, I can't believe it's been 10 years. I think it's the best thing we ever did for the nurses in Alberta, was to truly become the United Nurses of Alberta.

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