In Conversation with Linda Silas

Ken Tremblay

Linda Silas leads a union of unions. Elected to the helm of the Canadian Federation of Nurses Unions (CFNU), she represents 135,000 registered nurses (RNs), registered practical nurses (or LPNs) and registered psychiatric nurses through nurses unions in nine provinces. Providing a national voice with healthcare policy makers in Canada and internationally, she has focused her efforts in the political arena through dialogue, research and collaboration. With her roots and early career in Moncton, New Brunswick, Silas has worked hard to position Canada's nursing shortage and improving medicare through pharmacare at the top of the national agenda. Modest about her accomplishments and committed to her vision, she was interviewed by Ken Tremblay from her Ottawa office.

HQ: Tell us how you came to occupy this role as president of CFNU.
LS: In January 2003, I received a call from our outgoing president to consider running. I had just completed 10 years on the CFNU Board as the New Brunswick Nurses Union's president and was working at the Dr. Georges Dumont Hospital in Moncton. Moving my family to Ottawa wasn't on the top of my list. But I got the bug [about a run for the presidency] and by March, I said, "Why not?" My family agreed, and I was elected in June 2003.

My campaign for the office focused on bringing the issues of working nurses to the national table. Our strength as union leaders is that we are workplace experts. While collective bargaining is a very important aspect of our work life, it is only one element of what defines us as nurses. I saw my role as an opportunity to look at working conditions, to look at the way we deliver care, to see our profession as a whole and move it forward. I see too much of the "same old, same old," and since that has never been my style, I thought we should change the agenda and the debate.

HQ: What themes do you see as you scan the Canadian landscape? Any surprises?
LS: The surprise was that Canadians are the same everywhere but their governments are so different. People are the same in New Brunswick, Saskatchewan and BC and everywhere in between when I meet them at the corner restaurant, but their politicians are so different. The other was the need to find a balance between our values [about healthcare] and the budgets that governments ultimately approve. When they meet with us as nurses, politicians talk about the values of medicare and that they truly believe in and pledge their support for a publicly funded healthcare system. However, when they start talking about the healthcare budget and how we pay for it, it is very hard for them to reconcile their two perspectives.

HQ: What experiences – at the staff or provincial level – have shaped your views now that you function at the national level?

LS: We have to shift from talking to implementing the results of research. The CFNU is building partnerships at the local level through applied research. One of my biggest challenges at the national level is that we're always dealing with the same topics with the same people. In order to move the agenda ahead, we have to make changes in the workplace. Changes or solutions that research studies have identified for almost 20 years. For example, we need to build partnerships between local employers and local nurses if we truly want to improve the working conditions of nurses and those of other healthcare workers. Through local buy-in, we get change!

It's moving away from the confrontational approach. Both sides are concerned about the workplace; after we've done our job at the bargaining table, we just don't shake hands and move on. The more we communicate, the more we're working in partnership, the better labour relations are and the better retention and recruitment will be. If employers received gold stars for labour relations and working conditions, they would have fewer problems attracting and retaining staff. That should be everyone's goal.

HQ: We hear a lot about nursing shortages, declining job satisfaction and fewer people wanting to join the profession. What are your thoughts about the future of nursing in Canada?

LS: I am optimistic but also realistic. There will be many changes – perhaps not as dramatic as some say, like nurses directing but not providing care. The changes will be gradual, with more interdisciplinary care, perhaps more like the way we functioned in the 1970s and '80s. We didn't have as many structures then, and the professions were more willing to collaborate with each other. I'm optimistic because I know colleagues who supported their daughter's decision to go into nursing. If members who work amid our greatest shortages can support their children entering nursing, there is hope for our profession and the future.

HQ: Given that your power stems from speaking with one voice, what are your organization's challenges in building a national consensus?

LS: It's staying focused. When we are asked to be at the table, it is clear we represent the nursing workplace. It also means that sometimes we have to say "no" if our participation isn't really necessary. It is hard to stay focused with today's political and research agendas because there are so many issues where we should or could make a difference, but we have to respect and trust the other partners around the table. I always ask the question, are we bringing value to the table? If not, then sometimes our agenda can be advanced through other methods.

HQ: Are there any particular successes you would like to highlight in your career?

LS: Bringing research into action or even better bringing the partners together, whether working with the Canadian Healthcare Association (employers association) or the Office of Nursing Policies at Health Canada. Together, when we question the effect of research, we often end up asking, what's wrong with this picture? We all support research projects costing millions of dollars; yet, I challenge you to go to any workplace and see that they often don't know what you're talking about. I stress again, we need to link research to action in the workplace and build strong partnerships in the process.

HQ: What have been your key messages to government when you're at those tables?

LS: It depends on which part of government. If speaking to a politician, the message is, stop talking out of both sides of your mouth. You cannot talk about medicare and its value to Canadian society and then slash budgets; it doesn't jive. Their message needs to focus on the value of a healthy population and why we pay taxes to support these programs. To government officials, our message is, apply the research results. Let's stop spending millions asking the same questions and assessing solutions; rather, direct money to their implementation.

Our message to the Canadian public: yes HHR is an issue, but we also need a national pharmacare program. We've been working on this project with the Canadian Health Coalition since the early 1990s. In early 2004, the premiers started saying this makes sense because, if the federal government accepted its share of drugs costs, the provinces would both save money and provide better prescription drug coverage to Canadians. We thought we had the premiers on-board, but by September 2004, the federal government saw that the cost was some $7.6 billion and asked if we could really afford this. We say, can we really afford not to look at it when the cost of prescription drugs are three times the cost of any category of healthcare spending or that we pay more for prescription drugs than we do for doctors.

Spearheading that debate was a big success for us and helped put us on the map. Since then, provincial politicians know about the CFNU and we have been meeting most provincial premiers regularly to discuss why equalizing healthcare is so important. Pharmacare is one of the items we discussed with the public during our last two federal elections, and it will be there again for the next one too.

HQ: How does the nurse at the bedside benefit from your organization?

LS: It's a link to the federal government, to MPs. What I realized quickly is that the first concern of nurses at the bedside is their day-to-day work, what's happening on their unit today, what's

happening to their patients. Whether working in pediatrics or in the community, CFNU membership knows that their issues will be considered, locally, regionally, provincially and nationally.

We participate with the Canadian Nurses Association to the International Council of Nurses workforce forum. While its 12 member countries review collective bargaining issues, we also share the experiences of each country's healthcare system. The nursing shortage is the same, but sometimes the intervention strategies are so different. CFNU also belongs to the Canadian Labour Congress, with its 3.5 million members, and we are proud to say we are the healthcare specialists in this national and international front.

We also have close relations to Australia, New Zealand, South Africa and California Nurses Unions. They hear what's happening in Canada, such as the threats of privatization, and their strong message to us is, keep up the fight. Canada's public healthcare system is one of the best systems in the world, despite the bumps along the way. At their meetings, we're always proud to be Canadian.

HQ: Recruitment and retention of healthcare professionals is a challenge for everybody, including nurses. Any comments for our readers?
LS: I always say, it's about retention – if you can't retain your current staff, you won't be able to recruit. I've spent the past four years trying to convince some governments to change their approach. You need to retain before you recruit, and we need to work together on this. We have to stop competition between the large, rich regions and those without similar resources. For example, Calgary Health Region employs some 9,000 nurses, while PEI has only 1,200 nurses. Their respective nursing and related budgets are so very different; again we should working more together on a Pan-Canadian HHR Strategy.

Old staffing patterns are hard to change. Ontario is leading the charge with policies to increase the full-time ratio to 70%. When staff and the employers know that's the goal and that's the benchmark, then they jointly plan how to get there! It may take 10 years, but we will do it.

I worry sometimes that we're losing momentum in the eyes of the public. Since 1999, all they've been hearing is the nursing shortage, nurses' poor working conditions and the need to do something. Canadians will become tired of the never-ending plight of nurses if we don't fix our issues with concrete solutions. We will lose public support if the system isn't fixed, and it is our collective job to fix it.

HQ: What do you hope will be your legacy at the CFNU?
LS: Strong partnerships at the national level and, just as important, at the local level; seeing CFNU recognized as a legitimate research partner, that we are not an afterthought, that we represent an expertise that needs to be counted in. We have proved ourselves with the Office of Nursing Policy and have received the support of Human Resources and Skills Development Canada for over-million-dollar research grants.

HQ: What else has been gratifying for you?
LS: Recently I had a "wow moment." I visited the Insite Clinic in downtown Vancouver – that's a supervised injection site. A young nurse with tattoos down her arms toured the facility with me. She showed me her nursing desk, with mirrors enabling her to monitor the drug addicts as they shoot up. I'm from New Brunswick – what an eye opener! I remember my taxi ride there and how the cabbie spoke about how the clinic cleaned up the streets, how the healthcare team was making a big difference to the community. To this day, that visit showed me how we can make a difference, even in the most extreme of circumstances.

And on the light side … supper at Prime Minister Martin's house was very good. But I have to admit the most gratifying is meeting aspiring new nursing leaders at provincial annual meetings.

HQ: Your track record as a nurse is anything but traditional.
LS: Staff at my hospital always laugh because I have 38–39,000 hours of seniority when I actually only spent about nine years at the hospital, the balance doing union business. When I received my 20-year pin, everyone from the CEO down signed the card. I was so proud. Because when you think about it, I haven't worked there much but I am still a Dumont nurse.

HQ: What's next for Linda Silas?
LS: Either I go back to a normal job – remember, where you go home at 4:00 every day without a briefcase and have your weekend off. Or, I think it may be politics. What's wrong with Canadian politics is that we have too much of the same. With all due respect to lawyers, there are enough of them on Parliament Hill or in provincial legislatures. People like us need to take that step. We need a better mixture of Canadian society representing Canadian values and the Canadian vision of healthcare.

HQ: Anything else you think readers of *Healthcare Quarterly* might find interesting about you?
LS: My son, Alexandre, who is 17 now, has been attending union meetings literally since he was six weeks old. He has grown up with a lot of nurses around. I, like a lot of you, work hard, travel a lot and have the same challenges as most parents with a teenager living in a big city. I'm quite proud of him. HQ