

CONFIDENTIAL

AMBULANCE HEALTH AND STRESS

FOLLOW-UP STUDY - 2002

To Partners of Ambulance Officers

In 1984, a questionnaire was developed to assess the health and stress of staff employed by Ambulance Services in Victoria. Eighty percent of all officers responded. At that time it was felt that an understanding of Ambulance Services would not be complete without the perspectives and insights of partners or spouses and questionnaires were distributed to that group. Eight hundred and thirteen replies were received.

In 1993, a second survey was developed which included the same questions in the 1984 study plus some new ones, reflecting issues of the day. The questionnaire was also administered to Ambulance Officers and their partners in seven other countries (USA, Canada, New Zealand, United Kingdom, Norway, Argentina and India). This enabled international comparisons and showed the similarity of concerns and coping skills despite cultural differences.

The survey is being administered for the third time.

Every employee of Metropolitan Ambulance Service and Rural Ambulance Victoria together with their partners are being asked to be part of the study. Your replies will assist in the understanding and improving of physical and psychological health. In particular it will recognise the role of families in emergency service work.

All questionnaires will be treated in the strictest confidence. Questionnaires are identified by a code number (on the last page) so that it is possible to match replies to the 1984 and 1993 studies and try to answer questions of what predicts certain health and stress variables. You may remove this section if you wish to.

If you are an Ambulance Officer as well as a partner, please fill out the questionnaire for Ambulance Officers NOT this one.

Results of the survey will be available to all participants. The results will report group responses and there will be no references to individuals.

Your co-operation and time in filling out this questionnaire is very much appreciated. You will be contributing to information that will be of great importance to the Ambulance Services in Victoria.

If you have any questions please feel free to contact me (Phone 9347 6927, e-mail robynr@bigpond.net.au).

PLEASE RETURN THIS QUESTIONNAIRE, WITHIN A FORTNIGHT, IN THE REPLIED PAID ENVELOPE.

Robyn Robinson PhD
Clinical Director

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INSTRUCTIONS

Most of these questions require you to either circle a number which best describes your answer or write a number in a box. Sometimes you will be asked to write an answer to a question. If you are not sure how to answer any question please take a best guess, or leave it blank. If you do not want to answer a particular question that is okay. Leave it blank and go on to the next one. If you want to elaborate on an answer please write on the questionnaire. Please try to work through the questions as quickly as you can.

SECTION A GENERAL INFORMATION

- 1 Age at last birthday (in years) []]
- 2 Sex: Male 1
Female 2
- 3 Marital status (circle **one** number which best describes your current situation)
- Single 1
Married or living together 2
Separated 3
Divorced 4
Widowed 5
- 4 How many years have you been in this current relationship?..... []]
- 5 How many children do you have? (if none, write zero)..... []]
- 6 Are you currently working in paid employment?
- Yes, full-time 1
Yes, part-time 2
Yes, from time to time 3
No 4
- 7 Which category best describes your occupation?
- Managerial 1
Professional - nurse 2
Professional other than nurse, eg. teacher 3
Para-professional, eg. physiotherapy 4
Tradesperson 5
Clerk 6
Salesperson 7
Plant or machine operator 8
Labourer 9
Other, please specify 10
Not applicable 11

SECTION B HEALTH

Physical health

- 8 My physical health is
- | | |
|-----------------|---|
| Excellent | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |

- 9 How often have you experienced the following conditions in the past 12 months?

	Never	Occasionally	Frequently
Headaches	1	2	3
Backaches	1	2	3
Stiffness in the neck	1	2	3
Poor appetite	1	2	3
Asthma	1	2	3
Bronchitis	1	2	3
Common cold	1	2	3
Chest pain	1	2	3
High blood pressure	1	2	3
Skin problems, eg. eczema, dermatitis	1	2	3
Dental problems	1	2	3
Hair problems, eg. loss of	1	2	3
Mental illness	1	2	3
Fear of going through mental illness	1	2	3
Tremor or shaking	1	2	3
Hypertension	1	2	3
Irritability	1	2	3
Depression	1	2	3
Fatigue	1	2	3
Difficulty in concentrating	1	2	3
Sleeping difficulties	1	2	3
Hearing problems	1	2	3
Sight problems	1	2	3
Sexually transmitted disease	1	2	3
Infectious diseases	1	2	3
Injuries	1	2	3
Sexual problems	1	2	3
Arthritis/rheumatism	1	2	3
Tenosynovitis (repetition strain injury).....	1	2	3
Stomach ulcers	1	2	3
Menstrual problems	1	2	3
A severe major illness	1	2	3
Frequently occurring minor ailments	1	2	3

Physical fitness

- 10 How would you rate your current level of physical fitness?
- | | |
|-----------------|---|
| Excellent | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |

- 11 How much exercise do you do? (eg. walks, jogging, sports)

10 or more hours a week	1
5-9 hours a week	2
3-4 hours a week	3
1-2 hours a week	4
Several hours per month	5
None	6

Weight

12 Are you

Considerably overweight (more than 10 kg over ideal weight)	1
Slightly overweight	2
Normal weight	3
Slightly underweight	4
Very underweight (more than 10 kg under ideal weight)	5

Alcohol

13 Do you drink alcohol?

Yes	1
No	2

If no, please go to question **16**

14 How many days per month do you drink? []]

15 How many drinks (the equivalent of a 220 ml or 7 oz glass of beer) do you usually have in a single drinking session? []]

Smoking (nicotine)

16 Do you smoke cigarettes/tobacco?

Yes	1
No	2

If no, please go to question **18**

17 How many cigarettes do you smoke each day? []]
(If you do not smoke daily, write zero).

Recreational drugs (other than alcohol and nicotine). OPTIONAL TO ANSWER

18 Do you use recreational drugs?

Yes, regularly (at least once a week)	1
Yes, occasionally.....	2
No	3

Medication

19	How often do you take the following?		Never	Monthly or Yearly	Weekly	Daily
		Medication for heart	1	2	3	4
		Medicines for coughs or colds	1	2	3	4
		Vitamins and minerals	1	2	3	4
		Anti-depressants	1	2	3	4
		Tranquillisers or sedatives	1	2	3	4
		Sleeping medication	1	2	3	4
		Pain relievers	1	2	3	4
		Stomach medicines or laxatives	1	2	3	4
		Other prescription items	1	2	3	4

20	Are you currently on medication?	Yes	1
		No	2

Sickness

21 How many days have you had off work on Work Cover over the past 12 months? []]

22 How many days, other than Work Cover, have you had off work because of physical sickness over the past 12 months? []]

23 How many days have you had off work due to stress over the past 12 months? []]

24	Have you consulted any of the following about a physical health problem over the past twelve months?		Yes	No
		General practitioner	1	2
		Medical specialist	1	2
		Physiotherapist	1	2
		Chiropractor	1	2

25	Have you consulted any of the following about a personal emotional problem over the past 12 months?		Yes	No
		VACCU (Ambulance) psychologist.....	1	2
		VACCU peer	1	2
		General practitioner	1	2
		Psychiatrist	1	2
		Psychologist / social worker (non VACCU).....	1	2
		Clergy	1	2

26	Have there been times in the past 12 months when you wanted to seek professional advice about a personal problem, but did not know where to go?	Yes	1
		No	2

SECTION C STRESS AND COPING

27 How would you rate your overall level of stress at this point in time?

None	1
Minimal	2
Moderate	3
Considerate	4

28 What stresses you most in your work life?

29 What stresses you most in your personal life?

30 People have different ways of **cop**ing with problems and stressful situations. Please go through the list and indicate how often you are likely to use each strategy.

	Never	Occasionally	Often
Let off steam.....	1	2	3
Ignore it	1	2	3
Confront the situation	1	2	3
Try to remain calm	1	2	3
Plan out a solution	1	2	3
Avoid the person thought to be causing the problem	1	2	3
Have a snack or meal	1	2	3
Mentally disengage	1	2	3
Assess the problem and get it into perspective	1	2	3
Exercise, eg. jog	1	2	3
Do some relaxation (or yoga, meditation)	1	2	3
Talk to partner/spouse/close friend	1	2	3
Reassure myself that I did the best I could	1	2	3
Try to use more positive thinking	1	2	3
Become involved in family or social activities	1	2	3
Talk to the person who is causing the problem	1	2	3
Involve myself in a hobby, eg. reading, music, gardening	1	2	3
Comply, but with a bad grace.....	1	2	3
Bottle it up inside me	1	2	3
Numb out, eg. drink alcohol	1	2	3
Reflect on failure and what to do next time	1	2	3
Discuss the problem rather than argue about it	1	2	3
Apologise and try to make up	1	2	3
Don't let it get to me, refuse to think about it too much	1	2	3
Try to make light of the situation, eg. joke my way out.....	1	2	3
Go over in my mind what I will say or do	1	2	3
Try to see things from the other persons point of view	1	2	3
Wish that the situation would go away or be over with	1	2	3

- 31** Listed below are a number of words which describe feelings that people have. For each word, circle the number that best describes how you have generally been feeling during the last week.

	Never	Occasionally	Often
Tense	1	2	3
Happy	1	2	3
Angry	1	2	3
Unhappy	1	2	3
Alert	1	2	3
Nervous	1	2	3
Pleased	1	2	3
Bad-tempered	1	2	3
Energetic	1	2	3
Lonely	1	2	3
Restless	1	2	3
Joyful	1	2	3
Frustrated	1	2	3
Carefree	1	2	3
Discouraged	1	2	3
Anxious	1	2	3
Satisfied	1	2	3
Resentful	1	2	3
Alive	1	2	3
Worthless	1	2	3
Guilty	1	2	3

SECTION D DESCRIPTION OF YOUR PARTNER'S HEALTH & WORK

- 32** Would you rate your partner's general health as
- | | |
|-----------------|---|
| Excellent | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |
- 33** Would you rate your partner's physical fitness as
- | | |
|-----------------|---|
| Excellent | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |
- 34** Would you rate your partner's psychological health as
- | | |
|-----------------|---|
| Excellent | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |
- 35** How many years has your partner been an ambulance officer? []]
- 36** How many years of operational (road) work has your partner done? []]
- 37** To which Service does your partner belong?
- | | |
|--------------------------------------|---|
| Metropolitan Ambulance Service | 1 |
|--------------------------------------|---|

	Rural Ambulance Victoria			2
	Other			3
38	What is your partner's title or rank?			
	Senior staff			1
	MICA Paramedic			2
	Paramedic			3
	Student Paramedic			4
	Other, please specify			5
39	How satisfied do you think your partner is with his/her job in general?			
	Highly satisfied.....			1
	Moderately satisfied			2
	So-so			3
	Moderately dissatisfied			4
	Highly dissatisfied			5
40	Do you consider that your partner is under stress?			
	Yes, too much.....			1
	Yes, but not too much			2
	No			3
41	Does your partner show stress by?			
		Yes	No	
	Irritability.....	1	2	
	Being withdrawn	1	2	
	Talking more than usual	1	2	
	Drinking or smoking more than usual	1	2	
	Taking a long time to "wind down" after arriving home	1	2	
	Depression	1	2	
	Worrying	1	2	
42	Does your partners stress affect you?			
	Yes, a lot			1
	Yes, but not too much			2
	No			3
43	Does your partner's stress affect other household members?			
	Yes, a lot			1
	Yes, but not too much			2
	No			3
	Not applicable			4
44	How many years do you believe that the average Ambulance Officer can serve on the road before becoming physically or psychologically unwell?			
	Up to 10 years.....			1
	11-15 years.....			2
	16-20 years.....			3
	21+ years.....			4
	Depends on the person.....			5
	Don't know.....			6
45	When your partner first gets home does he/she typically?			
		Yes	No	
	Take off his/her uniform	1	2	
	Greet the kid(s)	1	2	

Spend time by him/her self	1	2
Get something to drink	1	2
Get something to eat	1	2

46	Is your partner able to meet financial commitments on his/her pay?		
	Yes, usually or always	1	
	Yes, sometimes		2
	No		3
	Don't know		4

SECTION E AMBULANCE WORK AND FAMILY LIFE

47	How much information do you get about your partner's job ?		
	More than I would like		1
	As much as I want		2
	Less than I would like		3
	None.....		4

48	If your partner has a personal problem, who is he/she most likely to talk to ?		
		Yes	No
	No-one	1	2
	Me	1	2
	Family/relations	1	2
	A friend (non-ambulance)	1	2
	A friend at work	1	2
	A professional person	1	2
	Don't know	1	2

49	Does your partner want to "talk out" the day's work on arriving home?		
	Yes, usually		1
	Yes, sometimes		2
	No		4
	Not applicable		5

50	Does your partner's job affect you?		
	Basically positively		1
	Both positively and negatively		2
	Basically negatively		3
	Not much either way		4

51	Does your partner's job affect your children?		
	Basically positively		1
	Both positively and negatively		2
	Basically negatively		3
	Not much either way		4
	Not applicable		5

52	Do any of the following worry you?		
		Yes	No
	Being at home alone at night	1	2
	Handling domestic crises by myself	1	2
	That my partner might have an accident	1	2

That my partner might become sexually involved with another person	1	2
Insufficient time together as a couple	1	2
Insufficient time together as a family	1	2
Insufficient time with friends	1	2
Lack of permanency of partners job	1	2
Shift work	1	2

SECTION F EVALUATION OF THE VICTORIAN AMBULANCE CRISIS COUNSELLING UNIT

Crisis counselling (Psychologists)

- 53** Are you aware of the VACCU crisis line?
 Yes 1
 No 2
- 54** Do you know the crisis line telephone number (or how to access it)?
 Yes 1
 No 2
- 55** Have you ever contacted the crisis line yourself?
 Yes 1
 No 2
 If no, please go to question **59**
- 56** How helpful did you found the crisis line service?
 Very helpful 1
 Moderately helpful 2
 Not helpful 3
- 57** Did you have a lessening of stress signs after talking to a counsellor?
 A lot 1
 A little 2
 No 3
- 58** How long did the benefits last?
 There were no benefits 1
 Up to a few days 2
 Up to a few weeks 3
 They have been long lasting..... 4
- 59** How confidential do you regard crisis counselling to be
 Always..... 1
 Usually..... 2
 Seldom..... 3
 Don't know 4
- 60** How important is it for the crisis line to continue ?
 Very important 1
 Quite important 2
 Not important 3

Peer support

61	Are you aware of the peer program?	
	Yes	1
	No	2
62	Have you contacted / talked to a peer yourself?	
	Yes	1
	No	2
	If no, please go to question 66	
63	How helpful did you find your peer contact?	
	Very helpful	1
	Moderately helpful	2
	Not helpful	3
64	Did you have a lessening of stress signs after talking to a peer?	
	A lot	1
	A little	2
	No	3
65	How long did the benefits last?	
	There were no benefits	1
	Up to a few days	2
	Up to a few weeks	3
	They have been long lasting.....	4
66	How confidential do you regard peer support to be?	
	Always.....	1
	Usually.....	2
	Seldom.....	3
	Don't know	4
67	How important is it for peer support to continue?	
	Very important	1
	Quite important	2
	Not important	3
68	Would you like to see a partner support service established?	
	Yes.....	1
	No.....	2
	Depends on what it involved.....	3

General comments

69 Are there any general comments about VACCU which you would like to make ?

SECTION G FINAL COMMENTS

70 What has been your reaction to filling out this questionnaire?

71 Do you have any other comments?

THANK YOU VERY MUCH FOR FILLING OUT THIS QUESTIONNAIRE

PLEASE SEAL YOUR QUESTIONNAIRE IN THE ENVELOPE PROVIDED AND POST TO THE VICTORIAN AMBULANCE CRISIS COUNSELLING UNIT. IT MAY BE POSTED WITH YOUR PARTNERS QUESTIONNAIRE OR SEPARATELY.



THIS SECTION MAY BE REMOVED

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