

FOLLOW-UP STUDY
OF
HEALTH AND STRESS
IN
AMBULANCE SERVICES
VICTORIA, AUSTRALIA
1993

Part I

Robyn Robinson Ph.D.

FOLLOW-UP STUDY
OF
HEALTH AND STRESS
IN
AMBULANCE SERVICES
VICTORIA, AUSTRALIA
1993

Part I

Robyn Robinson Ph.D.

Published by Victorian Ambulance Crisis Counselling Unit

© 1994 Victorian Ambulance Crisis Counselling Unit
Post Office Box 160, North Carlton, 3054, Australia.

All rights reserved. No part of this report may be reproduced,
in any form or by any means, without permission in writing
from the publisher.

Printed in Melbourne, Australia

ISBN 0 646 17480 0

ACKNOWLEDGMENTS

This project was authorised by the Victorian Ambulance Crisis Counselling Unit. The Unit's Management Committee was at all times helpful and encouraging. As well, substantial guidance was offered by a Research Sub-Committee of the Unit, chaired by Mr David Dawson.

I gratefully acknowledge special funds provided by the (then) Office of Ambulance Services within the Department of Health and Community Services which greatly assisted the project.

Many people generously donated their time. I am very grateful to Regional Peer Support Coordinators Ben Wright, Mike Wilson, Ron Bramble, David Temple, Frank Abela and David Howell, who assisted with the distribution of questionnaires and encouraged people to fill them in. Many ambulance peers and others took part in a two-week working bee to prepare questionnaires for distribution, then later a three-week working bee to prepare the data. These include Louise Bailey, Peter Collins, Tony Elliott, Brian Fallows, David Howell, Michael Ingamells, Sandy Kahn, Con Kokkinopoulos, Wayne McLellan, Margaret McLellan, Terry Marshall, David Ryan, David Shugg and Trevor Williamson. Their assistance is greatly appreciated.

I would also like to acknowledge the contribution of my husband, Dr Ian Robinson. Ian advised on the statistical and computing aspects of the project and assisted with the data analysis. He helped to overcome several difficulties which were encountered in the course of the project; his expertise and support proved invaluable.

Finally, I would like to thank the many people who took the time to complete their questionnaire. Some did so even though they were not totally confident that anything would come of their efforts or that complete confidentiality would be maintained. I truly hope that the confidence which many people have placed in this study to generate positive outcomes for the ambulance industry will prove to be well placed.

Robyn Robinson
January, 1994

CONTENTS

	Acknowledgments	iii
1	INTRODUCTION	1
2	SUMMARY OF FINDINGS	3
3	OVERVIEW OF THE STUDY	7
	3.1 Procedure	
	3.2 Sample groups and questionnaire response rate	
	3.3 Questionnaires	
4	AMBULANCE OFFICERS	9
	4.1 Biographical data	
	4.2 Employment	
	4.3 Health	
	4.4 General stress and coping	
	4.5 Traumatic stress and coping	
	4.6 Personality profile	
	4.7 Attitudes toward work	
	4.8 Family and friends	
5	PARTNERS OF AMBULANCE OFFICERS	31
	5.1 Biographical data	
	5.2 Health	
	5.3 General stress and coping	
	5.4 Partners description of employees' health, stress and job satisfaction	
	5.5 The effects of the job on the family	
	5.5 Spouse support programs	
6	EVALUATION OF THE VICTORIAN AMBULANCE CRISIS COUNSELLING UNIT (VACCU)	41
	6.1 Overview	
	6.2 Crisis line	
	6.3 Peer program	
	6.4 Debriefing service	
	6.5 General evaluation of the VACCU	
7	CONCLUSION	49
8	REFERENCES	53
APPENDIX A	V.A.C.C.U. RESEARCH SUB COMMITTEE	55
APPENDIX B	QUOTATIONS	57

1. INTRODUCTION

This study is a follow-up to a 1984 survey of health and stress in Ambulance Service Victoria, a survey which generated the first comprehensive base-line data in the world on health and stress of ambulance personnel (Robinson, 1984; 1986). The 1984 study contributed to the establishment of the Victorian Ambulance Crisis Counselling Unit, and later a debriefing program and peer support network. As well, a back injury study was undertaken (Prior, 1987) and many local health and fitness programs were initiated or expanded.

At the time of the 1984 study, many believed that it was important to regularly update knowledge and to monitor changes in health, stress and coping. Most participants chose to leave an identification code number on their questionnaire for this purpose. Thus the way was paved for a series of 'snapshots' of health and stress and for understanding changes in individuals' health and stress over the length of their employment. The inclusion of partners/spouses in the project permitted a fuller appreciation of the effects of the job on the family and the role which family members play in supporting "the person behind the uniform".

Planning for the follow-up study began in 1992 under the direction of a Research Sub-Committee of the Victorian Ambulance Crisis Counselling Unit (see Appendix A). Questionnaire distribution was scheduled for mid-1993, however during 1993 severe budgetary constraints were imposed on the industry and a series of organisational changes initiated which, amongst other things, led to many staff departures. The 1984 study had also occurred at a time of organisational change in the aftermath of an Ambulance parliamentary review and restructure of the then sixteen Ambulance Services into six regions. It was believed that the follow-up should try to understand the impact of organisational change on staff and their families; accordingly, appropriate questions were included in the survey.

The follow-up takes a broad focus. It includes operational Ambulance Officers of all ranks, casual (volunteer) officers, support staff (e.g. secretarial, mechanical) and former employees, as well as the partners of these four groups. Interviews are planned to enable a more in depth understanding of some topics. As well, Ambulance Officers in six other countries (United States, Canada, Great Britain, New Zealand, Norway and India) are part of an international study co-ordinated by the Victorian Ambulance Crisis Counselling Unit.

The broad aims of the follow-up study are:

- (i) to gain an understanding of health and stress in Ambulance Services in 1993,
- (ii) to enable a longitudinal study of health and stress utilising 1984 data and
- (iii) to make cross-cultural comparisons of base-line health and stress information.

In order to release information to the field as quickly as possible, this report describes basic information on health, stress, job and family variables for qualified Ambulance Officers in Victoria and their partners, together with the evaluation data on the Counselling Unit. A fuller analysis will be presented at a later time and will include comparisons with results of other studies. Subsequent reports will describe the effects of rank, geographical locality of Services and length of employment on health and stress, the health and stress of casual Ambulance Officers, support staff and former Ambulance Officers plus their partners, interviews with partners of employees and former employees, the international comparison

study and finally, the longitudinal study based on those employees who completed questionnaires in both 1984 and 1993.

It needs to be stated that studies such as this one show courage by an organisation. The results will be of interest and assistance not only to Ambulance Services but to many other organisations. All members of the ambulance industry were invited to participate in this project, so this study is truly one **of** the ambulance industry **by** ambulance personnel. As a result of these efforts, it will be possible to better understand and eventually improve health and welfare conditions of employees.

2. SUMMARY OF FINDINGS

This chapter summarises the major findings which are reported, including comparisons with the 1984 survey.

A high questionnaire return rate was obtained for both Ambulance Officers (60%) and their partners (52%). Therefore, confidence can therefore be placed in the validity of the results and their generalisability or applicability to the industry as a whole.

Ambulance Officers

1. *The ambulance industry is comprised predominantly of Australian-born, married men who are highly stable in their employment.*

The average length of employment is twelve years and the work force is more experienced than in 1984.

2. *Health and health behaviour have improved since 1984.*

Fewer staff report injury in 1993 (32%) than in 1984 (50%). Smoking has reduced from thirty-one percent in 1984 to twenty-one percent in 1993. However, consultations with health professionals (about health problems) and use of medication have increased.

3. *The major stressors are threats to personal safety, trauma (especially dealing with the death of children) and organisational problems.*

“Having my own life threatened” is the most common stressor. Similar stressors are identified in 1984 and 1993.

4. *The number of staff who “bottle-up” their problems is unchanged since 1984.*

There has been little change over the years in the relatively large number of staff who state that they “bottle-up” their problems. Partners corroborate this finding in reporting that staff show their stress at home by being withdrawn (57%).

5. *There is a high incidence of trauma reaction in Ambulance Officers.*

A disturbing finding is that sixty-five percent of Officers report that they currently experience trauma reactions as a result of prior ambulance jobs. Seventeen percent report pervasive, strong response. Though this study does not define staff with Post-Traumatic Stress Disorder, the findings suggest that a high incidence exists.

The study identifies the kinds of traumatic incidents which are encountered and the coping strategies which are used. A useful distinction is made between coping skills used at the time of an incident and those which are used afterwards. This is the first time, to the author’s knowledge, that incidence of trauma response has been assessed in ambulance personnel.

6. *Traumatic, general work and personal stress interact. Cumulative stress is more common than stress from a single incident.*

7. *Post-trauma reactions are predominantly cognitive but also emotional.*

8. *A personality profile of Ambulance Officers is identified.*

These results support earlier suggestions that a particular type of individual selects into the industry. The profile is of a person who is highly dedicated in his or her job, practical, caring of others and able to handle pressure well. Some staff rate themselves as extroverted, risk taking and excitement seeking; these characteristics apparently are more prevalent in American emergency service personnel.

9. *Ambulance Officers find their job very satisfying but there is a trend away from it being seen as a life-time career.*

The job gives Officers an opportunity of helping people (100%) and contributing to the community (98%). Staff find their job interesting (98%) and they gain a sense of doing a job well (99%). However, relative to 1984, they report that they are less likely to stay in the job until they retire and some believe they will eventually move into their own business or onto a more challenging or more financially rewarding job. One third believe they may be retrenched. The job is seen to interfere with home life (89%) and social life (89%).

10. *Organisational changes have impacted strongly on staff and while it is too early to assess the full impact or final outcomes of change, there is currently a problem of low morale.*

Some staff report positive management changes; many staff report low morale and job insecurity. The Officers' main concern is for patient care and the future excellence of the Ambulance Service rather than their own job conditions. There is distress at seeing other staff leave and fear that current changes may lead a staff member to take his or her life.

11. *The divorce rate for Ambulance Officers has risen and is now double that of the general population.*

In 1984 the divorce rate for Officers was the same as for the general community but by 1992 the rate had doubled. Concurrently, Ambulance Officers report high levels of support from partners, many of whom are nurses (24%).

Partners of Ambulance Officers

12. *Partners are predominantly female, married and with an average age of 36 years.*

Most partners are in paid employment (77%).

13. *Partners report good health and healthy lifestyles.*

General health is rated as good or excellent (92%). Partners exercise more and rate their physical fitness better than in 1984. Smoking is less than for Victorian females in 1991.

14. *Partners show different coping skills to those of Ambulance Officers.*

Fifty-six percent of partners rate their general stress level as none or minimal. Partners are more likely than Ambulance Officers to talk to others and to “apologise and try to make up.” Both groups “bottle up” their problems (24%) so this tendency is not found to be more common in men than in women.
15. *There is variable agreement between employees and their partners on employees' health, stress and job satisfaction.*

As occurred in 1984, there is high congruency between couples in ratings of employees' health. Partners, however, identify higher stress and less employee job satisfaction than do employees.
16. *Partners generally report less negative affects of the job on families than they did in 1984.*

The job affects partners positively (89%) and negatively (68%). There are fewer negative effects of the job on children and partners.
17. *Partners strongly endorse the development of spouse support networks.*

Many partners volunteered their time to serve on spouse support organising committees and offered directions for these programs.

Evaluation of the Victorian Ambulance Crisis Counselling Unit

18. *Most Ambulance Officers are aware of the services of The Counselling Unit and both Officers and partners find these helpful.*

Twenty-two percent of Officers and seven percent of partners report contact with crisis line counsellors; twenty-six percent of staff have had contact with a peer. Most found these contacts useful, and many report lessened stress signs as a result. Furthermore, these benefits are long lasting for many. Debriefing/defusing services are less well known but still found to be helpful. Although the number is small, some found the crisis line staff or peers unhelpful. Preliminary evidence suggests that the Unit reduces potential sick leave and staff resignation.
19. *Staff request more services for psychological support.*

Both Officers and partners suggest that the Unit make its services more widely known, more visible and more accessible. It is likely that requests for support are for others as well as oneself.

3. OVERVIEW OF THE STUDY

3.1 Procedure

Information notices from the Chief Executive Officers of Ambulance Services and, separately, the Victorian Ambulance Crisis Counselling Unit informed staff of the study and requested their support. The follow-up had been foreshadowed for several years and there was an expectation that it would occur. Questionnaires were distributed through the regular mail channels of the industry and were accompanied by a letter supporting the study, co-signed by the Assistant Director of the Office of Ambulance Services and the Secretary of the Ambulance Employees' Association (Union). Partner questionnaires, with stamped addressed envelopes to the Counselling Unit, were distributed with employee questionnaires. Employees were requested to return their questionnaires to a specially designated box in their Service, as had occurred in 1984. Partners had the choice of either returning their questionnaire in a sealed envelop to the designated box in the Service or posting it directly to the Counselling Unit. The Regional Peer Support Co-ordinator ensured the distribution of questionnaires to employees and encouraged returns. Notices were placed on staff noticeboards and reminder notices were issued for some Services. Most staff and partners promptly returned their questionnaires within four weeks of receiving them.

3.2 Sample groups and questionnaire response rate

The numbers of Ambulance Officers and partners who completed and returned their questionnaire, together with the response rate for each group, are shown in Table 3.1. A sixty percent return rate for Ambulance Officers engenders confidence in the results. Likewise, the response rate for partners is high.

Table 3.1: Response rates

	No. of questionnaires distributed	No. of questionnaires returned (n)	Response rate (%)
Ambulance Officers	1380	823	60
Partners	1223*	640	52

*In order to compute the response rate for partners, it is necessary to know the number of Ambulance Officers who have partners. The estimated number of partners in the population is based on the number of partners reported by Ambulance Officers in the sample.

3.3 Questionnaires

Separate questionnaires were developed for Ambulance Officers and their partners based on those developed in 1984 (Robinson, 1984). A core set of questions were retained so that comparisons could be made with the original study. New areas were added including the impact of organisational change on staff, psychological trauma and its management, the personality profile of Ambulance Officers, and the evaluation of the Victorian Ambulance Crisis Counselling Unit. Questionnaires are available from the Counselling Unit or the author.

4. AMBULANCE OFFICERS

4.1 Biographical data

Summary

This sample comprises sixty percent of all Ambulance Officers in Victoria (n=823). They are mostly Australian-born married men, the majority of whom report mild or no religious commitment. The divorce rate for ambulance couples in 1992 was approximately double that of the Australian population in 1991.

Age

Figure 4.1 describes the age distribution of staff. This ranges from twenty-two to sixty-two years with an average of thirty-eight years.

Age	No.	
22	1	*
23	1	*
24	11	*****
25	18	*****
26	14	*****
27	12	*****
28	36	*****
29	26	*****
30	35	*****
31	30	*****
32	42	*****
33	39	*****
34	37	*****
35	55	*****
36	58	*****
37	41	*****
38	34	*****
39	39	*****
40	35	*****
41	29	*****
42	30	*****
43	30	*****
44	19	*****
45	25	*****
46	17	*****
47	11	*****
48	13	*****
49	12	*****
50	13	*****
51	10	*****
52	10	*****
53	7	*****
54	8	*****
55	3	***
56	7	*****
57	2	**
58	0	
59	3	***
60	1	*
61	4	****
62	1	*

Figure 4.1: Age of Ambulance Officers

Sex

Ninety- six percent of Officers are male (n=789) and four percent are female (n=34).

Place of birth

The majority of Officers were born in Australia (83%) and three-quarters come from Victoria (74%). There are more Australian-born employees now than in 1984 (78%).

Religious commitment

Commitment to religion is shown below. In 1984, more employees reported strong commitment (13%) and fewer reported no commitment (38%), indicating a trend away from religion over the years.

Commitment	%
Strong	9
Moderate	18
Mild	27
None	46

Marital status

The marital status of employees is:

Marital status	%
Never married	12
Married	78
Separated	4
Divorced	5
Widowed	1

There are more divorced personnel than in 1984 (when the figure was 3%).

Two percent of staff (n=16) state that they divorced during 1992 which is approximately double that of the general population in 1991 (1991 Divorces Australia, 1992).

Fifteen per cent of staff divorced since joining Ambulance Services.

4.2 Employment

Summary

All ranks and all Ambulance Services are represented in this sample. The average length of employment is twelve years, indicating a more experienced and probably older work force than in 1984. Most Officers work shift, over one-third work on-call and over one-quarter work as a “single officer crew”. One third of staff are engaged in higher studies and one third report taking on additional part-time work. The picture emerges of a very busy, active group of people.

Number of years employed in Ambulance Services

As shown in Figure 4.2, employment ranges from new recruits to those with thirty-six years experience. The average length of employment is twelve years, which is greater than it was in 1984 (9 years). Also, there were more staff with up to ten years experience in 1984 (68%) than in 1993 (47%). Staff numbers decrease sharply after five years, a pattern which was found in 1984. This supports the 'folk lore' that five years service marks a critical time. However, the large number of staff with five years employment may also reflect a recruitment drive which occurred over 1988-89.

Years	No.	
1	27	*****
2	39	*****
3	42	*****
4	45	*****
5	77	*****

6	29	*****
7	35	*****
8	33	*****
9	27	*****
10	26	*****
11	18	*****
12	44	*****
13	44	*****
14	40	*****
15	32	*****
16	43	*****
17	35	*****
18	24	*****
19	34	*****
20	28	*****
21	16	*****
22	13	*****
23	12	*****
24	11	*****
25	9	*****
26	6	*****
27	11	*****
28	5	*****
29	3	***
30	1	*
31	1	*
32	4	****
33	1	*
34	0	
35	0	
36	1	*

Figure 4.2: Number of years employment in Ambulance Services

Rank

Table 4.1 lists the rank of Ambulance Officers for the 1993 and 1984 studies. While all ranks are represented, there are fewer high ranking staff in the later study.

Table 4.1: Rank of staff

Rank	1993 study %	1984 study %
Superintendent	1	3
Senior Station Officer	2	4
Station Officer	14	17
Assistant Station Officer	5	6
MICA/Paramedic Officer	8	6
Ambulance Officer	57	51
Clinic Transport Officer	2	3
Student	11	10

Service affiliation

Employees came from the following Ambulance Services in Victoria:

Ambulance Service	%
South Western	10
Western	5
North Western	10
North Eastern	10
South Eastern	10
Metropolitan/AOTC	55

Part-time study

Eighteen percent of staff are currently engaged in studies towards higher ambulance qualifications and a further fourteen percent are studying for other purposes.

Part-time job

One third of staff (33%) report that they have a part-time job which is separate from Ambulance employment. For most people this work is sporadic and irregular (19%), however for seven percent an additional job entails ten or more hours per week.

Aspects of ambulance work

As described below, most staff do shift work and many work on-call, relieving and as a single-officer crew.

Aspect of work	%
Shift work	88
Overtime	80
On-call	37
Single officer crew	27
Relieving	22
Control room work	17

4.3 Health

Summary

Positive improvements in health and health behaviour are evident. Most staff rate their general health as good or excellent. Fewer staff smoke or drink alcohol than the general population - and smoking has reduced from thirty-one percent in 1984 to twenty-one percent in 1993. There are fewer people, than in 1984, who do not exercise at all. Thirty-two percent of staff currently have an injury which is less than the fifty percent reported in 1984. More Officers than in 1984 consult health professionals about health problems, more use medications (especially pain relievers) and more rate themselves as overweight. A small number of Officers report that they do not know where to go when they want professional assistance for a personal problem (14%); while this figure is an improvement on 1984 (23%), it is still of concern.

General physical health

Eighty-five percent of Ambulance Officers rate their health as good or excellent which is similar to that of Australians in general (79%) (1989-90 National Health Survey, 1991).

Physical health	%
Excellent	26
Good	59
Fair	14
Poor	1

Symptoms

Backache, fatigue and sleep disturbance are the symptoms which are most frequently experienced (Table 4.2). Similar results were found in 1984, however at that time more staff reported feeling irritable (24%).

Table 4.2: Symptoms frequently experienced by staff in the past 12 months

Symptom	%
Backaches	22
Fatigue	20
Sleep disturbance	20
Stiffness in the neck	16
Headaches	15
Irritability	13
Hair problems	11

Sleeping difficulties

Seventy-one percent of employees state that they regularly have difficulties sleeping which is not inconsistent with the number who staff who state that they suffer sleep disturbance (Table 4.2). Sleeping problems are a known correlate of shift work.

Parent's mortality

Most staff report that both parents are still alive (60%). Where one parent is deceased it is more likely to be the staff member's father (22%) than his or her mother (7%).

Injuries

Thirty-two percent of staff currently suffer from an injury, which is fewer than the fifty percent in 1984. In particular, there is less back injury than in 1984 (31%).

Injury	%
Spine/back	23
Joint	15
Muscle/tendon	14
Other	3

Seventy percent of injured staff believe that their injury results from ambulance work.

Accidents

Sixteen percent of staff were involved in one or more on-duty vehicle accidents over the past year, and a further seven percent had one or more vehicle accidents while off-duty.

Physical fitness

Most staff rate their physical fitness as good or excellent (62%); this is greater than ratings in 1984 (57%).

Physical fitness	%
Excellent	13
Good	49
Fair	34
Poor	4

Exercise

Patterns of exercise are similar to those reported in 1984, however more people did not exercise at all in 1984 (21%).

Table 4.3: Amount of exercise undertaken

Amount of exercise	%
10 or more hours a week	8
5-9 hours a week	18
3-4 hours a week	23
1-2 hours a week	20
Several hours per month	16
None	15

Weight

Self descriptions of weight appear in Table 4.4. These are similar to those of 1984, although more staff rated themselves as considerably overweight in 1993 than they did in 1984 (10%).

Table 4.4: Weight of Ambulance Officers

Weight	%
Considerably overweight (10+kg)	14
Slightly overweight	41
Normal weight	38
Slightly underweight	6
Considerably underweight (10+kg)	1

Alcohol consumption

Eighty-four percent of employees drink alcohol which is less than the general Australian population (91%) (1989-90 National Health Survey, 1991). In 1984, eighty-one percent of staff drank alcohol.

Thirty percent of staff drink on one, two, three or four days per month; five percent drink daily. At any one time, few people have only one drink (6%). Most have two to four drinks (52%). Nine percent of staff drink ten or more glasses of alcohol at a single sitting.

Smoking

Smoking has decreased. In 1993, twenty-one percent of employees smoked compared to thirty-one percent in 1984. This current rate of smoking is less than for Victorian males in 1991 (27%) or Victorian females (24%).

Fourteen percent of staff smoke up to twenty cigarettes a day; six percent smoke 21-39 cigarettes a day and less than one percent smoke forty or more.

Use of medication

Nearly one-quarter of employees are currently on some kind of medication (22%) which is higher than the eighteen percent reported in 1984. Table 4.5 shows the percentage of respondents who took the indicated medication at least monthly in the previous twelve months. Use of pain relievers is higher than in 1984 (47%).

Table 4.5: Use of medication

Type of medication	%
Pain relievers*	65
Medicines for coughs/colds	60
Vitamins/minerals	39
Other prescription items	39
Stomach medicines/laxatives	15
Sleeping medication	9
Tranquillisers/sedatives	4
Medication for fluid/heart	2
Anti-depressants	2

*Of the pain relievers: 1% is daily use, 8% weekly use.

Sickness

Time off on Workcare was taken by seventeen percent of staff over the past year (average 3 days per person).

The figures for sick leave show that over a quarter of staff (28%) did not take any time off work during the past year.

No. of days off	%
None	28
1-3	37
4-10	26
11+	9

Eleven percent of staff spent at least one day in hospital as a patient during the previous year.

Use of health services for a health problem

Consultation was sought from a variety of professionals, and there was more consultation than in 1984 (70, 18, 12 & 15% respectively). General Practitioners remain the first point of contact for many Ambulance Officers.

Consultant	%
General practitioner	77
Medical specialist	23
Physiotherapist	21
Chiropractor	20

Use of health services for a psychological problem

Sources of assistance for a personal/emotional problem are listed below:

Consultant	%
VACCU counsellor	26
General practitioner	11
VACCU peer support person	8
Psychologist/social worker	5
Psychiatrist	4
Clergy	3

VACCU counsellors and peers did not exist in 1984; the amount of consultation with general practitioners, mental health professionals and clergy was similar in 1993 and 1984.

Knowing where to go for help

In 1984 it was reported that twenty-three percent of staff had wanted to seek professional help about a personal problem in the past 12 months and had not known where to go. The figure for 1993 is fourteen percent, which while an improvement still represents 112 individuals.

4.4 General stress and coping

Summary

Nearly half of the work force (48%) rate their stress as moderate or considerable. Three situations cause considerable stress to many Ambulance Officers: threat to one's own life, being with a bad driver at high speeds and dealing with the death of children. Several organisational matters are identified together with items reflecting safety and trauma. The most frequently used coping skills reflect planning, assessment, and trying to remain calm: these are skills of logical thinking and emotional control. Individuals usually rely on their own resources to cope.

General stress

Participants rate their general stress as:

Stress	%
Considerable	11
Moderate	37
Minimal	45
None	7

Stressors

Table 4.6 lists the situations which cause considerable stress to Ambulance Officers. The emergent themes are of personal safety ("having my own life threatened", "being with a bad driver at high speeds", "coping with patients' physical abuse"), trauma ("dealing with the death of children", "witnessing the death/serious injury of an on-duty Ambulance Officer"), and perceived organisational problems ("lack of forward planning in the system", "promotion of incompetent people", "lack of job security"). "Having my own life threatened" is the most frequently endorsed stressful situation and sadly may reflect growing violence in our society as well as risk from patient cross-infection (e.g. AIDS). "Being with a bad driver at high speeds", is also strongly endorsed and is about safety.

It needs to be noted that some stressors (such as organisational problems) may be less intense but more prevalent than others (such as trauma).

It is not possible to compare levels of stress between 1984 and 1993 because slightly different rating scales were used. However the highest ranking stressors in 1993 were also highly ranked in 1984

Table 4.6: Situations which cause considerable stress to Ambulance Officers

Situation	%	
Having my own life threatened	57	
Being with a bad driver at high speeds (fellow Officer)	55	
Dealing with the death of children		54
Lack of forward planning in the system from poor administration	41	
Near misses with other cars	40	
Being helpless in an emergency	40	
Promotion of incompetent people	40	
Witnessing the death/serious injury of an on-duty colleague	39	
Being involved in an accident while on duty	37	
Financial cutbacks over recent times	36	
Lack of job security (eg fear of retrenchment)	35	
Not being at home if an emergency happens	35	
Having no say in decisions that affect my work	32	
Working with people who are personally unfit for ambulance work		32
Lack of career path	30	
Coping with patient's physical abuse	29	
Not being able to meet financial commitments	28	
Inability to get satisfactory answers to my questions from management	27	
Working with people who lack integrity	26	
Fear of disability that would leave me unable to continue in the job		26
Low work morale	25	
Issues involving equipment (eg lack of, failure)	25	
Hearing about the death/serious injury of an on-duty colleague	25	

Coping skills

Table 4.7 describes the coping skills used by participants. The most frequently used skill is to "try to remain calm" which reflects control of emotions. The other skills indicate a cognitive problem-solving approach involving planning, positive thinking and rehearsal. Emphasis is on self reliance. The mechanism of "bottling up" is as prevalent in 1993 (24%) as it was in 1984 (27%).

Table 4.7: Coping skills which are often used by Ambulance Officers

Coping skill	%
Try to remain calm	72
Plan out a solution	61
Assess the problem and get it into perspective	59
Reassure myself that I did the best I could	52
Talk to partner/spouse/close friend	50
Try to use more positive thinking	48
Go over in my mind what I will say or do	47
Try to see things from the other persons point of view	43
Discuss the problem rather than argue about it	41
Confront the situation	40
Involve myself in a hobby	37
Talk to the person who is causing the problem	33
Reflect of failure and what to do next time	32
Wish that the situation would go away or be over with	31
Become involved in family/social activities	25
Bottle it up inside me	24
Make light of the situation	21
Ignore it	21
Exercise e.g. jog	20
Apologise and try to make up	20

Employees describe the personal qualities which they use to cope with the stressors of the job (see Table 4.8). Cognitive skills are highly valued, as is talking to others. The desire to help others and the possession of the necessary skills to carry out the job are also important.

Table 4.8: Personal qualities which Officers use to cope with stress

Personal quality	%
Cognitive/mental skills	21
Talking to others	21
Wanting to help others	19
Skills/training to do the job well	10
Blocking/switching off	9
Diverting to do other things	8
Combinations of the above	8
None	2
Work experience	2

Most Ambulance Officers believe that they possessed these skills prior to joining the Service (88%), but also state that their formal training helped them to cope with the job (74%).

4.5 Traumatic stress and coping

Summary

Two-thirds of staff report current reactions to prior traumatic events and seventeen percent report pervasive, strong response. The predominant responses are cognitive (flashbacks, sleep and concentration difficulties) and further research is needed to explain this finding. The study identifies the importance of cumulative factors and the way in which traumatic stress can interact with general work and even personal stress. The complexity of 'what constitutes a difficult situation' is highlighted by Officers' descriptions of their worst-ever encountered situation, from which six percent of staff remain greatly affected today. Coping skills at the time of an incident are found to be different from those which are used afterwards. An orientation toward helping people and good clinical skills are important.

Current post-trauma reactions

Nearly two-thirds of the work force (65%) report that they have reactions today which relate to traumatic events encountered earlier in their ambulance career. Thirty-five percent of staff report experiencing five or more of the reactions listed in Table 4.9 and seventeen percent (n = 141) report experiencing ten or more of these reactions. Thirty-five percent of staff indicate no current response. Not all of this group will be reaction free, as some staff chose not to answer this section. There are no available figures to compare this data with, but on face value, it would appear that too many officers currently suffer moderate or strong after effects

Table 4.9: Post-trauma reactions in Ambulance Officers

Post-trauma reaction	%
Flashbacks	34
Intrusive thoughts about a traumatic event	31
Sleep problems	27
Trouble concentrating	25
Painful images/memories which you cannot get out of your mind, even if you want to	22
Anger outbursts	22
Less interest (pleasure) in things you used to enjoy	22
Detachment from others	22
Distress following exposure to reminders of the event	21
Need to constantly stay on guard	18
Sense of a foreshortened future	18
Dreams or nightmares	17
Difficulty recalling feelings which you had at the time of the event	14
Easily startled	13
Unable to have loving feelings	12
Physical response if reminded of the event (eg sweating, trembling)	11
Use of alcohol/drugs to block distressing thoughts	10
Avoidance of places/people/occasions that remind you of the event	9
Unable to respond to stimulation	7
Acting as though the event was happening again	7
Amnesia for the situation, or part of it	5
Numbing	4

of their job. It is noticeable that the most frequently experienced reactions are cognitive (flashbacks, intrusive thoughts, trouble concentrating), followed by emotional responses (anger, lack of pleasure, detachment and distress).

Cumulative trauma

Officers believe that cumulative factors are important (Table 4.10). Only fourteen percent of staff state that their current reactions are due to a single major incident. There is usually interaction between trauma, general work and personal stress.

Table 4.10: Cause of Post-trauma reactions

Cause	%
A cumulation of trauma, general work stress and personal stress	62
A cumulation of incidents over the year (including minor ones)	48
Several major incidents	31
One major incident	14

Encountering difficult incidents

Difficult incidents or situations are listed in Table 4.11. Dealing with gory situations and death of a child are frequent. Situations of threat to personal safety are also quite common (e.g. patient cross-infection, own life in danger and severe self injury).

Table 4.11: Encountering difficult incidents.

Incident	%
Situations which are particularly gory	92
Death of a child	88
Having a patient die while in your care (acute illness or injuries)	82
Severe burn victims	76
Possible cross-infection from a high risk patient	71
Treating a friend or relative	70
Your own life in danger	60
Dealing with situations of ten or more deceased people within a month	38
More than 5 fatalities at once	20
Serious injury/death of an Ambulance Officer	20
Your self being severely injured	12

Worst Situation

Officers were asked to describe the worst work situation which they had ever had to deal with. Categorized responses are described in Table 4.12.

The category of “disasters/multiple jobs” includes well known disasters (e.g. Ash Wednesday, Queen Street shooting), multiple fatality situations, and attendance at many disasters and/or critical incident situations.

“Specific types of jobs” include gory jobs, situations which entail handling body parts, needing to cut through dead bodies to rescue live people, suicides, railway crossing incidents, violent/dangerous jobs, burn victims, having relatives in attendance, hangings, situations

where whole families are wiped out or where one member either deliberately or accidentally kills other family members, situations where the Officer witnesses the death of a person or has a person die while in his/her care, and the patient begging an Officer to save his/her life.

“Specific circumstances” may surround particular incidents and it may be this circumstance which makes the job difficult, e.g. the Officer’s first (nasty) job, being off-duty (unprepared), being isolated in an emergency and being idle for considerable periods of time while on-scene.

“Lack of organisational support of the Officer” includes his or her perceptions of unfair criticism or lack of support in the course of responding to a particularly difficult call.

The above responses show the complexity of factors that may impact on Officers and the difficulty of defining what is inherently stressful in a job.

Table 4.12: Worst work situation

Situation	%
Disasters/multiple jobs	23
Specific types of jobs	19
Children’s death/SIDS	18
Specific circumstances	12
Person known to Officer	8
Lack of organisational support for Officer	8
No reply	7
No one particular job	5

This worst situation still greatly affects six percent of staff.

Current effect	%
Great	6
Moderate	16
Minimal	48
None	30

Forty-seven percent of staff state that they have been involved in a traumatic operational/patient care situation in the past month.

Coping with trauma

As shown in Tables 4.13 and 4.14, Ambulance Officers employ different coping strategies at the time of a traumatic event from afterwards. During an incident there is a focus on keeping active, how others are going and what currently needs to be done. Sometimes Officers mentally disengage or go “on auto.” After the event there is more likely to be reflection, reassurance, discussion and experiencing of emotions.

Table 4.13: Coping mechanisms used at the time of a traumatic event

Coping mechanism	%
Keep active	89
Interact with others	87
Consider other workers	86
Focus on doing something	85
Go on “auto pilot”	47
Mentally disengage	30
Switch off	29
Block it out	25
Remove yourself from the scene	11

Table 4.14: Coping mechanisms used after a traumatic event

Coping mechanism	%	
Reassure yourself that you did your best	89	
Feel good about helping others		88
Talk about it	83	
Keep yourself busy	60	
Express emotions	58	
Focus on doing something else		44
Think about it, until it goes away	42	
Bottle up your emotions	35	
Mentally disengage	31	
Organise a debriefing	28	
Block it out/avoid thinking about it	23	

Most Ambulance Officers report that they did talk to someone else to their satisfaction after a traumatic incident (53%). It would seem that this talking was not sufficient to prevent many post-trauma reactions. Perhaps Officers needed to talk more than they believed necessary at the time, or perhaps it is the quality of discussion that provides relief.

Most Officers believe that they are just as likely as their colleagues to be affected by stress after exposure to a traumatic event (eg: needing counselling, time off work, etc) (60%). Thirty-six percent believe that they are less likely than colleagues to be affected by trauma, and four percent believe they are more likely than colleagues to be affected.

4.6 Personality profile

It has been suggested that a particular kind of person selects into emergency service work (Mitchell & Bray, 1990). The personal attributes which Ambulance Officers rate themselves as possessing are shown in Table 4.15.

Many officers see themselves as practical, compassionate, able to work under pressure and dedicated in their job. Some rate themselves as extroverted, excitement seeking, a risk taker and easily bored. These attributes are less prevalent in Victorian Ambulance Officers than in American emergency service workers as reported by Mitchell.

Table 4.15: Personality profile of Ambulance Officers

Attribute	%
Practical	97
Realistic	96
Able to perform well under pressure	94
Able to cope well under pressure	94
Compassionate	94
Responsive to the feelings of others	93
Willing to try new activities	93
Broad minded/tolerant	92
Well adjusted	91
Protective of people	87
Highly dedicated in your job	86
A person who sets high standards	81
Imaginative	81
Liking to be in charge of a situation	80
Able to detach yourself from emotional situations	78
A person who seeks challenges	76
Enjoying the challenge of performing under pressure	76
Action oriented	75
Having a strong need to be in control	67
Assertive	66
Having a strong need to be needed	59
A person who likes change	56
Highly motivated by internal factors	56
Having a 'rescue personality'	52
Obsessive (desire to do a perfect job)	50
Excitement seeking	46
Vulnerable	46
Easily bored	43
Needing a high degree of stimulation	42
Impulsive	35
A risk taker	35
Extroverted	34
Compulsive (tend to repeat actions for similar events)	29
Having a need for immediate gratification	24

4.7 Attitudes toward work

Summary

Ambulance Officers find their job very satisfying and list sources of satisfaction which indicate a sense of challenge and contribution. Similar results were found in 1984. However in 1993, relative to 1984, Officers were less likely to see their job as very important in their overall life, and were more inclined to believe that they would eventually move on to another job, possibly their own business. Most Officers report that the job interferes with their home life (89%) and social life (89%). Some positive but predominantly negative effects are found from organisational changes, however it is too soon to estimate the final effects. Staffs' concerns reflect their dedication to patient care.

Job satisfaction

Job satisfaction is high, as was found in 1984 when 80% of employees reported moderate or high job satisfaction.

Job satisfaction	%
Highly satisfied	31
Moderately satisfied	51
Moderately dissatisfied	13
Highly dissatisfied	5

Sources of job satisfaction

Sources of job satisfaction are reported in Table 4.16. There are many aspects of the job which nearly all Officers find satisfying including helping people, doing a good job and contributing to the community. The job is found to be interesting and challenging. Camaraderie is important.

Table 4.16: Sources of job satisfaction

Source of satisfaction	%
Helping people	100
A sense of doing a job well	99
It is interesting work	98
Contributing to the community	98
Seeing the benefits of my work	97
The work is challenging	97
Saving lives	96
Being with good workmates	94
Good job conditions	82
Financial security	78
Hours of work	72

Job importance

Ambulance Officers rating of the importance of their job relative to their overall life is given below; fewer see it as very important than they did in 1984 (47%).

Job importance	%
Very important	39
Important	57
Unimportant	4
Very unimportant	0

Community talks

Forty-six percent of staff report that they give community talks in their own time representing the Ambulance Service, thirty-eight percent spend ten or more hours each year in this activity.

Intention of staying in ambulance services

Forty-four percent of staff state that they see themselves as staying in the Service until they retire, and a further thirty-eight percent are uncertain. In 1984, many more staff (68%) believed they would stay in the industry until they retired.

Table 4.17 describes anticipated reasons for leaving before retirement. There is higher expectation, than there was in 1984, of moving to a more challenging, higher paid job or into one's own business. One third believe they may be retrenched. Fears of "not making the distance" either physically or emotionally changed little from 1984 to 1993. On the assumption that physical and psychological health has improved over the years, the stability of these figures may show a more realistic assessment by some that operational work is too difficult to maintain for all of ones occupational life.

Table 4.17: Reasons for leaving the Service

Reason	1993 study %	1984 study %
Will start own business	44	20
Will change to a higher paid job	44	10
May not want to be part of a changed Service	38	*
Will be retrenched	34	*
Will change to a less stressful job	34	15
Don't know why	30	*
Will change to a more challenging job	29	9
Won't make the distance physically	28	29
Won't make the distance emotionally	19	17

*Question not asked.

Seventy-three percent of staff state that they would go on working in the job, even if they did not need the money.

Impact of the job on staff

Staff report that the job interferes with home life (89%) and social life (89%).

Organisational change

The majority of staff hold mixed (positive and negative) views towards current organisational changes.

Attitude to change	%
Positive	8
Mixed	71
Negative	18
Not known	3

Table 4.18 describes opinion on some of the possible outcomes of organisational change. Retrenchment and adverse affects on families are main concerns. Also, many staff fear that these changes will lead someone to take their own life (44%).

Table 4.18: Possible outcomes of organisational change

Outcome	%
Lead to staff retrenchments	93
Affect the stability of some families	93
Cause patient care to deteriorate	78
Offer the opportunity for increased skill levels	48
Distress any staff member sufficiently to lead him/her to take their own life	44
Cause less competent staff to leave	39
Lead to a balanced budget	38
Allow better use of existing resources	38
Address long standing issues of industrial concern	33
Develop the competence of the management team	32
Leave Ambulance Service Victoria in a better state	19
Develop/improve career opportunity	8

Staff were asked if they felt insecure in their current job and fifty-three percent replied that they did. Fifty-eight percent of staff state that they are distressed by current staff departures.

Ambulance Officers were asked to describe any positive outcomes which they had observed from current changes and outcomes which they hoped would happen in the future. They were also asked to describe any negative changes which they had observed and which they most feared would occur. Answers to these four questions were coded and the results are presented in Tables 4.19 and 4.20. Some positive early effects from management changes are noted. Negative morale is prevalent. While better patient care is hoped for (49%), little is yet observed (8%) though it may be too soon to see these effects. The hoped for changes and fears focus on the quality of patient care and service to the community, not working privileges and conditions.

Table 4.19: Positive outcomes from organisational changes

Outcome	Observed %	Hoped for %
None	42	6
Management changes	30	13
A better organisation	15	20
Better patient care/community service	8	49
Positive morale of Officers	4	4
Better working conditions for Officers	1	8

Table 4.20: Negative outcomes from organisational changes

Outcome	Observed %	Feared %
Negative morale	46	3
Management has/will not change(d)	15	4
Redundancies/loss of good staff	11	19
Worse patient care/community service	11	27
Deterioration/closing of V.A.S.	10	39
Worse working conditions for Officers	5	6
None	2	2

4.8 Family and friends

Summary

This section describes family and friendships. As in 1984, it is found that many Ambulance Officers marry nurses (24%) and friends are mostly from outside the Service. Most Officers say that their salary is inadequate to meet their current standard of living.

Partner

Eighty-nine percent of Officers in this sample have a current partner (n=729). Most partners are in employment (74%) and more work today than they did in 1984 (53%).

Twenty-four percent of partners are nurses.

The average duration of relationship is 13 years and this exceeds the figure reported in 1984 (10 years).

Officers see their partners as supporting them in their job; seventy-eight percent say that they are supported “a lot” and a further nineteen percent state that this support is “a little”.

Friends

Ambulance Officers see friends:

Frequency	%
Weekly or more	63
Occasionally	36
Not at all	1

Many participants state that their friends are from outside the Service (49%). Others have a 50:50 balance of ambulance and non-ambulance friends (41%). Only ten-percent of Officers have friends who are mostly from within Ambulance Service.

Financial issues

Most staff believe that their salary is inadequate to maintain their current standard of living. Twenty-four percent say it is definitely inadequate and a further fifty-seven percent state that it is barely adequate. Many staff work shifts or take a part-time job in order to make ends meet (81%).

Talking about problems

Ambulance Officers report that if they have a personal problem they talk to:

Person/medium	%
Spouse/partner	87
A friend at work	58
Friends (non-ambulance)	51
Family/relatives	44
God, through prayer	21
A superior at work	20
A professional person	18

Less Officers talk to a work superior than they did in 1984 (47%).

The following people talk to staff about problems:

Person	%
Spouse/partner	91
Family/relatives	77
Friend (non ambulance)	72
Friend at work	69

5. PARTNERS OF AMBULANCE OFFICERS¹

5.1 Biographical data

Summary

This sample of 640 partners/spouses of Ambulance Officers are mostly married females and the majority of them work.

Age

The average age of partners is 36 years.

Sex

Ninety-seven percent are female (n=615) and three are percent male (n=18). Seven participants did not specify their gender.

Marital status

Marital status is:

Status	%
Never married	7
Married	89
Separated	2
Divorced	2

Duration of relationship is, on average, thirteen years.

Children

The number of children for partners is:

No. of children	%
None	22
One	13
Two	37
Three	20
Four or more	8

1. Partners refers to the husbands/wives/living partners of Ambulance Officers. In this section the partner's partner, i.e. Ambulance Officer, is referred to as employee or Ambulance Officer.

Paid employment

Most partners are in paid employment as follows:

Employment	%
Full-time	29
Part-time	40
Occasional	8
Not working	23

5.2 Health

Summary

Partners report their health to be good or excellent and they also describe healthy life-styles. Physical fitness and exercise have improved since 1984. Rate of smoking is less than that of Victorian females.

General physical health

Partners rate their physical health as:

Physical health	%
Excellent	29
Good	63
Fair	7
Poor	1

Symptoms

Table 5.1 lists the symptoms which are most frequently experienced. Fatigue is the most common, followed by headaches and backaches. Sleep disturbances are slightly less common than for Ambulance Officers (20%). It is possible that the high number of nurses in this sample contributes to the similarity in symptoms with staff - as both groups are predominantly shift workers.

Table 5.1: Symptoms frequently experienced by partners in the past 12 months

Symptom	%
Fatigue	25
Headaches	19
Backaches	18
Sleep disturbances	17
Stiffness in the neck	16
Irritability	14
Menstrual problems	11

Physical fitness

Fifty-one percent of partners rate their fitness as good or excellent which is more than those who did so in 1984 (44%).

Physical fitness	%
Excellent	5
Good	46
Fair	42
Poor	7

Exercise

Thirty-nine percent of partners exercise three or more hours a week (Table 5.2) which is higher than the thirty-one percent reported in 1984.

Table 5.2: Amount of exercise undertaken

Amount of exercise	%
10 or more hours a week	4
5-9 hours a week	13
3-4 hours a week	22
1-2 hours a week	25
Several hours per month	17
None	19

Weight

Partners rating of their weight is given in Table 5.3.

Table 5.3: Weight of partners

Weight	%
Considerably overweight (10+K)	14
Slightly overweight	33
Normal weight	45
Slightly underweight	7
Very underweight (10+k)	1

Alcohol consumption

Seventy-two percent of partners drink alcohol

Smoking

Nineteen percent of partners smoke which is fewer than Victorian females in 1991 (24%) (Quit, 1993).

Use of medication

Twenty-six percent of partners are currently on medication. Use (at least monthly) of particular medications is described in Table 5.4. As for Ambulance Officers, pain relievers are frequently used, though more partners take pain relievers than do employees (65%).

Table 5.4: Use of medication

Medication	%
Pain relievers*	80
Medicines for coughs/colds	61
Vitamins/minerals	55
Other prescription items	49
Stomach medicines/laxatives	16
Sleeping medication	10
Medication for fluid/heart	4
Tranquillisers/sedatives	4
Anti-depressants	3

*Of the pain relievers: 3% is daily use, 12% weekly use.

5.3 General stress and coping

Summary

Most partners have no or minimal stress (56%). They use coping skills which emphasis talking to others and cognitive, rational problem solving. However bottling up problems occurs as frequently for partners as it does for Ambulance Officers (24%).

General stress

Partners rate their general stress level as:

Stress	%
Considerable	9
Moderate	35
Minimal	47
None	9

Coping skills

Commonly used coping skills are described in Table 5.5. "Talking to one's partner" (or someone else) is the most frequently used strategy and this is more common in partners than Ambulance Officers (50%). Partners are more likely to "apologise and try to make up" (30%) than are Ambulance Officers (20%). One quarter of both partners and Officers state that they bottle up problems (24%).

Table 5.5: Coping skills which are often used by partners

Coping skill	%	
Talk to partner/spouse/close friend		70
Try to remain calm	57	
Go over in my mind what I will say or do	51	
Wish the situation would go away or be over with	49	
Try to use more positive thinking	47	
Plan out a solution	46	
Try to see things from the other persons point of view	43	
Assess the problem and get it into perspective	43	
Reassure myself that I did the best I could	41	
Involve myself in a hobby	38	
Discuss the problem rather than argue about it	36	
Confront the situation	36	
Become involved in family/social activities		34
Talk to the person who is causing the problem	31	
Apologise and try to make up	30	
Bottle it up inside me	24	
Reflect on failure and what to do next time	21	

5.4 Partners' description of employees' health, stress, and job satisfaction.¹

Summary

There is strong agreement between partners and employees on ratings of employees' health and fitness. Agreement decreases for ratings of employees' stress and job satisfaction. Discrepancy on stress ratings may reflect reluctance by employees to rate themselves as stressed when they really are. This section demonstrates the value of partners' perceptions.

Employees' health

Partners describe the general health, physical fitness and psychological health of Ambulance Officers (i.e. their spouse) as:

General health	%	Physical fitness	%	Psychological health	%
Excellent	25	Excellent	14	Excellent	36
Good	60	Good	53	Good	49
Fair	14	Fair	29	Fair	12
Poor	1	Poor	4	Poor	3

These figures match employees' perceptions of themselves. For example, Officers rate their general health as excellent (26%), good (59%), fair (14%), or poor (1%).

1. This section describes partners' perceptions of the Ambulance Officer with who they are married or live with. It does not give partners' views on Ambulance Officers in general.

Employees' stress

When partners were asked if Ambulance Officers are under stress they report:

Stress	%
Yes, too much	23
Yes, but not too much	61
No	16

There is some discrepancy between partner and employee ratings, as only eleven percent of employees rate themselves as considerably stressed. The way in which employees demonstrate their stress is described in Table 5.6. Many 'outward' signs are described such as irritability and worrying. However, employees may also become withdrawn or depressed.

Table 5.6: Partners' rating of how employees show their stress

Expression of stress	%
Irritability	72
Worrying	61
Taking a long time to wind down after arriving home	58
Being withdrawn	57
Depression	31
Drinking/smoking more than usual	22
Talking more than usual	18

Employees' job satisfaction

Partners rate employee job satisfaction as

Job satisfaction	%
Highly satisfied	28
Moderately satisfied	43
So-so	12
Moderately dissatisfied	9
Highly dissatisfied	8

Seventy-one percent of partners assessed Ambulance Officers to be moderately or highly satisfied with their job, which is less than the eighty-two percent of staff who reported those ratings.

Most partners report that employees are not satisfied with the money received for their work (51%) through some also state that they do not know (10%). Fourteen percent of families are not able to meet financial commitments on his/her weekly pay and a further twenty-seven per cent are only sometimes able to do so.

5.5 The effects of the job on the family

Summary

There are less negative effects of the job on children, and possibly also on partners, in 1993 than in 1984. This may occur because this is an older age group with more established relationships. Employee stress still affects partners (35%) and other household members (15%). Fewer partners in 1993 than in 1984 endorse concerns about employee's safety and their time together as a couple. However, one in two partners report concern about the permanency of the employee's job.

Affect of the job on partners/children

Partners were asked to comment on how the job affected them and their children. As the replies below show, the job affects them both positively (89%) and negatively (68%). In 1984, thirty-six percent of partners stated that the job negatively affected them and fifty-eight percent stated that the job negatively affected their children. There are less negative effects on children and also probably on partners, though the latter is difficult to ascertain because the question was asked slightly differently in the two surveys.

Positive affects of the job on partner	%	Negative affects of the job on partner	%	Negative affects of the job on children	%
Yes, a lot	41	Yes, a lot	15	Yes a lot	7
Yes, a little	48	Yes, a little	53	Yes a little	35
None	11	None	32	None	58

Affects of employee stress on others

Partners report affects of employees stress on them as:

Affected by employee stress	%
Yes, a lot	35
Yes, but not too much	54
No	11

The effects of employees stress on other household members is:

Affected by employee stress	%
Yes, a lot	15
Yes, but not too much	38
No	26
Not applicable	21

On arrival home, employees are reported to:

Activity	%
Take off his/her uniform	75
Greet the kids	73
Get something to drink	48
Get something to eat	41
Spend time by self	21

As was found in 1984, taking off one's uniform is a first task for many staff. For some this may be a means of symbolically separating work from home (and for others simply changing into more comfortable clothes).

Friends

Friends are seen weekly or more (41%). Most friends are from outside Ambulance Services (60%). One third of couples have friends from both within and outside the industry (33%) and seven percent have ambulance personnel as friends.

Communication between couples

The amount of information received about the job is described below. Nineteen per cent of partners would like more information about the job, a figure similar to that found in 1984 (20%).

Amount of information	%
More than they liked	2
As much as they liked	79
Less than they liked	19

Partners believe that if employees have a personal problem they are most likely to talk to:

Person	%
Partner	90
A friend at work	46
Friends (non ambulance)	37
Family/relatives	29
No-one	20
A professional person	1

Eighty-three percent of partners state that employees talk about the day's work on arriving home and rely on partners to unwind (65%). He/she will talk about doubts about treatment of a patient (29%), or concern for the well being of a patient (77%). Partners also state that employees may suffer loss of sleep through worry about a case handled (41%).

Reported topics of conversation are:

Topic	%
Personal concerns	95
Matters regarding friends	95
Partners work/daily activities	94
Mutual interests	94
Employees work	91
Own relationship	84

Partners' worries

The worries of partners are described in Table 5.7. When compared to 1984, it is seen that less partners report concern for nearly all of the listed situations. It is difficult to know why this is so but hopefully reflects more skilled communication between couples. There may be less pressure within families as children become older. Fifty-two percent of partners are concerned about the permanency of employees' jobs.

Table 5.7: Partners' worries

Situation	1993 study %	1984 study %
That my partner might have an accident	72	82
Insufficient time together as a couple	55	69
Insufficient time together as a family	54	65
Permanency of partner's job	52	*
Being at home alone at night	50	64
Handling domestic crises by myself	43	68
Insufficient time with friends	42	66
Shift work	40	*
That my partner might become sexually involved with another person	18	21

*Question not asked

If partners have a personal problem they are most likely to talk to:

Person	%
Ambulance Officer (their spouse)	93
A friend	70
Family/relations	53
A professional person	17
No-one	13

5.6 Spouse support programs

There is strong endorsement for the introduction of spouse support programs. Eighty-seven percent of partners are in favour of this development and Table 5.8 describes how these programs might assist them. There are requests for information on dealing with employees' stress and response to trauma as well as identification of the value of support from others (partners) who may be experiencing similar difficulties. They request for more information on Ambulance Service which may be of interest to the management of Services. Fifteen percent of partners (n=99) volunteered to their time to be on organising committees to establish spouse support programs.

Table 5.8: Foci for spouse support programs

Topic	%
Dealing with employee stress	93
Providing someone to talk to who has been through a similar situation	90
Dealing with partners (employees) response to trauma	89
Partner isolation	83
Lack of information on Ambulance Service	75
Shift work	75
Helping with the kids	63

6. EVALUATION OF THE VICTORIAN AMBULANCE CRISIS COUNSELLING UNIT (VACCU)

6.1 Overview

The services of the Victorian Ambulance Crisis Counselling Unit are available to Ambulance Officers and their partners. This includes a 24-hour crisis line to professional health workers for phone and brief personal counselling, a peer support network of specially trained Ambulance Officers and group debriefing for staff after major incidents. The nature of peer programs and debriefing are described elsewhere (Robinson & Murdoch, 1991; Mitchell & Everly, 1993).

These services have been sequentially developed since 1986. Some early evaluation work demonstrates the value of debriefing and peer support (Robinson & Mitchell, 1993), however there has been no evaluation of the Counselling Unit since it began. Thus, on the 1993 questionnaire, staff and their partners were asked about their knowledge, use and estimation of the Unit's services. The findings need to be interpreted on their own merit as there are no comparable studies of similar counselling units.

6.2 Crisis line

Summary

Nearly all Ambulance Officers know of the existence of the crisis line, but only one in two partners do, and knowledge of the actual phone number is low for both groups. Twenty-two percent of Officers and seven percent of partners have used the crisis line, and fifty-two percent of Officers have referred others to it.

Positive results are reported for those people who have talked to a counsellor. Most find the experience helpful (92% of Officers and 94% of partners), and report less stress signs as a result of contact. Fifty-three percent of Officers state that these benefits are long lasting. Thus, following brief crisis intervention, many report tangible long term benefits. A small number of participants did not find the Unit helpful which is disquieting. Both Officers and partners believe that the crisis line should continue (97%).

Knowledge and use of the crisis line

While nearly all Ambulance Officers are aware of the crisis line, only fifty-five of partners are (Table 6.1.).

Table 6.1: Awareness of the Crisis Line

	%
Ambulance Officers	96
Partners	55

Knowledge of the crisis line telephone number is limited, especially for partners (Table 6.2).

Table 6.2: Knowledge of the crisis line telephone number

	%
Ambulance Officers	41
Partners	9

Officers were asked if they had ever referred someone else to the crisis line and about half had. Referrals from partners is fewer (Table 6.3).

Table 6.3: Referral of others

	%
Ambulance Officers	52
Partners	14

Nearly one quarter of the work force and seven percent of partners have contacted the crisis line (Table 6.4).

Table 6.4: Number of people who have contacted the crisis line

	n	%
Ambulance Officers	181	22
Partners	47	7

Nearly all Officers and partners favour the continuation of the Unit (97%) (Table 6.5). Partners therefore see that counselling is valuable for employees and perhaps themselves too, as many more supported the continuation of the Unit than knew of its existence.

Table 6.5: Importance of the crisis line to continue

	Very important %	Quite important %	Not important %
Ambulance Officers	79	18	3
Partners	72	25	3

Evaluation of services

People who had talked to a counsellor commented further. Most Officers and partners report that the service is very helpful (Table 6.6). A small number of people did not, and no further information is available on their experiences.

Table 6.6: Helpfulness of the crisis line service

	Very helpful %	Moderately helpful %	Not helpful %
Ambulance Officers	65	27	8
Partners	73	21	6

Eighty-five percent of Officers and ninety percent of partners report less stress signs after talking to a counsellor (Table 6.7).

Table 6.7: Lessening of stress signs

	A lot %	A little %	None %
Ambulance Officers	44	41	15
Partners	47	43	10

Fifty-three percent of Officers and sixty-seven percent of partner report that the benefits from counselling were long lasting (Table 6.8).

Table 6.8: Duration of benefits

	No benefits %	Up to a few days %	Up to a a few weeks %	Long lasting %
Ambulance Officers	18	13	16	53
Partners	6	18	9	67

6.3 Peer program

Summary

Three quarters of the industry are aware of the peer program. Twenty-six percent of Officers have had contact with a peer and most Officers say that they know of at least one peer that they would trust to go to if needed (70%).

Of the staff who contacted peers, most found this helpful (93%), most reported less stress signs as a result of contact (88%) and fifty-four percent of staff stated that these benefits were long lasting.

Knowledge and use of the peer program

Seventy-six percent of Ambulance Officers are aware of the peer program. Thirty-two percent of staff have referred someone else to a peer and twenty-six percent of staff have contacted a peer themselves. Seventy percent of staff state that they know at least one peer that they would trust to go to if needed.

Nearly all Ambulance Officers believe that the peer program should continue (Table 6.9).

Table 6.9: Importance of the peer program to continue

	Very important %	Quite important %	Not important %
Ambulance Officers	62	32	6

Evaluation of services

Most staff found contact with a peer helpful (Table 6.10).

Table 6.10: Helpfulness of peer contact

	Very helpful %	Moderately helpful %	Not helpful %
Ambulance Officers	59	34	7

Most participants report less stress signs as a result of peer contact (Table 6.11).

Table 6.11: Lessening of stress signs

	A lot %	A little %	None %
Ambulance Officers	38	50	12

For many participants, these benefits are long lasting (Table 6.12).

Table 6.12: Duration of benefits

	No benefits %	Up to a few days %	Up to a a few weeks %	Long lasting %
Ambulance Officers	16	22	8	54

6.4 Debriefing service

Summary

The availability of debriefing for staff is less widely known than the crisis line or peer program and there is confusion about the kinds of interventions which are offered (e.g. defusings/ debriefings). Nevertheless, ninety-seven percent of staff believe it is important that this service continue, indicating a strong need for assistance to be available to the field. Forty-one percent of Officers have attended a debriefing and most found this helpful with reduction in stress signs.

Knowledge and use of the debriefing service

Sixty-four percent of Ambulance Officers are aware of the debriefing service. Nevertheless, only twenty-seven percent know the difference between various group interventions (e.g. debriefing and defusing). Thirty-eight percent of staff have suggested that a debriefing/defusing be held and forty-one percent of staff have attended one (though it is not clear whether this was an operational or psychological debriefing).

Most Officers believe that the debriefing service should continue (Table 6.13).

Table 6.13: Importance for the debriefing service to continue

	Very important %	Quite important %	Not important %
Ambulance Officers	71	26	3

Evaluation of services

Most Officers who attended a debriefing or defusing rate it as moderately or very helpful and eighteen percent found it not helpful (Table 6.14).

Table 6.14: Helpfulness of the debriefing/defusing service

	Very helpful %	Moderately helpful %	Not helpful %
Ambulance Officers	37	45	18

Most participants report less stress signs as a result of the debriefing or defusing (Table 6.15).

Table 6.15: Lessening of stress signs

	A lot %	A little %	None %
Ambulance Officers	21	51	28

Further, for most participants, these benefits are long lasting (Table 6.16).

Table 6.16: Duration of benefits

	No benefits %	Up to a few days %	Up to a a few weeks %	Long lasting %
Ambulance Officers	28	14	10	48

6.5 General evaluation of the VACCU

Summary

The services of the Counselling Unit may reduce potential sick leave and resignations. Participants suggest that the Counselling Unit make its services better known, and become more active in its assistance. It is suggested that there be more support from management. There are some criticisms of the Unit (5%) and these mainly refer to uncertainties with the confidentiality of the peer program or dissatisfaction with a received service. It was difficult to ascertain whether comments on confidentiality referred to actual situations or general perceptions.

Evaluation of general services

Opinions were sought on whether the services of the Counselling Unit had affected job behaviour such as sick leave, resignation and morale (Table 6.17). A sizeable number of people report that, through counselling, they became more reasonable (at work and at home), took less sick leave and revised decisions to leave the job.

Table 6.17: The effects of the Counselling Unit on job behaviour

Effect	No. of replies (n=566)	%
Not to take sick leave	78	14
Not to leave the job	102	18
Not to take out your frustrations on others at work	125	22
Not to take out your frustrations on others at home	146	26

Participants were asked what directions they believed that the Counselling Unit should take. Answers were categorised and are described in Table 6.18. Many staff had no suggestions (44%) and some replied to this question by affirming the value of the Counselling Unit. The major suggestion is for the Counselling Unit to become more active in the ambulance community (27%), e.g. make the crisis line number better known, advertise, and educate on stress and trauma management. It is also suggested that counsellors call staff after major incidents (4%) rather than expecting staff to call a counsellor or peer. Some also suggest that the Counselling Unit should play a greater role in informing management and Services of the stressors of the industry and contribute to relevant policy development (5%). Others thought that management should provide more visible and tangible support for the Unit and its activities. Criticisms were given (2%) and included dissatisfactions with counselling services and concerns about the confidentiality of the peer program.

Table 6.18: Directions for the Counselling Unit

Direction	Ambulance Officers	Partners
	% (n=380)	% (n=208)
Outreach more (visit Services, teach, advertise)	27	38
No suggestions (continue as you are)	21	7
No, the Unit is good as it is	15	4
Develop services (e.g. general counselling)	14	15
No suggestions (not enough information to know)	8	22
Influence the industry more (have a greater say in what goes on)	5	2
Outreach clinically (call us)	4	10
Combinations/miscellaneous	4	2
Criticisms	2	0

Participants were asked to describe any criticisms of the Unit (Table 6.19). The majority of respondents had none (85%) and the five percent who did mainly referred to dissatisfaction with a counselling service or concerns about the confidentiality of the peer program

Table 6.19: Criticisms of the Counselling Unit

Criticism	Ambulance Officers % (n = 409)	Partners of % (n=207)
No suggestions (continue as you are)	66	48
No suggestions (not enough information to know)	15	18
Outreach more (visit Services, teach, adventure)	6	16
Combinations/miscellaneous	6	1
Criticisms	5	2
No, the Unit is good as it is	4	9
Develop services (e.g. general counselling)	4	4
Outreach clinically (call us)	3	2
Influence the industry more (have a greater say in what goes on)	1	0

7. CONCLUSION

The information contained in this report describes the current status of health and stress in the industry and some of the changes which have occurred in these areas over the past nine years. While further analysis of the data will add detail to these findings, some conclusions are already evident.

1. The work force profile has changed; 1993 sees a more experienced, longer serving, probably older group of staff than was the case in 1984. They are predominantly Australian-born, married males.
2. Physical health and health behaviour has improved significantly over the years. Changes have occurred, most likely as a result of greater general community awareness of health, individual responsibility for adopting healthier life-styles and efforts by the industry to improve employee health. Given that health problems tend to increase with age, the reported gains are particularly impressive.
3. Several points need to be made with respect to psychological health.
 - (i) There is some evidence of a more enlightened, tolerant and supportive attitude on matters of staffs' psychological health. For example it is likely that the increased use of professional counselling and peer support reflects a preparedness by staff to talk out problems with someone else (as a healthy method of problem solving) rather than a real increase in people's problems from 1984 to 1993. Also, anecdotal as it is, many participants seemed more comfortable with the 1993 survey. Participants were given the opportunity to describe their reaction to filling out the questionnaire at the end of it. In 1993, many participants showed a nonchalant or positive interest, whereas in 1984 many stated that they had never thought about the kinds of questions being asked and for some this was a challenging experience. Undoubtedly the 1984 survey, and the consequences which followed from it, opened up discussion on psychological health and how it is best managed.
 - (ii) Notwithstanding the above, these changes have not affected all staff. The same number of people report bottling up their problems in 1993 as they did in 1984, and this behaviour is corroborated by partners' statements that fifty-seven per cent of staff show stress by becoming withdrawn. In general, these are not responses which help people to deal with issues. The study finds that Officers tend to rely on their own resources in coping and there is emphasis on emotional control (both needed for undertaking operational work). Thus, the "John Wayne myth", as it is popularly known, is retained. It is very difficult to change any attitude which is believed to be central to emotional survival, even in nine years.
 - (iii) Work and home factors interact with each other, and a holistic approach is needed in order to properly understand staff health. The ambulance industry has been particularly progressive in its acceptance of the whole person (not simply the professional) and its acknowledgment of family and personal factors but without taking away individual responsibility in this area. Cumulative stress is found to be more important than single major stressors: future education and intervention needs to be more mindful of this phenomenon.

(iv) Threat to personal safety emerges as the major stressor. It is likely that Ambulance Officers face more violent situations today (reflecting increased violence in our society) and greater risk from patient cross-infection. It is also found that situations where there is threat to personal safety are fairly common. Situations which invoke fear in staff are difficult for any organisation to deal with, for they expose a sense of vulnerability and threaten emotional control. Nevertheless, attention needs to be given to this area.

(v) The list of stressors includes many which refer to the organisation (eg. "promotion of incompetent people", "lack of forward planning in the system"). These were found in 1984 and subsequent studies of the industry (eg Dawson, 1987) as well as in emergency service personnel from other countries (eg Beaton & Murphy, 1993). Certain operationally-linked situations are seen to be 'part' of ambulance (such as dealing with the death of a child). Perhaps it is time to consider the reasons for the persistence of the same kinds of perceived management problems over time and across culture. A better understanding of the "ambulance culture" and type of person who selects into the job, together with the job demands, may eventually prove enlightening and useful in developing solutions.

(vi) Little is known of the incidence and severity of post-trauma reaction in Emergency Services: this report gives an indication of what exists in Ambulance Services. The findings are disturbing, and it can be assumed that the reported "problems" are in fact an underestimation since there can be personal stress, embarrassment and reluctance in reporting such matters. Having asked the question and reported the finding, it is very important that action ensue in order to assist people who report high trauma reactions and to continue inquiry on how best to mitigate trauma effects on staff in the future.

(vii) Many staff request more services and greater assistance. Some staff and partners support continuation of services of the Unit even though they were unaware of them at the time of the survey or had not found them helpful. This requested assistance is not only for oneself and indeed it is likely that employees are becoming more skilled in recognising stress in others and the ways in which stress can negatively impact on work performance. There is also strong opinion that the Counselling Unit should become more active. Bearing this in mind, it is also recognised that many of the needs of staff and partners can be met other than through the Unit. Indeed it is desirable to develop broadly based support systems which emphasise empowerment of individuals to care for themselves.

In sum, while much has been achieved, it is evident that more needs to be done.

4. The organisational changes introduced into the industry during 1993 have had a strong impact on staff and their families. Some positive changes have been observed (in terms of management) however the predominant effect is one of low morale, distress at colleagues' departure, and insecurity about one's own job (which is also felt by partners). There is concern that proposed changes will lead to deterioration of patient care and the deterioration of the industry as it is known. Support mechanisms need to be put in place for staff of all levels, including those responsible for producing and implementing change. The full impact of organisational changes (both positive and negative) will not be known for some time and can only be assessed at points in the future.

5. Partners provided interesting and valuable information on the effects of the job on the family. The divorce rate is found to be double that of the general population and it is not clear why this has increased since 1984 (when the divorce rate was similar to that of the general population). Partners confirm employees' rating of themselves on health variables, but partners generally rate employees' job satisfaction lower and stress levels higher than do employees. Spouses report less negative effects of the job on children than in 1984, and also probably on themselves. Partners strongly endorse the introduction of spouse support programs and many are willing to be part of organising committees to get them going. It is

envisaged that these programs will assist spouses in dealing with the negative impact of the job on themselves and their families, which in turn will assist employees.

6. High job satisfaction is found and it is evident that Officers gain a great sense of contribution and stimulation from their work. This is consistent with their concerns for patient welfare and the future of the industry. However in 1993, relative to 1984, more believe that they will not stay in the job until retirement - mainly because a more challenging or financially rewarding job will attract them, or because they will enter their own business. The reason for this change in orientation can only be speculated upon. It may reflect changing staff selection policies and/or more realistic assessment by staff that not all people will 'last' in the job until retirement. One third of staff believe that they may be retrenched.

7. Some preliminary evidence suggests that the Counselling Unit reduces potential staff resignations and sick leave. The Unit, in general, is found to be helpful to both staff and partners, however, a small number of people were unhappy with services. Many staff suggest that the Unit become more visible and active, and some suggest that management could provide more support. Services of counsellors and peers are both rated highly but many staff are unaware of the debriefing services. As debriefing, to the best of our knowledge, is a key means of reducing the impact of trauma on staff it is vital that these services be more effectively introduced. A broad welfare policy may be needed.

8. As a result of this study, a data basis has been established for 1993 and a new set of questions defined. Through research it has been possible to validate those field perceptions which are accurate and those which are myths. Information is gained on new areas such as trauma reaction and the impact of organisational change on participants. Therefore a conclusion of this study is that research of this nature is very important and needs to continue.

9. As people read through this data it is inevitable that some will see inconsistencies. For example, the positive self rating by Officers in the section on personality profile may seem inconsistent with staff descriptions of stress and trauma response; the orientation towards patient care in the job over job privileges may not match perceptions of needing more money in order to pay the bills. Two points need to be made. Firstly, individuals can answer all parts of a questionnaire honestly, and there can still be inconsistencies; it is the nature of human beings to be so. Sometimes, that which appears inconsistent is not really so (e.g. patient-oriented staff may also be conscious of money concerns). The second point is that, in the view of the author, there are some 'inherent' tensions or contradictions in the industry when it is taken as a whole. For example, ambulance is a job with high stress, high coping skills and high job satisfaction (for many professions these variables simply do not go together). It is a job where individualism and conformity are both valued and both expected. Managers can be expected to be both kind and to exert discipline. The reconciliation of these 'apparent opposites' are certainly beyond the scope of this study, though some of the findings may raise awareness of these issues.

10. This study provides information and suggests directions for a wide variety of interest groups. It gives valuable feedback to the Counselling Unit, suggests topics for staff education and identifies areas of research which eventually will lead to a better understanding of health and stress matters. Some of the information may be of interest to management.

Ultimately, it is the people of the ambulance industry who will utilise this information to the benefit of all involved. The challenge was taken up in 1984 and should now be systematically and confidently pursued.

8. REFERENCES

- BEATON, R. & MURHY, S.(1993). Sources of Occupational Stress among Firefighters/ EMTs and Firefighter/Paramedics and Correlations with Job-related Outcomes, Pre-hospital and Disaster Medicine, vol.8, No.2.
- DAWSON, D.(1991). The Ambulance Stress Survey, Ambulance Officers Training Centre, Melbourne.
- MITCHELL, J. & BRAY, G.(1990). Emergency Services Stress, Prentice-Hall, New Jersey.
- MITCHELL, J. & EVERLY, G.(1993). Critical Incident Stress Debriefing, Chevron Publishing Corporation, Maryland.
- PRIOR, P.(1987). Back injury in Ambulance Services of Victoria, Victorian Occupational Health & Safety Commission, Melbourne.
- ROBINSON, R.(1984). Health & Stress in Ambulance Services: Part I, Social Biology Resources Centre, Melbourne.
- ROBINSON, R.(1986). Health & Stress in Ambulance Services: Part II, Social Biology Resources Centre, Melbourne.
- ROBINSON, R. & MITCHELL, J.(1993). Evaluation of Psychological Debriefings, Journal of Traumatic Stress, vol 6, No.3.
- ROBINSON, R. & MURDOCH, P.(1991). Guidelines for Establishing Peer Support Programs in Emergency Services, Waterwheel Press, Melbourne.
- QUIT.(1993).General Information Sheet: Smoking rates, smoking related diseases, passive smoking, Anti-Cancer Council of Victoria, Melbourne.
- 1991 Divorces Australia.(1992). Australian Bureau of Statistics, Canberra.
- 1989-90 National Health Survey.(1991). Australian Bureau of Statistics, Canberra.

APPENDIX A

V.A.C.C.U. RESEARCH SUB-COMMITTEE

TERMS OF REFERENCE:

The VACCU Research Sub-Committee (VACCURS) will report to the VACCU Committee of Management.

The Committee's Terms of Reference are:

1. To co-ordinate research for VACCU. The word "research" is meant in its broader sense and will include evaluation of the Unit's activities, as well as inquiry into stress in general and its relation to issues in the Ambulance industry.
2. To administer stress and health research activities.
3. To contribute to the body of knowledge of stress/coping in general and the Ambulance Services in particular.
4. To evaluation the components of managing stress as these apply to the Ambulance Services and associated fields.
5. To provide report summarising findings to the VACCU Committee of Management.

MEMBERS OF THE COMMITTEE:

Mr David Dawson (Chair)	VACCU Committee
Ms Louise Bailey	Researcher
Mr Gary Bartram	Metropolitan Ambulance Service
Dr Alyn Jackson	Lecturer, Social Work Department, Melbourne University
Dr Robyn Robinson	VACCU Clinical Director
Mr David Ryan	VACCU Committee
Mr Bill Wood	Metropolitan Ambulance Service

APPENDIX B QUOTATIONS

The following quotations are from the questionnaires. Minor changes have been made to protect confidentiality.

“I know the Unit has saved a Student Officer from resigning (over a horrible scene attended) and this person is now qualified and a true asset to the Service.”

“Partners psychological health is excellent - however he does barrack for Essendon.”

“By the time this form is analysed will there be an Ambulance Service as I have known it?”

“I can’t believe the pressure my husband is under at the moment.”

(On trauma) “I have no idea what works. All I know is it hurts sometimes.”

“More people are dying as some gamble with people’s lives to save money.”

“Sometimes I am able to lock stress away, however, over long periods of time these qualities deteriorate.”

(The worst situations) “Picking up the dismembered body of a girl I knew and with whom I had been trying to get a date.”

(On coping qualities) “I don’t believe I have any. I crack up every decade or so.”

“It is pleasing to see a program of data gathering being achieved in as professional a manner as this. Keep up the great work folks 😊 ”

“I am very interested in the final report - and how my responses correlate with the general VAS situation.”

“Some questions can be interpreted in two ways - requiring a degree of thought to work out which way the situation should be looked at.”

“I am very frightened about what will happen to me and my fellow workers. The heart and soul has been ripped out of the job.”

“Apart from the current uncertainty of my job, I can honestly say that I have enjoyed basically all aspects of the job in the seven years that I have been employed.”

“On the last questionnaire, I answered all questions regarding stress negatively. I was much younger and quite strong emotionally and stress in the job didn’t exist. In 1992, I awoke one morning to find twenty-one years of unknown stress had descended on me.”

“In the past, I have been negative towards VACCU. I now feel I may need some help. Even while writing this I can feel the anger inside.”

“I’ve enjoyed completing these forms because I feel it has given me detailed awareness about myself and my attitudes.”