

Follow-up Study  
of  
Health and Stress  
in  
Ambulance Services of  
Victoria, Australia  
2002

Report 1

*Paramedics and their Partners*

*Robyn Robinson PhD*

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The publishing of these results will assist not only the Ambulance industry but also other emergency services and other workplaces, for it establishes base line data and furthers understanding about how best to go about enquiries into health and stress in the workplace. Ambulance Services in Victoria have been pioneers in these investigations. Their innovation and generosity in sharing their knowledge deserves to be recognised.

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# one introduction

Surveys of health and stress on employees of organisations serve several purposes. They raise the general awareness of the importance of wellbeing, they provide information on both the strengths and weaknesses of staff health, they stimulate thought and discussion about the results and, eventually, they should enable constructive action on the part of individuals and the organisation.

The information documented here is based on questionnaire survey and it needs to be remembered that survey information has its strengths and weaknesses. For example, surveys are more reliable than anecdotal information and they are consumer based. Nevertheless, they constitute subjective opinion and rely on the quality of the questionnaire and respondents interpretation of the questions being asked. It is therefore important that the results contained in this report be interpreted in conjunction with other sources of information such as organisational information (eg on sick leave) and other studies (eg the Quality of Life Survey for Metropolitan Ambulance Service by Wallace & Levins, 1999).

It is also important, when dealing with complex phenomenon such as staff psychological health, that the results be carefully interpreted. For, as trite as it appears to state, comments and interpretations can only be made about questions that were asked in the first place. The reasons and explanations for some findings may lie within individuals and/or organisational practices that were not investigated by the survey.

A literature review of stress, trauma and coping in emergency services reveals several small studies. These identify stressors in emergency services and the coping strategies that are applied (eg Thompson & Suzuki, 1991; Clohessy & Ehlers, 1999; Rosenberg, 1991). Most of these studies are based on small sample sizes and select one or two aspects of health to study. One comprehensive study is of public sector professional firefighters and paramedics in Washington State USA. This survey was administered in 1989 and has a 50% response rate comprising a final sample of 1730 fire fighters and 253 paramedics (93% of whom are also firefighters). Study results are reported in a series of publications (eg Beaton & Murphy, 1993). In these they list the key stressors and coping strategies. There is also a growing body of literature around the efficacy of stress/trauma interventions (particularly critical incident stress management, peer support and psychological debriefing). For a summary of this field see Everly & Mitchell, 2000. Thus information is emerging from a variety of fronts that have a common interest in the health and stress of emergency service personnel. Nevertheless, this is still a fledgling research field and a literature review with synthesis of what is known and what questions remain would be very helpful.

The study that is reported here has a 20 year old history. In 1982, the then 16 Ambulance Services that operated in Victoria became committed to assessing the health and stress of staff, initiated by their Chief Medical Officer Dr Frank Archer. Following two years of investigation by the author and others, a field-based questionnaire was administered in 1984 to all employees and their partners (see Table 1). This survey generated the first comprehensive base-line data in the world on health and stress of ambulance personnel (Robinson, 1984; 1986). It led to many changes in the Ambulance Services including the instigation of a 24-hour counselling service (which exists today) and the development of probably the earliest, but certainly one of the first, Australian programs in Critical Incident Stress Management and peer support. It was also on the basis of the study results that Dr Jeffrey Mitchell, who is the architect of Critical Incident Stress Management, was first invited to Australia. This and his subsequent visits has had a profound influence on current practices of staff support in Australia, the development of professional support bodies around trauma and the conducting of research in this area.

**Table 1.** Summary of studies

<b>Year</b>	<b>Participants who were surveyed</b>
1984	<ul style="list-style-type: none"> <li>• Ambulance Officers</li> <li>• Partners of Ambulance Officers</li> <li>• Administrative Staff</li> <li>• Partners of Administrative Staff</li> </ul>
1993	<ul style="list-style-type: none"> <li>• Ambulance Officers</li> <li>• Partners of Ambulance Officers</li> <li>• Administrative Staff</li> <li>• Partners of Administrative Staff</li> <li>• Casual Ambulance Officers</li> <li>• Partners of Casual Ambulance Officers</li> <li>• Former Ambulance Officers</li> <li>• Partners of Former Ambulance Officers</li> <li>• Ambulance Officers in Argentina, Canada, India, New Zealand, Norway, United Kingdom, USA</li> <li>• Partners of Ambulance Officers in Argentina, Canada, India, New Zealand, Norway, United Kingdom, USA</li> </ul>
2002	<ul style="list-style-type: none"> <li>• Paramedics</li> <li>• Partners of Paramedics</li> <li>• Administrative Staff</li> <li>• Partners of Administrative Staff</li> <li>• Community Officers</li> <li>• Partners of Community Officers</li> </ul>

At the time of the 1984 study, many believed that it was important to regularly update knowledge about health, stress and coping as well as to monitor changes. The opportunity to trace people's responses over time was developed by enabling participants to leave an identity code number on their questionnaire. This was only to be used for the purpose of matching their own questionnaires, one to the other, over time. Thus, the way was paved for a series of follow-up 'snapshots' of health and stress, for understanding changes over time and for predicting health and stress variables based on longitudinal data (enabling prospective analysis). 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". The inclusion of administrative/support staff and their partners enabled inclusion of a group of people who are often forgotten but who form a vital part of the operations of ambulance services. They also provide a quasi comparison group to the paramedic sample, being drawn from members of the community and being non-ambulance trained. (Ambulance Officers fulfilling administrative roles contribute to the Ambulance Officer sample not the Administrative sample).

The first follow-up study occurred in 1993. It occurred in the midst of severe budgetary constraints and a series of organisational changes which, amongst other things, led to many staff departures. This change was part of a broader State-wide political re-orientation. Whilst there were some disadvantages to conducting the follow-up at this time, it was recognised that the 1984 study had also occurred at a time of organisational change in the aftermath of a Parliamentary review of Ambulance Services and restructure of the then sixteen Ambulance Services into six. As well it was believed that a follow-up survey, administered at this time, could assist in understanding the impact of organisational change on staff and their families. Questions were included in the survey for this purpose.

The questionnaire was maintained with as few changes as possible, though those questions and areas of enquiry that proved unproductive in 1984 were deleted and some new areas

added consistent with developments over the nine years. For example, understanding of psychological trauma had developed and was assessed, the impact of organisational change was investigated and feedback was sought on the Victorian Ambulance Crisis Counselling Unit (VACCU), which had been developed to assist staff and their families in 1986.

The 1993 follow-up took a particularly broad focus and targeted four groups of people. These were operational Ambulance Officers of all ranks, Casual (volunteer) Officers, administrative/support staff (e.g. secretarial, mechanical) and former employees. In addition, the partners of each of these four groups were surveyed. Finally there were studies of staff and their partners in seven other countries thus affording international comparisons (Argentina, Canada, India, New Zealand, Norway, United Kingdom and the USA).

The broad aims of the 1993 follow-up study were:

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

The results of this study are reported in Robinson (1993) and conference presentations.

In 1997 a questionnaire was distributed which focussed solely on the evaluation of the VACCU (see Robinson, 1997).

The second follow-up study was undertaken in 2002. This was nine years after the first follow-up study and eighteen years after the original study. The questionnaire was maintained but for minor updating. Surveys were administered to Paramedics and their partners as well as administrative staff and their partners. It is unfortunate that it is not possible to make comparisons to the community data collected in the Australian 2001 census. This is because the census survey was based on questions that differ too much from the Ambulance survey to enable meaningful comparisons (National Health Survey, 2001; Labour Mobility, 2002).

The results of this study plus comparisons to earlier data is planned to be released in a series of publications:

*Report one* 2002 study. Basic information on health, stress, job and family variables for Paramedic Officers and their partners, together with the evaluation data on the Victorian Ambulance Crisis Counselling Unit.

*Report two* 2002 study. Basic information on health, stress, job and family variables for Community (volunteer) Officers and their partners as well as Administrative staff and their partners.

*Report three* The longitudinal studies. Results from 1984, 1993 and 2002. Identification of the predictors of health and stress.

*Report four* International comparisons. Survey data from eight countries.

# two summary of findings

## general summary

These findings are for the sample of staff and partners who responded to the questionnaires and combine replies from the two Ambulance Services.

This study finds that staff report higher job satisfaction, better working conditions, less stress and higher satisfaction with the VACCU, than was found in 1993. Some areas of health have improved (exercise has increased, smoking decreased) while other areas show slight decline (eg higher use of medication, more fatigue). Partners confirmed the self assessments of staff and themselves reported less concerns than in 1993.

This report suggests positive benefits from the work that has gone into improving staff health and stress since 1984. Nevertheless some areas of concern remain. It also needs to be born in mind that a majority positive result does not encompass all staff, some of whom record anger and dissatisfaction.

## paramedics

1. *Paramedics are predominantly Australian-born, married and male.*

There has been an increase in employment of women but a decrease in employment of people born outside Australia. The average age of staff is 40 years, slightly higher than that found in 1993.

2. *Employees are stable in their employment and there are indications of better working conditions.*

This sample has an average length of employment of fifteen and a half years, which has increased from 1993 (12 years) and 1984 (9 years). There are less senior staff, more MICA Paramedics and more students than in 1993.

There has been a reduction in on-call, one-person crewing, relieving and control room work; all areas found to be highly stressful in previous studies. Nevertheless there are increases in shift work and overtime shifts.

3. *Health has increased in many but not all areas.*

Staff report decreased smoking, higher rates of exercise and better fitness in 2002 than in 1993.

Rates of injury are similar to that of previous studies, though there is less attribution of injury as resulting from ambulance work (from 70% in 1993 to 32% in 2002).

Time off work for workcover and sickness are reported. Taking time off work for stress was assessed for the first time in these three studies and is described.

Rates of medication use have increased considerably since 1993. There is a slight increase in the number of people who report that they are overweight and an increase in the number of people who report drinking alcohol.

Consultation with professionals for a psychological problem has increased, and shows a greater use of mental health professionals. Rating from partners indicate that staff have developed a greater trust in work colleagues to confide in about problems.

4. *Stress ratings have decreased since 1993. The major stressors are threats to personal safety and witnessing the death or serious injury of an on-duty colleague. Concern about lack of safety around driving is reflected in several items, but less so than in 1993. Organisational stress has decreased markedly. Exposure to trauma has decreased.*

“Having my own life threatened” is the most common stressor, as it was in 1993. Other items high in the list reflect concern over injury and death.

“Dealing with the death of children” was less frequently rated as very stressful in 1993 than in 2002. Exposure to death of children and other traumatic incidents was less in 2002 than in 1993.

There was a reduction in many organisational stressors (such as “inability to get satisfactory answers to my questions from management”, and “lack of forward planning in the system from poor administration”). There was also a reduction in welfare stressors (such as “lack of job security” and “low work morale” and “lack of career path”).

Coping skills, for general stress and separately for critical incident stress, are described and are similar to those reported in 1993. There are indications that people are more likely to talk about things that bother them than previously. The coping skill of “bottling things up” reduced from 24% in 1993 to 21% in 2002. Also, 87% of Paramedics reported that, following exposure to a critical incident, they talked to others to their satisfaction. A similarly worded question in 1993 had the figure at 53%.

5. *Paramedics report high job satisfaction, and higher satisfaction than in 1994.*

Very high rates of job satisfaction are reported. Ninety-one per cent report their job to be moderately or greatly satisfying compared to 82% in 1993.

Satisfaction with “good job conditions” rose from 82% to 94% and “financial security” rose from 78% to 95%.

More staff (91%) see themselves as staying in Ambulance Service until retirement than in 1993 (82%). Further 76% of staff state that they would go on working in the job, even if they did not need the money.

Of those people who do not believe that they will last in the job, reasons given are fear of not making the distance physically and changing to a less stressful job. In 1993, the most common reasons given were “will start own business” and “will change to a higher paid job”.

Most staff believe that their salary is adequate to maintain their current standard of living (53%) which is higher than the figure reported in 1993 (19%).

## **Partners**

6. *The partners sample is a predominantly female one, who are married and have an average age of 41 years.*

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

The results on health variables are similar to those reported for Paramedics. General health is rated as good or excellent (89%), fitness has increased, exercise has increased and smoking decreased. There are slight increases in the number of people who report that they are overweight and who drink alcohol. Use of medication has increased.

Partners report decreased fatigue (25% in 1993 and 20% in 2002) which is one of the few health measures to show a different trend than that reported by Paramedics.

Partners (a predominantly female sample) less frequently seek assistance for a psychological problem than do Paramedics (predominantly male sample).

8. *Partners confirm view of Paramedics on Paramedics' health and job satisfaction but not stress status.*

Partners agree with Paramedics on Paramedics' health status and job satisfaction but identify higher numbers of staff with high stress than is reported by the Paramedics themselves.

9. *Partners report less concern than in 1993.*

There is a decrease in expressed concerns, especially "permanency of Paramedics job". The top concern is "that my partner might have an accident". Relative to 1993, concern about shift work is slightly higher.

10. *Partners do not strongly endorse the development of a partner support network.*

Only 35% of staff support the development of a partner support network.

### **Evaluation of the Victorian Ambulance Crisis Counselling Unit**

11. *Most Paramedics are aware of the services of The Counselling Unit and both Paramedics and partners find these helpful, though partners rate the services of the crisis line less helpful in 2002 than in 1993. The proactive response has been successful and could be developed further.*

Knowledge of the crisis line is almost universal amongst staff and has increased for partners.

Of those who use the service most find it helpful and that it reduces their stress.

Ninety-nine percent of staff and 98% of partners believe that it is important for the crisis line to continue.

12. *Evaluation of the peer support program is positive and is more positive than in 1993.*

Ninety-eight per cent of staff know about peer support and 46% have had contact with a peer.

Of those who talk to peers, most find them helpful and that the contact leads to a reduction in stress.

Ninety-seven per cent of staff and 98% of partners believe that it is important for peer support to continue.

Eighty-two percent of staff report that they have been contacted proactively by a peer. Thirty-two per cent state that there were times after a critical incident when they were not contacted by peer support and wished they had been. When asked about the rate of proactive follow up, 50% stated that the rate was about right and 46% stated that it should happen more often.

13. *General evaluation of the VACCU suggests cost savings to the Ambulance Services but that attention needs to be given to perceptions of confidentiality.*

Sixty-four per cent of staff believe that the crisis line is always confidential and 51% of staff regard peer support as always confidential. While there is no baseline data from which to interpret these results, it appears that more work needs to be done to assure the field of the confidentiality of VACCU services.

## three description of the study

### 3.1 procedure

For six months prior to the distribution of questionnaires, there was a fairly extensive effort to inform staff of the upcoming study and to urge them to participate. Through personal addresses and letters, staff were reminded of the importance of the study. Letters of support were issued by the Chief Executive Officers of Metropolitan Ambulance Service and Rural Ambulance Victoria as well as the General Secretary of the Ambulance Employees Association and the Management Committee of the VACCU. Senior staff and peers were urged, through the VACCU, to assist.

Questionnaires (one for Paramedics and one for partners) were posted to home addresses with a covering letter signed by the two Chief Executive Officers of Ambulance Services and the General Secretary of the Ambulance Employee's Association.

Questionnaires were returned by reply paid mail.

A series of reminder letters were subsequently sent by both Services and the Ambulance Employees Association. The two Peer Co-ordinators were also active in encouraging responses.

The vast majority of staff and partners promptly returned their questionnaires within four weeks of receiving them, however the final cut-off point for receiving questionnaires was 4 months.

### 3.2 sample groups and questionnaire response rate

All staff were included in the sample. The numbers of Paramedics and their partners who completed and returned their questionnaire, together with the response rate for each group, are shown in Table 3. There is a 52% response rate for Paramedics. The response rate for partners is 37% though, when this is adjusted according to the number of Paramedics who are currently in relationships, the response rate increases to 45%.

**Table 3.** Response rates

	No. of questionnaires distributed	No. of questionnaires returned (n)	Response rate (%)
Paramedics	1728	906	52
Partners	1728	647	37
			Adjusted 45%*

\*Based on the number of Paramedics who report being in a relationship

### 3.3 questionnaires

Separate questionnaires were developed for Paramedics and their partners based on those developed in 1984 (Robinson, 1984). A core set of questions were retained from the original study so that comparisons could be made to the results of 1984 and 1993.

## four paramedics

## 4.1 biographical data

### summary

This sample comprises fifty-two percent of Paramedics in Metropolitan Ambulance Service and Rural Ambulance Service (n=906). There has been an increase in intake of women (now 20%) but a decrease in intake of people who were born overseas. The average age of staff is 40 years. The majority of staff are married or living together and the rate of divorce has reduced since 1993. There is found to be an increase in the number of people who report no religious commitment (54%) and this trend continues that found in 1993.

### age

The age of staff *for this sample* ranges from 22 to 65 years, with an average of 40 years. This is slightly higher than the average age of 38 years reported in the 1993 study.

### gender

Eighty percent of Paramedics are male and twenty percent female. This represents an increase in the number of female employees in 1993 which was four percent.

### place of birth

The majority of Paramedics were born in Australia (87%) and this figure has increased from 83% in 1993 and 78% in 1984.

### religious commitment

Over half of the participants reported no religious commitment (54%) which is a greater number than that reported in 1993 (46%) and 1984 (38%).

Commitment	%
Strong	8
Moderate	11
Mild	27
None	54

### marital status

Most staff are married or living together (81%) which is similar to the results of 1993 (78%). Less staff report that they are divorced (4%) than was reported in 1994 (5%).

Marital status	%
Single	12
Married or living together	81
Separated	3
Divorced	4
Widowed	0

Two percent of staff state that they divorced during the past 12 months, similar to that found in 1993. Sixteen percent state that they have divorced since joining Ambulance Services which is similar to the figure reported in 1993 (15%).

## 4.2 employment

## summary

Some marked changes are noticed in employment practices. Staff are staying in the job longer indicating employment stability. Relative to 1993, there are fewer senior staff, more MICA Paramedics and more students. The stressful job aspects of on-call, relieving, one-person crewing and communication work have decreased, however shift work and overtime shifts have increased. One third of staff have graduate or post-graduate university degrees. A greater number of people are currently studying for higher education. There is less reported paid employment in addition to the ambulance job and where this occurs it is mostly sporadic.

## number of years employed in ambulance services

Employment ranged from one to thirty-seven years, with the average at 15.5 years. This is higher than for the 1993 study (12 years) and the 1984 study (9 years) and indicates job stability.

## rank

Table 4.1 lists the rank of staff for the three studies. Slightly different categories were used over the three studies to describe the rank structure. However in general it can be seen that there has been a reduction in senior staff, an increase in MICA Paramedics and an increase in students.

**Table 4.1.** Rank of staff

Rank	2002 study (n=906) %	1993 study (n=823) %	1984 study (n=1004) %
Senior staff	10	22	30
MICA Paramedic	20	8	6
Paramedic	47	57	51
Clinic Transport Officer	0	2	3
Student Paramedic	19	11	10
Other	4	0	0

## service affiliation

<b>Ambulance Service</b>	<b>%</b>
Metropolitan Ambulance Service	57
Rural Ambulance Service	43

This represents a 52% response rate from MAS and a 53% response rate from RAV.

## part-time study

Thirty-three percent of staff are currently engaged in studies towards higher ambulance qualifications and a further fourteen percent are studying for other purposes. More staff are studying now than in 1993 (47% and 32% respectively). Thirty-three percent of staff report that they have a University bachelor or post graduate degree.

## part-time job

The amount of reported employment in a paid job, in addition to ambulance work, has greatly decreased from 33% in 1993 to 27% in 2002. The majority of this work (21%) is reported to be on less than a weekly basis.

## aspects of ambulance work

There is an increase in shift work and overtime shifts. However on-call, one-person crewing, relieving and communications have all decreased.

Aspect of work	2002 %	1993 %
Shift work	91	88
Overtime shift	83	80
On-call	30	37
One person crewing	22	27
Relieving	17	22
Communications	10	17

## 4.3 health

### summary

The majority but not all changes in health behaviour are positive. General health continues to be rated highly. The pattern of symptoms is similar to that of other years although there is a marked increase in the number of people who report frequent fatigue.

Fitness is rated high, and more people are spending more time exercising. Nevertheless there are slight increases in the number of people reporting to be overweight. More people report drinking alcohol and less smoke. Medication use has increased markedly in a variety of areas.

There is an increase in staff consultation for physical and psychological problems. Consultation for psychological problems reveals a trend towards increased use of peers, reduced use of VACCU counsellors and increased use of non VACCU counsellors.

There is a slight increase in rates of injury to back or spine and to muscle or tendon. Nevertheless there is a large reduction in the attribution of injury to work causes (70% in 1993 to 32% in 2002). The amount of on-duty motor vehicle accidents has also decreased.

Time off work for workcover, sickness, stress and hospitalisation are reported.

### general physical health

Eighty-three percent of staff rate their health as good or excellent which is similar to that found in 1993 (85%).

Physical health %	
Excellent	25
Good	58
Fair	15
Poor	2

### symptoms

Of the list of 33 symptoms, the same ones tend to appear highest on the list for each of the three studies. Fatigue, backache, sleeping difficulties and stiffness in the neck were the most commonly occurring symptoms that are frequently experienced. Fatigue has increased since

the 1993 study (from 20% to 29%). Backache has increased (from 22% to 27%) as has stiffness in the neck (16% to 20%).

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

Symptom	%
Fatigue	29
Backache	27
Sleeping difficulties	22
Stiffness in the neck	20
Headaches	15
Irritability	13
Difficulty in concentrating	11

### **sleeping difficulties**

Seventy-five percent of employees state that they have difficulties sleeping. This figure comprises 22% who state that they often have difficulty sleeping and 53% who sometimes do. This is consistent with the figure on sleeping difficulties listed in the table above.

### **parent's mortality**

Most staff report that both parents are still alive (53%). Where one parent is deceased it is more likely to be the staff member's father (19%) than his or her mother (7%).

### **physical fitness**

Most staff rate their physical fitness as good or excellent (64%); similar to 1993 (62%) and an improvement on ratings in 1984 (57%).

<b>Physical fitness%</b>	
Excellent	14
Good	50
Fair	31
Poor	5

### **exercise**

Most staff exercise. The number of staff who exercise three or more hours per week has increased from 49% in 1993 to 55% in 2002. Those who do not exercise at all has fallen from 15% in 1993 to 11% in 2002.

**Table 4.3.** Amount of exercise undertaken

Amount of exercise	%
10 or more hours a week	7
5-9 hours a week	21
3-4 hours a week	27
1-2 hours a week	24
Several hours per month	10
None	11

### **weight**

Self descriptions of weight appear in Table 4.4. Approximately the same number of people describe themselves as overweight in 2002 as in 1993 (56% and 55% respectively) but there are more people in the considerably overweight category in 2002 than in 1993 (17% and

14%). Fewer people describe themselves as underweight in 2002 than in 1993 (4% and 7% respectively).

**Table 4.4.** Weight of Ambulance Officers

Weight	%
Considerably overweight (10+kg)	17
Slightly overweight	39
Normal weight	40
Slightly underweight	4
Considerably underweight (10+kg)	0

### **alcohol consumption**

Eighty-eight percent of employees report that they drink alcohol, which is a slight increase on that reported in 1993 (84%).

Most drinkers (94%) consume alcohol up to 24 days per month (taking the standard that there should be one alcohol free day per week). Ninety-one per cent report drinking up to 6 glasses in a single sitting.

### **smoking**

Smoking has decreased to 15%. It was 21% in 1993 and 31% in 1984.

Ten percent smoke up to 20 cigarettes per day and 5% more than this.

### **use of medication**

There has been a fairly large increase in reported use of medication. Thirty-four percent of staff report being currently on some form of medication, an increase from 22% in 1993.

Table 4.5 shows the percentage of respondents who took the indicated medication at least monthly in the previous twelve months. Comparisons with 1993 show medication increase across the board.

**Table 4.5.** Use of medication

Type of medication	2002 %	1993 %
Pain relievers	76	65
Medicines for coughs/colds	56	60
Vitamins/minerals	45	39
Other prescription items	44	39
Stomach medicines/laxatives	17	15
Sleeping medication	15	9
Tranquillisers/sedatives	7	4
Anti-depressants	7	2
Medication for fluid/heart	4	2

### **consultation**

#### ***use of health services for a physical health problem***

Consultation was sought from a variety of professionals, and there was slightly more consultation than in 1993 and more than in 1984. General Practitioners remain the first point of contact for many staff.

<b>Consultant</b>	<b>2002</b>	<b>1993</b>	<b>1994</b>
	<b>%</b>	<b>%</b>	<b>%</b>
General Practitioner	77	77	70
Medical specialist	27	23	18
Physiotherapist	23	21	12
Chiropractor	18	20	15

### ***use of health services for a psychological health problem***

The General Practitioner is the most frequently used resource when staff have a psychological problem and access to General Practitioners has increased since 1993. This is followed by VACCU peers and then VACCU mental health professionals. There is a marked reduction in use of VACCU psychologists from 1993 to 2002 and a slight increase in accessing non-VACCU counsellors.

<b>Consultant</b>	<b>2002</b>	<b>1993</b>
	<b>%</b>	<b>%</b>
General Practitioner	16	11
VACCU peer	12	8
VACCU Mental Health Professional	8	26
Psychologist/Social Worker (non VACCU)	7	5
Psychiatrist	4	4
Clergy	3	3

### **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 2002 is fourteen percent which is the same as in 1993.

### **injuries**

Thirty-three percent of staff currently suffer from an injury, which is similar to that reported in 1993 (32%). Injury to back/spine has increased from 23% to 27%. Muscle/tendon injury has increased from 14% to 20%.

<b>Injury</b>	<b>%</b>
Spine/back	27
Muscle/tendon	20
Joint	15
Other	4

The number of staff who attributed their current injuries as resulting directly from ambulance work has decreased significantly from 70 % in 1993 to 32% in 2002.

### **motor vehicle accidents**

*On duty.* Fourteen percent of staff reported involvement in a motor vehicle accident while on duty (a reduction from 16% reported in 1993).

*Off-duty.* Six percent reported an off-duty motor vehicle accidents in the past 12 months (it was 7% in 1993).

### **time off work**

Staff were asked if they had taken time off work for workcover, for sickness, as stress days or being in hospital as a patient. The results in Table 4.6 show that sickness is the main cause of absence from work and half of the staff (50%) take 1-5 days. Twenty percent also state that they take up to 5 days a year off work because of psychological stress. These categories are not mutually exclusive.

**Table 4.6.** Time off work

No of days	Work cover	Sickness	Stress	In hospital
0	81	23	74	87
1-5	11	50	20	11
6+	8	27	6	2

## 4.4 general stress and coping

### summary

Four situations cause considerable stress to many Paramedics: “having my own life threatened”, “witnessing the death or serious injury of an on-duty colleague”, “dealing with the death of children” and “being with a bad driver at high speeds (fellow Ambulance Officer)”. There is an emphasis on safety issues (such as disability from the job). Several items related to organisational stress and welfare/financial issues are less problematic than in 1993. Indeed table 4.8 lists 10 items that caused considerable stress to 25% or more of Ambulance Officers in 1993 but not so in 2002. They all relate to organisation/welfare issues.

Results on coping skills are similar to those reported in 1993. The most frequently used coping skills are to “try to remain calm” and “plan a solution”.

### general stress

Eleven percent of staff rate their stress as considerable, as they did in 1993.

Stress	2002 %	1993 %
Considerable	11	11
Moderate	31	37
Minimal	49	45
None	9	7

### stressors

Table 4.7 lists the situations which cause considerable stress to 25% or more of staff. From the list of 81 items, there are 15 items that fit into this category. Twelve were in the top list of stressors in 1993 and two were new items in 2002. The most stressful item is “having my own life threatened” and this was the most frequently rated stressor in 1993. Several items relate to driving/disability (“being with a bad driver at high speeds”, “being involved in an accident while on duty” and “near misses with other cars”). The overall number of staff who endorse the top stressors is less than in 1993.

Many stressors relating to organisational stress, financial security and welfare issues are of less concern in 2002 than in 1993. Table 4.8 lists 10 items that were in the top 25% of stressors in 1993 but not 2002.

**Table 4.7.** Situations which cause considerable stress to Ambulance Officers

Situation	2002 %	1993 %
Having my own life threatened	52	57
Witnessing the death/serious injury of an on-duty colleague	46	39

Dealing with the death of children	45	54
Being with a bad driver at high speeds (fellow Amb Officer)	41	55
My making clinical errors	35	*
Coping with patient's physical abuse	31	29
Promotion of incompetent people	30	40
Working with people who are personally unfit for ambulance work	29	32
Being involved in an accident while on duty	28	37
Near misses with other cars	28	40
Being helpless in an emergency	26	40
Not being at home if an emergency happens	26	35
Fear of disability that would leave me unable to continue in the job	25	26
Fear of organisational support should I be injured	25	*
Working with people who are manipulative	25	<25

\* Question not asked

**Table 4.8.** Situations which cause considerable stress to Ambulance Officers in 1993 but less in 2002

Situation	2002 %	1993 %
Lack of forward planning in the system from poor administration	22	41
Inadequate funding of ambulance services +	9	36
Lack of job security (eg fear of retrenchment)	7	35
Having no say in decisions that affect my work	22	32
Lack of career path	10	30
Not being able to meet financial commitments	17	28
Inability to get satisfactory answers to my questions from management	19	27
Working with people who lack integrity	24	26
Low work morale	16	25
Issues involving equipment (eg lack of, failure)	11	25

\* Question not asked

+ Wording differed slightly for the two surveys

### **coping skills**

Table 4.9 describes the coping skills used by participants. The most frequently used skill is to "try to remain calm" followed by "plan out a solution". This list is very similar to that presented in the 1993 study. However the coping mechanism of "bottling up" is less prevalent (21% in 2002, 24% in 1993).

**Table 4.9.** Coping skills which are often used by Ambulance Officers

Coping skill	2002 %	1993 %
Try to remain calm	72	72
Plan out a solution	63	61
Assess the problem and get it into perspective	56	59

Talk to partner/spouse/close friend	52	50
Go over in my mind what I will say or do	48	47
Reassure myself that I did the best I could	47	52
Try to use more positive thinking	45	48
Try to see things from the other persons point of view	44	43
Discuss the problem rather than argue about it	41	41
Confront the situation	39	40
Involve myself in a hobby	36	37
Talk to the person who is causing the problem	32	33
Reflect on failure and what to do next time	32	32
Wish that the situation would go away or be over with	28	31
Apologise and try to make up	25	20
Ignore it	25	21
Exercise e.g. jog	23	20
Become involved in family/social activities	24	25
Bottle it up inside me	21	24
Avoid the person causing the problem	20	20

## 4.5 traumatic stress and coping

### summary

Current trauma symptoms show changes from those reported in 1993, with some items showing increased frequency and other items less frequency. The cause of current symptoms are seen to be cumulative and affected by stress from other areas of one's life. Exposure to traumatic events has decreased since 1993. Coping strategies which are used to deal with critical incidents are described.

### current post-trauma reactions

Table 4.10 lists the kinds of reactions that are typical of traumatic response to critical incidents. The list has changed from 1993 to 2002. "Sleep problems", "trouble concentrating", "dreams or nightmares" and "detachment from others" have all increased in frequency. "Flashbacks" and "intrusive thoughts about a traumatic event" have decreased.

**Table 4.10.** Post-trauma reactions in Ambulance Officers

Post-trauma reaction	2002 %	1993 %
Sleep problems	41	27
Trouble concentrating	34	25
Flashbacks	28	34
Dreams or nightmares	28	17

Detachment from others	28	22
Less interest (pleasure) in things you used to enjoy	25	22
Intrusive thoughts about a traumatic event	25	31
Anger outbursts	23	22
Painful images/memories which you cannot get out of your mind, even if you want to	20	22
Need to constantly stay on guard	20	18
Distress following exposure to reminders of the event	18	21
Sense of a foreshortened future	16	18
Easily startled	16	13
Difficulty recalling feelings which you had at the time of the event	13	14
Unable to have loving feelings	13	12
Physical response if reminded of the event (eg sweating, trembling)	13	11
Use of alcohol/drugs to block distressing thoughts	11	10
Avoidance of places/people/occasions that remind you of the event	10	9
Unable to respond to stimulation	12	7
Acting as though the event was happening again	7	7
Amnesia for the situation, or part of it	7	5
Numbing	8	4

### **cumulative trauma**

Paramedics believe that cumulative factors are important causes of trauma responses (Table 4.11). Only eight percent of staff state that their current reactions are due to a single major incident.

**Table 4.11.** Cause of post-trauma reactions

Cause	%
A cumulation of trauma, general work stress and personal stress	57
A cumulation of incidents over the year (including minor ones)	40
Several major incidents	23
One major incident	8

### **worst situation**

Paramedics were asked to describe the worst work situation that they had ever had to deal with. Qualitative responses are listed in chapter 7.

### **encountering difficult incidents**

There is a reduction in exposure to traumatic situations from 1993 to 2002, as described in Table 4.12.

**Table 4.12.** Encountering difficult incidents.

Incident	2002 %	1993 %
Situations which are particularly gory	85	92
Having a patient die while in your care (acute illness or injuries)	84	82
Death of a child	78	88
Severe burn victims	67	76
Treating a friend or relative	62	70

Possible cross-infection from a high risk patient	58	71
Your own life in danger	53	60
Dealing with situations of ten or more deceased people within a month	31	38
Serious injury/death of an Ambulance Officer	15	20
A major disaster	15	*
More than 5 fatalities at once	14	20
Your self being severely injured	10	12
Overseas service eg East Timor	4	*

\* Question not asked

### **coping with trauma**

The skills used in dealing with trauma, at the time of the event then after the event, are listed below.

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

Coping mechanism	%
Consider other workers	89
Interact with others	87
Keep active	83
Mentally disengage	33
Switch off	26
Block it out	21
Remove yourself from the scene	19

**Table 4.14.** Coping mechanisms used after a traumatic event

Coping mechanism	%
Reassure yourself that you did your best	87
Talk about it	87
Feel good about helping others	84
Keep yourself busy	66
Express emotions	61
Focus on doing something else	54
Think about it, until it goes away	40
Bottle up your emotions	33
Mentally disengage	33
Block it out	21

### **talking about trauma**

Paramedics were asked about recently experienced trauma and whether they had “talked them out” with someone else to their satisfaction. Their replies are listed below.

Talking trauma out	%
Yes always,	37
Yes for some incidents but not all	50
No	13

In 1993, a question that was worded slightly differently found that 53% of staff stated that they mostly talked things out with someone else to their satisfaction.

### **current exposure to trauma.**

Twenty-seven per cent of staff reported that they had been involved in a psychologically traumatic operational situation in the last month.

The current effects from this were as follows:

<b>Effects</b>	<b>%</b>
None	72
Minimal	21
Moderate	5
Great	2

## **4.6 attitudes toward work**

### **summary**

This section includes answers to several questions that all indicate higher job satisfaction and greater financial security than was present in 1993. Ninety one percent report their jobs to be satisfying. There were increases in aspects of job satisfaction from 1993, namely “financial security” and “good job conditions”. Most people report that they intend to stay in ambulance service until retirement. Of those who do not or may not, their reasons for leaving focus around not making the distance physically or changing to a less stressful job. Staff reported support from Services, and colleagues. They also stated that the trust between co-workers is very important to them. Nevertheless conflict at work is also experienced and about one third of staff report that the job negatively interferes with their personal and social life. Likewise shiftwork is considerably disruptive to about one third of staff.

### **job satisfaction**

Staff reported very high levels of job satisfaction and this had increased since the 1993 survey. Fifty-two percent of staff reported high satisfaction and 39% moderate satisfaction. Only 3% reported high job dissatisfaction.

<b>Job satisfaction</b>	<b>2002</b>	<b>1993</b>
	<b>%</b>	<b>%</b>
Highly satisfied	52	31
Moderately satisfied	39	51
Moderately dissatisfied	6	13
Highly dissatisfied	3	5

### **sources of job satisfaction**

In previous years staff identified various reasons why the job was satisfying to them. These areas were rated as providing high job satisfaction, as they were in 1993. However significant increases were found in “financial security” and “good job conditions”.

**Table 4.15.** Sources of job satisfaction

Source of satisfaction	2002	1993
	%	%
Helping people	99	100
It is interesting work	99	98

A sense of doing a job well	98	99
Contributing to the community	97	98
The work is challenging	97	97
Seeing the benefits of my work	96	97
Saving lives	95	96
Being with good workmates	95	94
Financial security	95	78
Good job conditions	94	82
Hours of work	74	72

### job importance

Staff rate the importance of their job relative to their overall life highly. Ninety-six percent see it as very important or important. This is the same figure reported in 1993, though slightly more people rated the job as very important in 2002 than in 1993 (41% and 39% respectively).

Job importance	2002	1993
	%	%
Very important	41	39
Important	55	57
Unimportant	3	4
Very unimportant	1	0

### intention of staying in ambulance services

Sixty-seven percent of staff see themselves as staying within ambulance service until they retire and a further 24 % are uncertain. Only 9% believe they will not stay until retirement. Intention to stay (definitely or probably) has increased from 82% in 1993 to 91% in 2002.

Table 4.16 describes anticipated reasons for leaving before retirement. Whereas in 1993 the main reasons for leaving were “will start own business” and “will change to a higher paid job”, in 2002 they were “won’t make the distance physically” and “will change to a less stressful job”.

**Table 4.16.** Reasons for leaving the Service

Reason	2002	1993	1984
	%	%	%
Won’t make the distance physically	19	28	29
Will change to a less stressful job	15	34	15
Won’t make the distance emotionally	12	19	17
Will start own business	9	44	20
Will change to a more challenging job	9	29	9
Will change to a higher paid job	8	44	10
Will be retrenched	4	34	*

\*Question not asked.

Staff were asked how many years they believe that the average Paramedic can serve on the road before becoming physically or psychologically unwell. There was a range of answers, 5% believing up to 10 years only. However the majority replied that it depended on the person.

<b>Years of service</b>	<b>%</b>
1-10	5
11-15	10
16-20	12
21+	6
Depends on the person	64
Don't know	3

### **if I did not need the money...**

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

### **issues of support and conflict**

Staff were asked if they felt insecure in their current job. Fifteen percent replied yes which is a reduction from that reported in 1993 where the figure was fifty-three percent.

Staff generally reported that they felt supported by co-workers (55% said a lot and further 39% said a little). They also felt supported by their Ambulance Service (27% said a lot and a further 51% said a little).

Conflict at work was reported as follows.

<b>Conflict</b>	<b>%</b>
A lot	7
A little	52
No	41

The emotional bond and trust between co-workers who are working together was seen to be important by the vast majority.

<b>Importance</b>	<b>%</b>
Extremely	53
Mostly	39
Minimally	8

### **the impact of work on home life**

One third of staff reported that the job interfered a lot with home life and one third stated that it interfered a lot with social life. About one third of Paramedics reported that shift work disrupted their life considerably, though 10% enjoy shift work. Few people reported no interference with the job on family life (9%) and social life (8%) and this figure is similar to that reported in 1993 (11% and 11% respectively).

<b>Job interference on home life</b>	<b>%</b>
A lot	34
A little	57
No	9

<b>Job interference on social life</b>	<b>%</b>
A lot	34

A little	58
No	8
<b>Shift work disruption to life</b>	
Considerably	34
A little	56
I enjoy it	10

## 4.7 family and friends

### summary

This section describes family and friendships. As in 1993, it is found that many Paramedics marry nurses (24%) and friends are mostly from outside the Service. Most Officers say that their salary is adequate to meet their current standard of living.

### partner

Eighty-four percent of Paramedics in this sample have a current partner. Twenty-four percent of partners are nurses, the same number as was found in 1993.

Most staff feel supported by their partners (97%). Staff also report experiencing conflict at home (7% state a lot and a further 60% state a little).

### friends

As was found in the 1993 survey, many staff have friends mostly from outside the Service (47%). Others have a 50:50 balance of ambulance and non-ambulance friends (43%). Only ten percent of Paramedics have friends who are mostly from within Ambulance Service.

Staff report feeling supported by friends (94%), but also at times experience conflict (20%).

### financial issues

Fifty-three percent of staff believe that their salary is adequate to maintain their current standard of living and a further 40% say it is adequate but with difficulty. In 1993 the respective figures were much lower (19% and 57%). Thus the number of people who state that their salary is adequate or adequate with difficulty has increased from 76% in 1993 to 93% in 2002. The number of people who state that their salary is not adequate to maintain their current standard of living has fallen from 24% to 7%.

<b>Salary</b>	<b>2002</b>	<b>1993</b>
	<b>%</b>	<b>%</b>
Adequate	53	19
Adequate but with difficulty	40	57
Inadequate	7	24

The number of staff who state that they need to work overtime shifts to make ends meet has dropped from 81% in 1993 to 64% in 2002.

# five partners of paramedics<sup>1</sup>

## 5.1 biographical data

### summary

This sample of 647 partners/spouses of Paramedics are mostly married and female. The average duration of the relationship with their paramedic partner is 16 years.

### age

The average age of partners is 41 years which is older than that reported in 1993 (36 years).

### gender

Eighty-eight percent are female and 12% male.

### marital status

Marital status is:

Status	%
Single	2
Married or living together	97
Separated	0.5
Divorced	0.5

Duration of relationship for this sample is, on average, 16 years. It was 13 years in 1993.

### children

The number of children for partners is listed below and is very similar to that reported in 1993.

No. of children	%
None	21
One	13
Two	37
Three	21
Four or more	8

1. "Partners" refers to the husbands/wives/living partners of Paramedics.

## 5.2 health

### summary

Most partners report their health to be good or excellent. They report better fitness, exercising more and smoking less. Slightly more people than in 1993 report being overweight and drinking alcohol. Use of medication has also increased.

Partners report reduced fatigue and this is one of the few health trends that is not matched by the Paramedic sample which reports increased fatigue. Also, partners (a predominantly female sample) seek less assistance for a psychological problem than do Paramedics (a predominantly male sample).

### general physical health

Most partners (89%) rate their physical health as good or excellent.

Physical health	2002	1993
	%	%
Excellent	34	29
Good	55	63
Fair	10	7
Poor	1	1

### symptoms

Table 5.1 lists the symptoms which are most frequently experienced by partners. These are similar to those reported in 1993, though there is an increase in backaches, reduction in fatigue and reduction in irritability.

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

Symptom	2002	1993
	%	%
Backaches	23	18
Fatigue	20	25
Headaches	17	19
Sleep disturbances	15	17
Stiffness in the neck	15	16
Irritability	9	14

## physical fitness

Fifty-seven percent of partners describe their physical fitness as good or excellent which is higher than that reported in 1993 (51%) and in 1984 (44%).

Physical fitness	2002	1993
	%	%
Excellent	9	5
Good	48	46
Fair	36	42
Poor	7	7

## exercise

Fifty-six percent of partners exercise three or more hours per week which is a big increase from the number reported in 1993 (39%) and 1984 (31%).

**Table 5.2.** Amount of exercise undertaken

Amount of exercise	2002	1993
	%	%
10 or more hours a week	6	4
5-9 hours a week	20	13
3-4 hours a week	30	22
1-2 hours a week	22	25
Several hours per month	14	17
None	8	19

## weight

Partners rating of their weight is given in Table 5.3. and shows small increase in the “slightly overweight” category from that reported in 1993.

**Table 5.3.** Weight of partners

Weight	2002	1993
	%	%
Considerably overweight (10+K)	13	14
Slightly overweight	36	33
Normal weight	46	45
Slightly underweight	5	7
Very underweight (10+k)	0	1

## alcohol consumption

Seventy-nine percent of partners drink alcohol, which is an increase on the rate reported in 1993 (72%).

Ninety-one percent of people who drink do so for between 1 and 24 days per month.

The number of drinks per sitting is: 24% drink 1 glass, 45% drink 2 glasses, 14% drink 3 glasses and 17% drink 4 or more glasses in a single session.

## smoking

Thirteen percent of partners smoke which is fewer than the 19% reported in 1993. Of those who smoke, 86% have up to 20 cigarettes per day and 14% have 21 plus cigarettes per day.

### use of medication

The number of people currently on medication has increased from 26% in 1993 to 34% in 2002. However there is a drop in reported use of particular medications as shown in Table 5.4.

**Table 5.4.** Use of medication

Medication	2002 %	1993 %
Pain relievers	74	80
Medicines for coughs/colds	56	61
Vitamins/minerals	52	55
Other prescription items	40	49
Stomach medicines/laxatives	16	16
Sleeping medication	11	10
Medication for heart	2	4
Tranquillisers/sedatives	4	4
Anti-depressants	6	3

### consultation

#### *Use of health services for a physical health problem*

Consultation was sought from a variety of professionals over physical health problems. The General Practitioner remains the first point of contact for many and partners are more likely than Paramedics to seek specialist health services.

Consultant	2002 %	2002 Paramedic rating %
General Practitioner	76	77
Medical specialist	31	27
Chiropractor	21	18
Physiotherapist	20	23

#### *Use of health services for a psychological health problem*

Sources of assistance for a psychological problem are listed below: The General Practitioner is the most frequently used source followed by non-VACCU counsellors. Paramedics (predominantly male sample) in general seek assistance for a psychological problem more readily than do partners (predominantly female sample).

Consultant	2002 %	2002 Paramedic rating %
General Practitioner	13	16
Psychologist (non VACCU)	9	7
VACCU psychologist	4	8
Psychiatrist	3	4
Clergy	4	3
VACCU peer	1	12

### knowing where to go for help

Fifteen percent of partners reported that there had been times in the past 12 months when they had wanted to seek professional help about a personal problem and had not known where to go.

## 5.3 general stress and coping

### summary

Most partners have no or minimal stress (66%). They use coping skills which emphasis talking to others as well as cognitive, rational problem solving.

### general stress

Partners rate their general stress levels lower than in 1993.

Stress	2002 %	1993 %
Considerable	7	9
Moderate	27	35
Minimal	55	47
None	11	9

### coping skills

Commonly used coping skills are described in Table 5.5. "Talking to one's partner, spouse or close friend" is the most frequently used coping strategy. "Bottling up" problems has decreased from 24% in 1993 to 20 % in 2002.

**Table 5.5.** Coping skills which are often used by partners

Coping skill	2000 %	1993 %
Talk to partner/spouse/close friend	60	70
Try to remain calm	55	57
Plan out a solution	47	46
Go over in my mind what I will say or do	44	51
Try to see things from the other persons point of view	41	43
Assess the problem and get it into perspective	40	43
Wish the situation would go away or be over with	39	49
Try to use more positive thinking	38	47
Reassure myself that I did the best I could	35	41
Confront the situation	34	36
Discuss the problem rather than argue about it	31	36
Involve myself in a hobby	30	38
Become involved in family/social activities	25	34
Talk to the person who is causing the problem	25	31
Apologise and try to make up	23	30
Bottle it up inside me	20	24
Reflect on failure and what to do next time	17	21

## 5.4 partners' description of employees' health, stress, and job satisfaction.

### summary

This section describes partners' perceptions of the Paramedic to whom they are married or live with. It does not give partners' views on Paramedics in general. Partners rate Paramedics as having good health and fitness overall. They identify stress in some Paramedics and report higher job satisfaction in Paramedics than they did in 1993. Partners concur with the ratings of Paramedics on most variables except stress. Here partners rate more staff with considerable stress than do Paramedics rating themselves.

### employees' health

Partners describe the general health, physical fitness and psychological health of paramedics (i.e. their spouse) as good and also there is good agreement between partner and Paramedic assessments.

<b>Physical health</b>	<b>Partner Rating</b>	<b>Paramedic rating</b>
	<b>%</b>	<b>%</b>
Excellent	25	25
Good	59	58
Fair	14	15
Poor	2	2

<b>Physical fitness</b>	<b>Partner Rating</b>	<b>Paramedic rating</b>
	<b>%</b>	<b>%</b>
Excellent	16	14
Good	54	50
Fair	24	31
Poor	6	5

<b>Psychological Health</b>	<b>Partner Rating</b>
<b>Health % %</b>	<b>%</b>
Excellent	34
Good	48
Fair	14
Poor	4

### employees' stress

Stress ratings were similar to those of 1993. Approximately one-quarter of partners believe their spouse was under too much stress. This compares to 11% of paramedics who rate themselves as under considerable stress.

<b>Stress</b>	<b>%</b>
Yes, too much	23
Yes, but not too much	64
No	13

The ways in which employees demonstrate their stress is described in Table 5.6.

**Table 5.6.** Partners' rating of how employees show their stress

Expression of stress	2002 %	1993 %
Irritability	72	72
Taking a long time to wind down after arriving home	55	58
Being withdrawn	54	57
Worrying	53	61
Depression	27	31
Drinking/smoking more than usual	25	22
Talking more than usual	20	18

### **employees' job satisfaction**

Partners rate employee job satisfaction as greatly improved from 1993.

<b>Job satisfaction</b>	<b>2002 %</b>	<b>1993 %</b>
Highly satisfied	46	28
Moderately satisfied	36	43
So-so	10	12
Moderately dissatisfied	5	9
Highly dissatisfied	3	8

## 5.5 the effects of the job on the family

### **summary**

The job has both positive and negative effects on family members as described below. The patterns of who paramedics talk to, as reported by partners, has changed over the years. Partners remain the most likely person that Paramedics talk to. But, according to partners, Paramedics are more likely to talk to colleagues at work or professionals than they were in 1993. Partners reported less worries than in 1993.

### **affects of the job on partners/children**

The job has both positive and negative effects on family members.

Affects of the job on partner

<b>Affect</b>	<b>%</b>
Basically positive	27
Positive and negative	56
Basically negative	3
Not much either way	14

Affects of the job on children

<b>Affect</b>	<b>%</b>
Basically positive	34
Positive and negative	43
Basically negative	4
Not much either way	19

### **affects of employee stress on others**

One third of partners report that employees stress affects them a lot and 20% report effects on others in the household. Common behaviours on arriving home are identified.

<b>Affected by employee stress</b>	<b>2002</b>	<b>1993</b>
	<b>%</b>	<b>%</b>
Yes, a lot	33	35
Yes, but not too much	53	54
No	14	11

The effects of employees stress on other household members is as follows.

<b>Affected by employee stress</b>	<b>%</b>
Yes, a lot	20
Yes, but not too much	50
No	30

On arrival home, employees are reported to undertake the following activities.

<b>Activity</b>	<b>%</b>
Take off his/her uniform	85
Greet the kids	69
Get something to drink	53
Get something to eat	45
Spend time by self	20

Partners varied in the amount of time they thought the average Paramedic could spend on the road before becoming physically or psychologically unwell. The majority however believe that "it depends on the person".

<b>No of years</b>	<b>%</b>
1-10	6
11-15	9
16-20	7
21+	1
Depends on person	73
Don't know	4

### **communication between couples**

The amount of information received about the job is described below. The number of partners who would like more information about the job has reduced from 19% in 1993 to 14% in 2002, a figure similar to that found in 1984 (20%). There are changes in who Paramedics talk to if they have a problem, as assessed by partners. Paramedics are more likely to talk to someone at work and a professional person than was reported in 1993. Nevertheless, partners remain the main source of support.

<b>Amount of information</b>	<b>%</b>
More than they liked	3
As much as they liked	79

Less than they liked	14
None	4

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

Person	2002	1993
	%	%
Partner	91	90
A friend at work	53	46
Friends (non ambulance)	36	37
Family/relatives	32	29
No-one	20	20
A professional person	15	1

Partners' support is demonstrated by answers to the question "does your partner usually want to "talk out the day's work" on arriving home"? The answers are given below.

Frequency of talking	%
Yes usually	32
Yes sometimes	52
No	16

### partners' worries

Ratings of partners worries show decreases in concern from 1993 to 2002. The main concern in 2002 is "that my partner might have an accident". This is followed by "insufficient time together as a couple", "insufficient time together as a family" and "shift work".

**Table 5.7.** Partners' worries

Situation	2002 %	1993 %	1984 %
That my partner might have an accident	69	72	82
Insufficient time together as a couple	55	55	69
Insufficient time together as a family	50	54	65
Shift work	46	40	*
Insufficient time with friends	44	42	66
Handling domestic crises by myself	38	43	68
Being at home alone at night	34	50	64
That my partner might become sexually involved with another person	15	18	21
Permanency of partner's job	8	52	*

\*Question not asked

### finance

Partners report on whether the family is able to meet financial commitments on his/her pay as follows.

**Able to meet financial commitments      %**

Yes, usually or always	83
Yes, sometimes	12
No	4
Don't know	1

### **Partner support programs**

Partners rated the desirability of establishing partner support networks as follows.

<b>Partner support</b>	<b>%</b>
Yes	35
No	11
Depends on what's involved	54

# six evaluation of the victorian ambulance crisis counselling unit

## 6.1 overview

The services of the Victorian Ambulance Crisis Counselling Unit are available to Paramedics and their partners. This includes a 24-hour crisis line to professional health workers for phone and face-to-face counselling, a peer support network of specially trained Paramedics and group interventions (debriefing and defusing) after crews experience a more major critical incident.

Services are well known to Paramedics and there is increased awareness amongst partners than was found in 1993. Substantial use is made of both counsellors and peer support. Evaluation of services remains high and is similar to that reported in 1993, though partners report the services of the crisis line less favourably than they did in 1993. There is an increase in the perceived importance for the service to continue and this is now almost universal amongst Paramedics and their partners. The proactive peer response is being positively received with indications that, if anything, the outreach should be increased. The perceived confidentiality of both the crisis line and peer support could be higher.

## 6.2 crisis line

### knowledge and use of the crisis line

Knowledge of the crisis line and how to access the number is almost universal amongst staff and has increased for partners.

**Table 6.1.** Awareness of the Crisis Line

	2002 %	1993 %
Paramedics	98	96
Partners	75	55

**Table 6.2.** Knowledge of the crisis line telephone number

	2002 %	1993 %
Paramedics	91	41
Partners	47	9

Paramedics were asked if they had ever referred someone else to the crisis line and about half had.

**Table 6.3.** Referral of others to the crisis line

	2002 %	1993 %
Paramedics	56	52
Partners	*	14

\* Question not asked

Twenty-seven percent 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

	2002 %	1993 %
Paramedics	27	22
Partners	7	7

### evaluation of crisis line

People who had talked to a counsellor commented further. Most Paramedics and partners report that the service is very helpful (Tables 6.5, 6.6 & 6.7). These ratings are similar to those of 1993, although partners rated the crisis line less favourably in 2002 than in 1993. The perceived importance for the service to continue has increased with 99% of staff and 98% of partners stating that it is important to continue the crisis line.

**Table 6.5.** Helpfulness of the crisis line service

	Very helpful %	Moderately helpful %	Not helpful %
<b>2002</b>			
Paramedics	63	27	10
Partners	58	26	16
<b>1993</b>			
Ambulance Officers	65	27	8
Partners	73	21	6

**Table 6.6.** Lessening of stress signs

	A lot %	A little %	None %
2002			
Paramedics	42	44	14
Partners	45	36	19
1993			
Ambulance Officers	44	41	15
Partners	47	43	10

**Table 6.7.** Duration of benefits

	No benefits %	Up to a few days %	Up to a a few weeks %	Long lasting %
2002				
Paramedics	14	15	18	53
Partners	16	15	16	53
1993				
Ambulance Officers	18	13	16	53
Partners	6	18	9	67

**Table 6.8.** Importance for the crisis line to continue

	Very important %	Quite important %	Not important %
2002			
Paramedics	87	12	1
Partners	80	18	2
1993			
Ambulance Officers	79	18	3
Partners	72	25	3

### **confidentiality**

Staff were asked how confidential they regarded crisis counselling to be.

<b>Confidentiality</b>	<b>Paramedic %</b>	<b>Partner %</b>
Always	64	50
Usually	17	15
Seldom	2	2
Don't know	17	33

## 6.3 peer program

## summary

Ninety-eight percent of staff know about peer support and this has increased from 76% in 1993. Evaluation of peer services is positive and similar to that reported in 1993. The importance for peer support to continue has increased. In 2002, 97% of staff and 98% of partners believe it should continue.

## knowledge and use of peer support

**Table 6.9.** Awareness of peer support

	2002	1993
	%	%
Paramedics	98	76
Partners	63	*

\* Question not asked

Paramedics were asked if they had ever referred someone else to peer support

**Table 6.10.** Referral of others

	2002	1993
	%	%
Paramedics	61	32

Forty-eight percent of the sample (n=429) and six percent of partners have had contact with a peer.

**Table 6.11.** Number of people who have contacted peer support

	2002	1993
	%	%
Paramedics	48	26
Partners	6	*

\* Question not asked

Staff were asked if there was at least one peer they would go to if they needed a peer. There was an increase since 1993 in those who answered yes.

	Know one peer to talk to	2002	1993
		%	%
Yes		83	70
No		17	30

## evaluation of peer support

People who spoke with a peer reported that the contact was helpful, lessened stress signs and that these benefits lasted. Ninety-seven percent of staff and 98% of partners believe that peer support should continue.

**Table 6.12.** Helpfulness of peer support

	Very helpful %	Moderately helpful %	Not helpful %
2002			
Paramedics	56	36	8
Partners	59	27	14
1993			
Ambulance Officers	59	34	7

**Table 6.13.** Lessening of stress signs

	A lot %	A little %	None %
2002			
Paramedics	30	57	13
Partners	34	57	9
1993			
Ambulance Officers	38	50	12

**Table 6.14.** Duration of benefits

	No benefits %	Up to a few days %	Up to a a few weeks %	Long lasting %
2002				
Paramedics	14	22	10	54
Partners	18	35	12	35
1993				
Ambulance Officers	16	22	8	54

**Table 6.15.** Importance for peer support to continue

	Very important	Quite important	Not important
--	----------------	-----------------	---------------

	%	%	%
<hr/>			
2002			
Paramedics	82	15	3
Partners	76	22	2
<hr/>			
1993			
Ambulance Officers	62	32	6
<hr/>			

### **confidentiality**

Staff were asked how confidential they regarded peer support to be.

<b>Confidentiality</b>	<b>Paramedic</b>	<b>Partner</b>
	%	%
Always	51	38
Usually	30	21
Seldom	5	4
Don't know	14	37

### **proactive response**

Proactive response describes the automatic notification of the peer system when staff are dispatched to "critical incident" jobs and the prompt contact by peers of the crews thereafter.

Paramedics were asked if they had ever been contacted by a peer after a stressful operational incident and 82% replied that they had.

<b>Contact</b>	<b>%</b>
Often	21
Occasionally	61
Never	18 (n=165)

Staff were asked if they had been contacted by a peer by phone but wished that they had been contacted in person. Nine percent replied that there were times when they would have preferred the peer contact to be in person rather than by phone.

<b>Mode of contact</b>	<b>%</b>
Contacted by phone and this was sufficient	66
Contacted by phone but would have preferred a personal visit	9
Never contacted by phone	25

Thirty-two percent of staff stated that they had been to an incident where they were not contacted by peer support but wished they had been.

<b>Not contacted and wished they had been</b>	<b>%</b>
Yes	32
No	68

Staff were asked about their perceptions as to whether the rate of proactive peer follow-up is too much, insufficient or about right. Fifty percent of the staff stated that it is about right. However 46% stated that it should happen more often.

<b>Rate of proactive follow-up</b>	<b>%</b>
It should happen more often	46
The rate of follow-up is about right	50
It should happen less often	2
It shouldn't happen at all	2

Most Paramedics stated that it was easy for them to access a peer if they needed to.

<b>Easy to access a peer</b>	<b>%</b>
Yes	94
No	3
Wouldn't want to	3

Staff were asked if there were any peers of the list currently that they believed were unsuitable to be peers. Thirty-one percent replied that there were.

<b>Unsuitable peers</b>	<b>%</b>
Yes	31
No	16
Don't know	53

## 6.4 group interventions

### knowledge and use of debriefing/defusing

Thirty-five percent of staff stated that they had attended a psychological debriefing or defusing. However it is believed that confusion still exists about the difference between operational and psychological debriefings. Ratings of the helpfulness of defusing and debriefing has increased over time.

### evaluation of services

**Table 6.16.** Helpfulness of the debriefing/defusing service

	Very helpful %	Moderately helpful %	Not helpful %
2002 Paramedics	41	42	17
1993 Ambulance Officers	37	45	18

Most participants report less stress signs as a result of the debriefing or defusing.

**Table 6.17.** Lessening of stress signs

	A lot %	A little %	None %
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2002 Paramedics	31	44	25
1993 Ambulance Officers	21	51	28

Further, for most participants, these benefits are long lasting.

**Table 6.18.** Duration of benefits

	No benefits %	Up to a few days %	Up to a a few weeks %	Long lasting %
2002 Paramedics	25	14	10	51
1997 Ambulance Officers	28	14	10	48

## 6.5 general evaluation of service impact

### 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. A sizeable number of people, who accessed the services of the Unit, report that services influenced them to become more reasonable (at work and at home), take less sick leave and not to leave the job.

**Table 6.19.** The effects of the Counselling Unit on job behaviour

Impact	2002 %	1997 %
Not to take sick leave	13	14
Not to leave the job	19	18
Not to take out your frustrations on others at work	21	22
Not to take out your frustrations on others at home	29	26

## 6.6 qualitative evaluation comments

At the end of the questionnaire, respondents were invited to make any general comments about the VACCU. Some of those replies are produced here.

*From my experience the VACCU is the most important thing that exists for staff welfare.*

*A very necessary service, which I hope I never need to use but I can rest easy knowing it is available if required.*

*Peer support/VACCU is essential for survival of paramedics.*

*Very helpful, fast responses, good to know you have psychological backup there when you need it.*

*Peer support is great and many services (health care providers) are jealous of the care we get/post event debriefing provided!!*

*The VACCU is a very important highly regarded and respected part of the ambulance support network. Although I hope I never need you it is a comfort to know we have some support if required.*

*I feel the VACCU should be disbanded, there are too many ambulance staff using the Unit as a mental prop to remain in the job.*

*I have reservations about the confidentiality of discussions with peers. One of the considerations of my visit to a psychologist was how many visits I was allowed – I don't believe that someone under stress should be further stressed by the pressure of getting things sorted within 4 visits! Consulting the psychologist was enormously beneficial for me and has promoted lasting changes.*

*While I have not used VACCU with much success, the existence of the unit is important as others may utilize it more, and I don't know what may happen in the future.*

*I have great respect for the work you do – Thank you. Keep it up!!*

*Great service – but need to substantially improve peer follow up of incidents – too many slipping through the net.*

*Having had one major contact with your Unit, I found the process to be of huge benefit and probably saved my career.*

*Peers in my region are generally too busy to recognize stress in other peers.*

*It is excellent service. Please never let it be abandoned.*

*My first marriage broke up prior to VACCU coming on line, it has probably kept my second one going.*

*The world needs more people like Colin Horwell.*

*An excellent service that is a major contributor to staff moral and a powerful support to workers in a stressful industry and families of workers.*

*A few peer support persons are in it for the “gossip factor”. I do not trust them with confidentiality. We should have greater access to outside personal.*

*I think they provide a positive and necessary service and should continue. Not everyone may have a loving, supportive spouse (not that the VACCU should fill that role either!!).*

*The VACCU co ordinator in our area is very good and well informed.*

*It's the best thing introduced into ambulance, its picked me up 10 years ago and I haven't forgotten.*

*Talked to peer and it was very helpful to know I can trust them and call them anytime. Will go to them with any problems that consistently trouble me.*

*Over the years I have watched it grow into a cohesive efficient body of people who genuinely care for their fellow workers.*

*I like the way VACCU has been able to remain flexible in delivering solutions to some difficult cases.*

*Four years ago I was diagnosed with a (psychological condition). This resulted from a divorce 6 years ago. I am now well and have been for 2 years. The support I received from the service and peer support made my recovery easier and short. Thank you to all involved.*

*I am currently receiving assistance from a private clinician rather than through VACCU.*

*Peer support system is fantastic from my experience. Dedicated, helpful and responsive.*

*We need the Unit. You never know what the "straw that breaks the camels back" looks like.*

*It's great that a small unit of the 'service' really cares about our well-being. Ours is a difficult job/lifestyle at times and it is very reassuring to know that VACCU is there should we need you.*

*Although I have rated my mental health good in this survey, it was not always so. The VACCU provided the support and means to allow me to get help for severe life threatening depression. Thank you.*

*I agree with having psychologists but believe we should have independent counsellors from outside the service.*

*The combination of VACCU psychologist and counselling saved my marriage last year.*

*This is an essential service that should NEVER cease.*

*VACCU does a very difficult job, in very complex situations, with great compassion.*

## seven description of worst jobs

Paramedics were asked to describe the worst jobs that they had gone to and also times when they had attended jobs (presumably bad ones for them) and had not been contacted by peer support. Some of their answers are reported here.

These are distressing events and may be distressing to read. They are included here because they describe the situations which Paramedics deal with in a way that numbers cannot. They contribute to our understanding of the work of Paramedics and complement the quantitative data.

***All specific information (such as numbers, gender) and all identifying information has been changed in order to ensure the confidentiality of Paramedics' replies. The more well known situations have been disguised. As well, details have been changed at random.***

*Being attacked with a knife by a patient and having to defend myself and my partner by subduing the patient with physical force.*

*Treating a patient trapped in a roll over car for over 1 hr. The patient died minutes before he was released by a road rescue crew.*

*11 year old hit & run immediately following church service in front of parishoners..I had to clean up the scene and transport the family.*

*Lonely forgotten and unloved old people.*

*Verbal abuse by a MICA officer. It still haunts me and angers me even though it happened more than ten years ago.*

*Multiple patients with multiple stab wounds, no police presence, the offender was leaning over me while I was working on the patients.*

*SIDS case. I had delivered the baby three weeks prior.*

*Being called to a cardiac arrest – found man hanging. He had been hanging for many months. Very badly composed, smell & blowflies.*

*I had to remove the handle bars and front forks of a motorbike from inside a man's abdominal cavity. I was trying to remove the headlight from the person when the liver fell out onto the road. So we transported the person with the headlight inside the body.*

*If I tell you, you will need a psychiatrist after reading it.*

*Two children hit by a train. Both were killed. As I worked on the young girl her father was at her feet crying for her to live. My concern was also for other ambos at scene with families of their own.*

*15 day old baby with its head torn open by the family dog. Drove Signal 1 to hospital holding the mothers hand. The baby died. My partner took 3 months leave that day and resigned soon after returning.*

*SIDS case, same age as my daughter. Had "I love you Mum" socks on which my daughter was wearing the day before.*

*Walking into a home and coming face to face with a double hanging (father and son, murder suicide).*

*A 5 year-old boy traumatic arrest after severe head injury major head on collision, same night a brutal rape case, same night colleague quite uncaring care of patient.*

*Mother killed whilst child in her arms. The little boy was still alive. Mums head had been severed.*

*Overdose death of sole parent with the child in the house. Child asking "what's wrong with Mummy"???*

*Two truck MVA. Driver sucked through his windscreen, under the double wheels of a compactor truck necessitating the removal of the body parts from between the wheels and underside of the compactor truck and on the road. The transporting the parts to hospital for certification by a doctor.*

*Being trapped in a house by a mentally disturbed person. Whilst being threatened, having to treat the person he had physically just beaten.*

*The destruction of the ambulance service.*

*Stillborn baby born in back of ambulance at 30 weeks gestation. I was a student with less than a month on the road. Felt very inadequate in helping baby and parents. School training doesn't prepare you for these jobs.*

*Shotgun pointed to my head.*

*A patient attempted to stab me after seeing them several times in one night.*

*A young lady was hit by a car at high speed causing her body to explode and only the torso was left in back seat. Husband witnessed impact but did not see where body went. When we informed husband wife was dead husband insisted on seeing body despite our telling him that the body was not good to look at. Husband was extremely upset after viewing the body.*

*Lady in car crashed into pole. The car exploded and the patient was burnt alive, screaming.*

*14 year old boy crushed in car accident – (front passenger seat). His face was ripped off by jagged metal but he was still breathing briefly on my arrival. A very distressed mother (driver) was aware of her only child's horrific injuries. He died at the scene.*

*A person who committed suicide by shot gun blast to the head, with enough brain stem intact to allow resus for prolonged period.*

*Recently I attended a SIDS where the child was the same age as my youngest. It was not the death that upset me but the grief of the parents and friends that affected me the most.*

*Self inflicted stab wound by an elderly gentleman who proceeded to disembowel himself. He lived, all be it for the tension and horrific scene at the house where he had thrown his bowel all over the large room (in pieces).*

*Child pedestrian (deceased) only days before Xmas. Telling the parents of the child's death while standing next to their Xmas tree – his presents underneath.*

*Last year I attended 5 people killed in one accident. 4 people from the one family were killed. There were 2 decapitations in the car. The group manager gave us about an hour to recover and have a coffee then we got called out again...if it ever happens again I will go off sick.*

*Husband bashed wife with a huge hammer to death whilst their three young children were present.*

*Murder and rape of 15 year old girl and then discovering the body of a younger brother in his bed with his throat cut.*

*Pt. deceased from trauma, feeling responsible. Pt. deceased at home, feeling responsible. Pt. deceased from asthma, feeling of responsibility. Many cases like these, no single one. Maybe the asthmatic.*

*Attending injured jockey, when someone shot the injured horse near to me with no warning.*

*Finding a work colleague who committed suicide.*

*Working alone – young patient with 90% burns. Dealing with the situation was bad enough but reflecting on his recovery was worse. It was one of those cases which taught me not to ask “why” but just “accept” things the way they are.*

*Having a friend of mine die with her arms around my neck and saying “help me, help me”.*

*Dealing with an elderly lady, whose husband of many years, was discovered dead in his shed-dressed in womens clothing. She didn't know he was a cross-dresser and was naturally aggrieved and shocked.*

*Watching a patient burn to death in a car and being unable to do anything about it.*

*Two vehicle accident – both drivers incinerated to skeletons-skull, upper limbs and lower limbs, destroyed. Helped other rescuers at scene only to be abused by management of the day over the telephone three days later for wasting time.*

*Attending an 11 year old girl who hung herself with blind twine, had difficulty finding the address ( bad directions) and when we arrived Pt dead. Mother and children distraught – asking me for her life back.*

*Having a drug addicted severely intoxicated male telling me that he wants to stab himself until he dies while on the phone so it wrecks my life too.*

*Attending a cardiac arrest at a Christmas party to find it was a friend and workmate from my previous employment.*

*1 year old burnt to death – telling and then coping with the parents reactions. It happened over 10 years ago and just writing about it now still really upsets me and brings me to tears.*

*A 12 year old child, a victim of school bullying had hung himself in a public park. He was a nice kid coming from a really lovely family.*

*Attending a murder when a relative of mine may well have been the offender.*

*Mistreatment of an elderly mother by her children. Locked in her bedroom for weeks with minimal food and no toilet/bathroom facilities.*

*Death of child ‘squashed’ by a farm machine then being blamed by parents for not doing more even though child was dead on our arrival.*

*Six and seven year old sisters drowned in river. The anguish and desolation of the father was equally distressing for me as I had children of approximately the same ages at the time. The coroners handling of the case was also without feeling for the father.*

*Going to a person with 100% full thickness burns and thinking they are dead, then they start speaking and thinking shit what do I do now? There is no body to help you.*

*Toddler struck by truck. Walking down road picking up pieces of skull.*

*Attend a friend who committed suicide and have my colleague laugh and say it is a pity it wasn't you.*

*Accidental death of 15 year old girl in dairy on farm, head crushed, father holding daughter in his arms, only daughter, only child, mother present. It was Christmas eve. I kept at scene for a prolonged period with emotions of all, father not wanting to let her go. The following morning I was still teary, I have 2 daughters, 1 is a 15 year old.*

## eight general comments from the questionnaire

At the end of the questionnaire, both Paramedics and their partners were invited to make general comments about their reactions to filling in the questionnaire and anything else they cared to comment on. Some of their responses are described below.

### 8.1 paramedics

*I recognize how important it is but it is still quite lengthy. A colleague described it as the Spanish Inquisition, which is a shame.*

*I believe the best debriefing used to occur around the mess room table in years gone by (when branches had multiple shifts). I think this is still an important area, where people are informally debriefed, simply by other crews asking about a particular job.*

*I think that I realized that work is perhaps more stressful than I realize and that perhaps I don't realize it except when I am talking about it and forced to think about it! I must just switch off when I'm not in work mode.*

*I certainly experience more stressful work than I used to, but filling this out has reassured me that I'm coping adequately....I may not be sane, but I'm coping.*

*Challenged me to be honest with myself. Appreciate the depth of questioning/answer options.*

*The DTM would appear to be a very weak link in the activation of the peer support system. Certain events such as suicides, child deaths and multi cas etc. should illicit an automatic peer support activation. The DTMs discretion should have no influence on this! Peer support is supposed to be a "safety net".*

*It has asked me how I feel about work. I probably do not think about my feelings much. I think this is an immensely valuable exercise.*

*Well constructed survey. I was very interested in my ex partners comments as they were not quite what I expected. Very good having one for partners too!!*

*It feels as though your whole career is abridged to 20 pages in a VACCU study. It's comforting to think that there is interest in paramedics welfare.*

*I know its meant to be confidential but I doubt it is.... I think asking people about work stress is fine for the purposes of this survey, but I think home/personal life should remain personal and private.*

*As a paramedic of 26 years I feel like a round peg in a round hole. This career has been great for me.*

*Thought there might be more on what exactly stresses AO's out about their work partners e.g. racism, sexism, homophobia.*

*A lack of recognition of "burn out" has led me to lose interest in the job-I have lost my enthusiasm and caring attitude over the past 5 years and it has been compounded by a lack of*

*recognition of good work when it occurs – instead mistakes seem to be focused on-I'm marking time until I can leave a job where I no longer feel useful or valued.*

*Actually found it a bit emotional-found myself crying as filled some bits in-obviously not over something.*

*Uneasiness – I don't like revealing my feelings or thoughts to others. I do realize that I don't get the satisfaction from everyday things that I used to. Thanks for taking an interest in the apathetic lot that we are.*

*I have worked in other jobs that don't have crisis counselling and it is a very lonely time when no one cares.*

*I am basically a happy easy going male who gets a bit tired and cranky sometimes.*

*After a failed marriage and not having any power to influence a reconciliation, loosing everything at 40 years of age, this questionnaire helped show me how pissed off I am, how much idiots annoy me, how I struggle every day to get up in the morning knowing I'll face constant memories of things that happened and of things that might have been. Although I didn't find the VACCU helpful, I still think its important.*

*I think it was time for a follow up as the 1993 study was probably influenced strongly by political/managerial problems at the time, and I would expect to see different results this time.*

*Anger – Frustration. However, the questions are pertinent. But will anything change – I think not. Friends keep getting promoted. The dispatch grid is a disgrace. The Intergraph situation is a disgrace. I have been in the Ambulance Service for over 20 years, I do not trust anyone in this job. I'm not sure if I have any faith in your organization also.*

*Some questions are repeating to see if I am truthful and I do not appreciate it!*

*I believe there is a lack of concern and respect from high management towards staff who have injured themselves or who find themselves requiring rehabilitation/light duties – this is very concerning!! For an organization who prides itself on caring for the community, it's a shame the same care isn't displayed to its staff.*

*It would again be good to receive some feed back on these surveys. Having used VACCU once I can but thank you and the psychologist. The sessions saved a potential family breakup Thank you. Keep up the good work.*

*It has developed feelings of anger in reminding me where the system has failed me.*

*Desperately need a independent welfare person for staff that are sick and injured. Peer support is useless to me as I could not discuss my problems with a work mate or any other ambo.*

*Peer support system is fantastic from my experience. Dedicated, helpful and responsive.*

***'ANGER'** I'm becoming more frustrated with the ambulance service, because they seem not to care about their staff, and they don't listen to what the staff are saying and they don't seem to want to change . This is the third study of this type and nothing has changed.*

*These surveys allow me to take time to do my own personal evaluation of my life. It would be good if you could visit the troops maybe once in a while. Sometimes by talking to the officers you can learn more than filling out a questionnaire, maybe I don't know!!*

*The realization that I still have not resolved the ill feelings I have with the organization which threatened to retrench me more than 10 years ago. I am still **very bitter**.*

*I realize I'm in a bit of strife but I'll work it out. I am not a happy man with life in general. It is my job which keeps me going! There is not much I enjoy anymore. Its made me feel quite depressed.*

*It has brought back some nasty memories and ↑ my stress – I hope something good comes from it all. As the years go by my coping skills don't seem as good as they used to be. Even though I don't show it to anybody, I get upset by more minor things more often. I very often find myself close to tears – which I suppose that all the trauma and stress we are subjected to has a accumulative effect.*

*It's a shame the unit was not around in my early career days. I reflect with sadness by colleague who fell of the perch because there was no one there for them in those days.*

*Very positive to see some structured research. It felt good to have a say.*

*I worry that I'm not worried enough. Are there any other stress free people in this profession?*

*Having been involved in past surveys, I feel better about handing this one in because I think the past ones have made a difference.*

*I believe all ambo staff should have compulsory sessions annually with somebody to discuss their work and how they feel about it.*

*Very eye opening to feelings experienced and not identified by me as a result of my work.*

*I plan to retire well before age 65 because I believe the job will have become too physically demanding (lifting and sleep deprivation).*

*Enjoyed being able to make a contribution.*

*Too long – took 30 minutes.*

*Its good to be introspective-its therapeutic.*

## 8.2 partners

*Nice to know that partners can be involved and how much the work can affect relationships.*

*Was unaware VACCU was available to partners. I now feel aware of what VACCU has to offer. I very much dislike my wife working shift work.*

*No support system in place for ageing paramedics who are physically and mentally unable to cope.*

*I expected to discuss the health and stress of my husband more in relation to his role in Ambulance Service rather than discussing my own health and stress in my workplace. Please use this information to take very good care of these fabulous people.*

*Missing the football to fill it out.*

*Interesting – families play a vital role in providing stable environments for paramedics- sometimes feel forgotten.*

*Late finishes of shift play havoc with family/social plans.*

*Positive re peer support-was used and really liked approach.*

*The ambulance service has been the best thing that could have happened to my family. Never has my husband felt so fulfilled and this equals a “happy” family!!!*

*Officers should have compulsory counselling every 6 months.*

*Withdrawal from family life during clinical blocks creates domestic problems.*

*It would be nice for me (wife) to talk to someone about shift work – let off steam to someone who wouldn't judge me. I feel sometimes selfish about my thoughts. The service has my husband more hours than I do.*

*Frustrated and annoyed ambos are not being paid well when dealing with life and death situations.*

*Questions were clear, concise – generally options seemed to allow for full range of responses people would wish to make – looking forward to seeing the results.*

*I hold all emergency service employees in high regard. They provide an invaluable service for us and I am proud of all the work my partner does in his position. I admire and applaud his, and his peers dedication to their work and acknowledge this is not a job everyone could do. This is specialised, and deserves support in any way (financial, status, counselling etc.).*

*Had to be prodded to do it – suspicious of its confidentiality claim.*

*Would like to see results (am I normal?)*

*You beauty !! – I wondered when someone would ask!!*

*SHE MADE ME DO IT !!!!!*

*I didn't realise partners could access crisis line until survey.*

*What about emotional health?? This does not seem to be covered in the survey. My partner does not react to any situation with any emotion. Nothing shocks, saddens, angers him and nothing excites, surprises him ? due to desensitising and longevity in the job. It certainly affects me in our relationship.*

*I am concerned about my husbands longevity in this job because of the shift work. The night shifts he is on the road all night have a huge impact on him and therefore on us.*

*It shows management cares about the welfare of its employees.*

*A positive step by involving partners in the overall wellbeing of their partners working life. A support service such as peer support can and does mean the difference in a person enjoying work, dealing with crisis and reinforcing that the service cares about its employees.*

*I can feel isolated.*

*Most stressful thing to our family is his being sent to other part of state to work with no permanency of position, therefore unwillingness for us to uproot the family from our current home.*

*Nice to be asked but have not seen any positive changes since filled out the 2 previous questionnaires.*

*Some things are too personal to discuss with workmates.*

*Night shift and 'over 40' do not go together. Lack of sleep leads to tiredness, irritability etc.*

*Thank you for caring enough about us to send this.*

*So many difficulties should be overcome with a little understanding and discussion.*

*Rural ambos need more staff to increase quality of life.*

*On call is the single most destructive facet of life, its frequency and poor remuneration, having to return to work even before 8 hr break because there is no community cover – constant phone calls for OT, non-rostered call etc. as if the service OWNS my family & interferes seemingly endlessly.*

*Located to new town, not knowing anyone, not knowing where we will be living in 6 months time due to his work.*

*Probing into my private life is none of your concern. Please mind your own business.*

*The combination of VACCU psychologist and counselling saved my marriage last year. Thank You. Challenged me to think about my stress levels from day to day and why I haven't acted on some cases to talk to someone. Keep up the good work.*

*Fantastic facility provided and should be increased in size and resources.*

*Yes, I have contacted service in the past, very helpful, concerned at time of contact. But I have been extremely disillusioned as time passed. I don't believe the service followed through enough-it is very easy to 'slip through'. This service is essential and I hope follow up contact improves. I found it disconcerting how convenient it was to 'duck shove' to 'someone else'.*

*Loved expressing my real thoughts and feelings without upsetting husband as he didn't read what I circled or wrote, also nice to think that wives are considered. Husband has changed over the years and co-workers have informed me he can get extremely vocal and angry with them. I find it upsetting and feel I can't talk to him BUT he does have a great sense of humour.*

*Having seen what my husband has to deal with on a weekly basis-they need the opportunity to talk, to cry, just knowing someone else is out there for them. I think a partner support service would be great – because sometimes what our guys deal with is just too big and how do you know what the right thing to do is.*

*The best thing that ever happened was the establishment of the crisis counselling line and the peer program.*

*The family doesn't see their father very much, therefore we don't know him anymore, and how he reacts to his job or his family, as it so far away.*

*There appears to be a growing gap between management and on road staff and this is resulting in lack of communication and thus the ambos concerns being ignored. The amount of overtime is a real concern with regard to stress.*

*Good to see the partner is involved. **BUT** will it make a difference, will anyone help me if I ring??? Will they give me advice on yoga, counselling, physical and diet????*

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