

Reframing a Story of Job Displacement

One Nurse's Responses to Hospital Downsizing

by Diana L. Gustafson

Les coupures dans le système ont provoqué le déplacement d'une certaine d'infirmières de l'Ontario depuis le début des

I was angry that government reform initiatives targeted hospitals and a workforce comprised predominantly of women. I was angry at nurses as a group because they did not launch any strong political response to job displacement or drastic cuts in staffing.

années 1990. L'auteure raconte son histoire alors qu'elle fut elle-même déplacée et met en évidence les deux gestes de résistance politique qu'elle a posés.

In 1991, reductions in transfer payments to hospitals resulted in the first round of cutbacks in programs and staff at the Ontario hospital where I worked as a nurse educator. Shocked and saddened, we watched fellow nurses leave the caring work they needed and wanted to do. A year later, further downsizing and more staffing cuts were necessary to "balance the budget." During the third round of cutbacks in 1993, administration labelled my role redundant and I, too, joined the ranks of the unemployed. Within a few months I was re-employed at another Ontario hospital. My job involved providing individuals and groups educational support during organizational restructuring. A year later hospital administrators deleted that position citing further cutbacks in "non-essential" services. After 25 years, at what should have been the peak of my career, I had been displaced, not once, but twice.

Intellectually I knew that my job displacement was part of a larger systemic change that was not directed at me personally. Still I felt personally assaulted. Losing my job was a dramatic professional and economic change for me. I had worked with the critically ill and the chronically ill; in large teaching hospitals and small community hospitals; as a nurse counsellor in a summer camp and as a member of the nursing faculty at a college. Over the years as expectations for patient care changed, I acquired new knowledge and skill sets. As I was offered opportunities for professional growth I took them. But instead of being valued by the system, I was considered dispensable.

Being displaced deprived me of a forum for doing what I did well. I missed the familiar guideposts that defined my professional identity like regular hours of work, salary,

collegial association, and the use of my knowledge, caring, and technical skills. Being a nurse was an essential part of how I defined myself to myself and to the world. Losing my job meant losing a part of my self.

In addition to feeling hurt I was also angry. I was angry at hospital management and with my director, in particular, whom I saw as directly responsible for my job loss. I was angry that government reform initiatives targeted hospitals and a workforce comprised predominantly of women. I was angry at nurses as a group because they did not launch any strong political response to job displacement or drastic cuts in staffing. I did not hear them fighting for their jobs or the integrity of their profession in the way that I heard physicians effectively lobbying the government and the public. How could nurses, a sizable majority in the health workforce, be so powerless to protect themselves against the erosion of their labour? Were nurses colluding in their own victimization?

Many months passed before I could answer these questions. Dealing with the hurt and anger, and adjusting to job displacement meant recreating my professional identity, changing my expectations about professional practice, and finding new ways of working and coping. Job opportunities in hospitals for nurses with my experience and credentials were shrinking. In 1994, I decided to leave nursing and pursue graduate studies for the purpose of finding other employment outside health care.

Today my personal experience is understandable to me within the larger context of the political discourse and practices of health care restructuring in Ontario. Today I can talk about, write about, my decision to leave the career I loved. Being displaced, in and of itself, did not help me see my story in a larger context. Reframing my personal experience happened gradually during my time as a graduate student. Today I understand my decision to leave nursing as an act of political resistance. How I came to this place is the story I want to share.

As a graduate student I studied organizational restructuring and health care reform in general, and job displacement among nurses, in particular. I conducted research with ten nurses who were displaced from full-time employment as a result of hospital downsizing. These nurses shared their stories with me and I with them. In analyzing how the research participants made meaning of their displacement I was able to more clearly articulate my own meaning-making. The self-reflective strategies I learned as a student provided me the language and the tools to investigate my location as a woman, a nurse, and a displaced worker.

Many historical, structural, and ideological forces have shaped nursing labour and nurses' subordinate location in the health care system. Reflecting on my journal entries I recognized how gender arrangements shaped my professional identity, and my educational and organizational experiences as a nurse and a nurse educator. I considered how the sociopolitical forces which marginalized our occupational group were the same as those that limited our political power to protect our jobs and the nature of our labour. Thus gender politics helped me explain why nurses were excluded from the decision-making process; why nurses were targeted for displacement; why nurses' op-

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tions for political resistance were limited.

For me and many other displaced nurses, hospital bureaucracies were impermeable and static; their processes invisible to scrutiny. As a nurse I was enmeshed in a system which accepted that Canadians were overspending on health care and that cost cutting was needed to preserve medicare (Armstrong and Armstrong). The inevitability of organizational restructuring and layoffs was the starting point for discussions on health care reform. The need to implement cost-cutting strategies was advanced by government officials and printed in the media as a social and economic reality. It formed the basis of research conducted by Canadian nursing academics. It was echoed by hospital administrators and translated into action. It was accepted by nursing leaders and union representatives engaged in contract negotiations. Once accepted, these assumptions about overspending and preserving medicare drove the outcome that nursing labour, one of the largest costs in the hospital budget, must be cut. Is it any wonder that nurses embraced the need to control costs and accepted their own displacement as an economic necessity?

Who was in a position to question these assumptions and challenge the process? I believe that nurse researchers and nurse educators were in such a position. The location of nurse researchers and educators differs from that held by our colleagues in nursing practice. Nurse researchers and nurse educators tend to have a different educational and employment history, and a somewhat more privileged position in the hospital hierarchy. Rather than questioning the assumptions, process, and outcomes of organizational downsizing nurse educators and researchers—like me—accepted the rationalization and privatization of nursing care. Rather than challenging the sociopolitical forces driving health care reform we focused on ways to

support the restructuring process. The dominance/subordination power dynamics were thus reinforced by those of us in a position to disrupt these dynamics. Our actions and non-actions reproduced the structural constraints that limited the range of political options reasonably available to nurses. In this way we contributed to the erosion of nursing labour.

Historical, sociopolitical and ideological forces define the range of choices available to all of us. All nurses are caught in a cycle which they are constrained to reproduce. Many displaced nurses recognize the inequity in the system but they lack the political power to change their circumstance. Most nurses want a different relationship to their clients, their work, their employers, and the system. Many displaced nurses must return to a system and a political agenda they did not participate in constructing but to which they are subject, and which does not seem to serve them well. While nurses can choose to exercise some power and control in their situation, structural forces limit the range of options from which they choose. While it might be said that nurses' choices reproduce the dominance/subordination power dynamics, it is the lack of viable options for interrupting that cycle of servitude that must be more carefully examined.

Many structural factors impact on nurses' ability to adjust to job displacement: the shift in health care toward the practices of business; the shift toward part-time, lower-paid, and insecure positions; limited employment opportunities in the hospital setting and the community; continuous changes in health care provision; continued economic uncertainty; and nurses' lack of political clout (Gustafson). Countless other factors also define the range of choices available to the individual nurse. In my case some of these were my educational credentials, the diversity of my knowledge and skills, my previous work experience, my experience and skill with job search techniques, the availability of career and other retraining options, and a strong network of family and social support. I acknowledge that the factors that defined my range of choices accrued to me because I was a healthy, white, middle-class woman. The unearned privilege associated with my subject position afforded me a range of choices that was much broader than the range available to some of my colleagues. Therefore, I recognize that my decision to leave nursing, to be unemployed, and to return to school were options not reasonably available to all nurses.

Some obstacles in my personal and political worlds were moveable while others were not. After my first displacement I accepted a job which supported organizational goals for downsizing. After my second displacement I chose not to search for re-employment as a nurse educator. Refusing to work in a similar capacity meant refusing to participate in unacceptable institutional practices. In choosing to be unemployed I was also choosing to retain my moral integrity and deny institutional power to dictate my responses. For these reasons I characterize my choice to leave nursing as an act of political resistance.

Not all displaced nurses had the same range of choices available to them. Only when I was able to examine my access to power was I able to explore my leaving as a form of political resistance within institutional and social patriarchy. Being displaced was a door of opportunity through which I could walk away from nursing.

Several sources of support were available to me and other displaced nurses. Some of these were the Hospital Training and Adjustment Plan, later known as the Health Sector Training and Adjustment Program, professional nursing associations, other health care professionals and nursing colleagues, friends, and family. Above all these the nurses who participated in my research provided me the most real support. Only they seemed to understand the displacement experience in the ways that I did. Hearing echoes of my story in their narratives was a significant part of my own healing. The study participants expressed similar rewards as a result of sharing thoughts, feelings, and responses.

My story is one of hundreds in the hospital sector. Yet, with very few exceptions in American and British nursing journals, there is little written about the experience of job displacement from the perspective of those who were displaced. This is astonishing considering the Ontario government's overall health sector restructuring initiatives were expected to impact on as many as 14,000 hospital workers (Hospital Training and Adjustment Panel). A comparative analysis of 213 Ontario public hospitals found an overall decrease of 11,774 full-time positions representing 11,354 employees (Cairns, Christiano,

Dawson, and Glassford). As hospitals were suffering the fastest decline when compared with all other health subsectors, and as further displacement of hospital workers was anticipated, the hospital sector held "little promise for future employment" (Cairns, Christiano, Dawson, and Glassford 6). Not surprisingly, Grayson found that the longer a displaced worker remained unemployed, the less likely she was to find re-employment. Further, nurses showed lower rates of re-employment than other occupational groups in the hospital sector.

Being displaced was not the same as being laid-off. Changes occurring in the hospital sector were different from those typical of the steel and auto industries where a laid-off worker faced an enforced but temporary period of unemployment. Job displacement among nurses was characterized by unemployment and varying degrees of underemployment. A nurse who was displaced may have been permanently jobless, such as I was, or she may have experienced a reduction in the number of working hours as compared with her preferred or pre-displacement employment status. Some displaced nurses were placed on employee recall lists. Of those on recall lists, some were never recalled to work by their former employer, some were recalled to part-time or casual work, and still others were recalled intermittently over extended periods of time. Many underemployed nurses reported earning less money working in jobs requiring different skills or more training (Gustafson).

No reliable figures are available on the number of nurses displaced from employment as a result of health reform initiatives. Data gathering across the health sector between 1991 and 1994 was incomplete and inconsistent. A conservative estimate, however, drawn from the Health Sector Training and Adjustment Program database suggested the extent to which nurses were affected by health care reform. In the brief period between February 1994 and September 1995, 961 registered nurses (RNs) working in hospitals, community, and long-term care facilities were displaced (Gustafson).

While there is much data to show that women and nurses constitute a substantial segment of the Canadian health care system, one cannot assume that women more than men, and nurses more than other health care workers, are disproportionately affected by health care reform. What is clear, however, is that government initiatives that target the health care system and hospitals impact heavily on a workforce comprised predominantly of women and nurses. Those with political power have driven this change but have been largely protected from its consequences. Those without political power, such as nurses, have suffered the consequences and have been relatively silent.

I do not want women's/nurses' lived reality



Linocut print, Rochelle Rubinstein

with job displacement to be excluded from the full account of hospital reform. By writing about this moment in my life, I am taking control of that moment. I have carefully chosen the words, the tone, and the forum. As such it becomes part of the historical text. Sharing my story is a small act of resistance. But like my act of leaving nursing this, too, is liberating.

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RISHMA DUNLOP

Laundry

Spilling out from
the willow hamper
soiled linens
lives gnarled

I wash the sheets
ivory white
smooth the furrows
from our brows.

Rishma Dunlop teaches in the Faculty of Education at the University of British Columbia.

JOAN BOND

Tangled

Her husband's strong fingers
comb out the tangles
in her river of hair.
He brushes the golden shawl
with practised adoration
then braids a weave
to last the night.

Year after year
his fluent fingers winding through
ripples & waist-length waves.
But later ... in slow motion
nocturnal plaits loosen
and on her back
no imprint of passion.

Now her river overflows in pain.
Currents of taupe & tawny hair
eddy into knots
knots her boney comb cannot
smooth out.

Soirée

Skin slides against skin
we stand back to back
belly to belly
suave and slick as dolphins
drinks in hands, our mouths
awash in a waterfall of words:
Wonderful party
Wonderful dress
Wonderful weather
Wonder ... what
what was your name again
Perpendicular as tree trunks
we taste smoke, oysters
egg rolls, chip dip
our mouths green with guacamole
At last we leave
swaying in the wind
careful to avoid the arteries
of branches

Joan Bond's poetry appears earlier in this volume.