Submission
No 68

THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

Name: Suppressed

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Partially Confidential

The Director, General Purpose Standing Committee No 2,
Parliament House,
Macquarie Street
Sydney NSW 2000

23rd June 2008.

Re: INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

Before proceeding I would like to request that my name, current employer and personal contact details remain confidential. I kindly make this request to protect myself and current employees of the ASNSW who I remain in contact with.

My name is and my qualifications/ employment background is as follows:

I would like to hereby submit to the current inquiry into the management and operations of the Ambulance Service of NSW. In particular I wish to comment on the areas of ASNSW:

a. Management structure and staff responsibilities
b. Staff recruitment, training and retention
c. Staff occupational health and safety issues

These topics are discussed in the order listed above, but it is important that we keep in mind that all of the issues being investigated are closely interrelated.

a) Management structure and staff responsibilities

ASNSW managers have been described by academics, researchers, paramedic students and their own employees as being arrogant, inflexible, regimented, bureaucratic, and showing a distinct lack of care and concern for staff.
The control base lies in middle management, with these individuals playing a 'gatekeeper role' between road staff and higher managers. Middle managers sometimes bully and target staff and block down-up communication because either they don't like particular road staff, don't want their own incompetency as a manager exposed, or because this might lead to more work for them personally as the middle manager.

In rural and remote areas staff with only 12 months road experience are promoted to supervisory roles as Station Officer. These staff have little experience and a lack of managerial qualifications. This lack of formal managerial qualifications probably also extends into middle management.

Overall the organisation adopts a top-down and autocratic approach that developed out of a militaristic style of leadership popular in emergency organisations in the last half of last century.

My individual and research experience is that the organisation promotes a 'best care' policy for patients/ clients, but fails to demonstrate care for its own employees on a day-to-day basis.

b) Staff recruitment, training and retention

Concerns regarding reliability/validity/appropriateness of current recruitment procedures:

Concerns regarding psychometric assessment test being used for staff selection.

Applicants applying for work with ASNSW undertake several selection procedures including a psychometric test and follow-up interview. Questions asked at the interview are often in follow-up to questions appearing in the psychometric test.

The previous head of Human Resources with ASNSW advised me in recent years that the psychometric test (still) being used by the ASNSW was designed by the Victorian

Institute of Forensic Medicine. This does not appear to be a selection test approved of or used by any other emergency organisation. The question also needs to be asked as to why a selection test has been devised by 'forensic' psychologists and not 'organisational' psychologists, as is the norm with most government and non-government employers. Questions also need to be asked about the internal and external reliability, and the validity of this psychometric test being used for staff selection. Does this test reliably measure the best personal attributes and qualities associated with being a successful paramedic? On what basis have ASNSW preferred attributes and qualities been selected? Do the ASNSW preferred employee attributes fully aligned with those set by the Council of Ambulance Authorities for ambulance paramedic staff?

I am concerned that the selection process is aimed at selecting a homogenous group of highly 'compliant' staff, who will 'simply follow procedures and orders'. Whilst we do not need rebels and the reckless, paramedics who lack creativity, initiative, and the ability to think independently and critically are of little use in the ambulance environment. I am also concerned that the psychometric test might be being used to 'screen out persons who might have the potential to suffer PTSD'. The unfortunate thing is that the individuals who may be more prone (but not guaranteed) to get PTSD may in fact be your very best 'paramedics and carers'. i.e., ASNSW may be 'throwing the baby out with the bathwater'. Instead we need to select the best paramedic carers and support them in managing and coping with stress.

Concerns regarding training

The ASNSW has historically adopted a vocational, competency-based/ TAFE model of training. This approach is outdated, out of pace with the ever changing, modern paramedic job role, and doesn't take into account the role of paramedic in health service delivery in the future (i.e., the paramedic of future is not just emergency service worker but also will have primary health care role).
Accreditation processes and the drive towards paramedic registration is now pushing paramedic education towards the university sector. This is likely to be more appropriate and cost-effective, however the education and development of a competent junior paramedic relies on both university and service providers working together to provide an appropriate mix of education and hands-on experience. Better partnerships and alliances need to be developed between universities and ambulance providers to achieve these goals.

In line with international trends, the ASNSW has embraced the 'extended scope paramedic' role. This move should be applauded, however it must be noted that recommendations by experts in the UK are that 'paramedic practitioners' (of similar role) be the organisation's most senior and experienced staff, and educated at a 1-2 year post-graduate level. Currently the ASNSW offers an 8 week course to all but their most junior employees, and both with, and without an undergraduate university degree.

c) **Staff occupational health and safety issues**

Suicides

There needs to be an inquiry into 'attempted and completed suicides of ASNSW staff over the last 20 years and whether any ASNSW work factors contributed/ potentially contributed to events'.
I am aware of several cases of suicide/attempted suicide by staff over the last 10-15 years. Many cases/attempts have had bullying, sexual harassment, poor complaints-handling, and investigations by the Professional Standards & Conduct Unit serve as a precedent.

Concerns regarding the design, application, long-term cost effectiveness, and overall efficacy of ASNSW stress management intervention programs.

Current intervention programs for stress are based on the false assumption that paramedic stress is composed of Critical incident stress and Post Traumatic Stress Disorder (PTSD). There is a failure to acknowledge that there are other forms of paramedic stress including cumulative stress, burnout, everyday job intrinsic stress, organisational based stress, paramedic job role stress and personal/ family related stress involved.
Researchers have consistently reported high rates of Acute Stress Disorder and PTSD in Paramedics, however very high rates of burnout are also reported in the paramedic population. In fact, research on paramedic stress over last 25 years consistently shows that whenever it was possible to compare traumatic and organisational stressors, organisational stressors appeared to have the greater influence.

Causes of burnout include a lack of sufficient rest time between workloads; low pay; excessive paperwork; shift work and a lack of administrative support.
Other organisational and leadership-based stresses that paramedics share with other employee groups include power struggles; conflicts with senior executive officers, immediate superiors and/or co-workers; a lack of formal communication by management; lack of forward planning in the system; indecisive management; promotion of incompetent people; reductions in force/ downsizing; corporate objectives clearly taking precedence over staff needs and health; corporate needs taking precedence over staff educational requirements; rigid administrative work structures; a lack of promotional and career opportunities; pay inequity; and a lack of communication and supportive leader behaviour.

Specific paramedic stressors that are often ignored/ overlooked include fears of personal injury, disablement and death; the emotional strain associated with conveying news of a tragedy to survivors such as family and friends; having to operate complex and occasionally malfunctioning or improperly maintained equipment, pressure to perform correctly in uncertain situations, a risk of malpractice, a lack of appreciation by the public, abuse by the public, and misuse of paramedic services.

Common effects of burnout include high job turnover, increased absenteeism, low morale, physical exhaustion, insomnia, substance abuse, and marital and family problems.

Concerns that current intervention programs for paramedic stress are based around Critical incident Stress management, CISD, and Psychological Debriefing (PD).

Recent reviews report CISD is i) ineffective in preventing post traumatic stress disorder (PTSD), ii) may lead to a worsening of stress-related symptoms, and iii) does not serve any therapeutic or preventive function. Researchers and authorities have recommended that CISD in the form of single session Psychological Debriefings be ceased or only used with extreme caution in the emergency service worker population.

Peer Support and Debriefing programs are often poorly devised, implemented and maintained, and are often a support service on paper and not in practice.

My experience as Peer Support Officer (PSO) with ASNSW includes:

- A lack training, mentoring and support for PSOs.
- Poor clinical supervision of PSOs
- Poor notification procedures when staff were exposed to life-threatening or traumatic incidents.
- Staff sent out to multiple deaths, SIDS, child abuse, traumatic cases one after the other with no offer of rest or support.
- Staff poorly educated in self awareness, warning signals, stress self- monitoring and need for referral to psychological support.
- A culture that 'doesn't look after staff or care for their welfare'.
- Staff reluctant to seek help or complain for fear of retribution/ reprisals.
- PSOs berated for being proactive in contacting staff or taking staff off road during a psychological crisis
- The success of any psychological support mechanism is 'hit and miss' across the state, and largely dependent on the attitude of managers in a given region.

Research based recommendations for improvement of Stress Management Intervention Programs within ASNSW.

- There is a potential for organisations to create both positive and negative and consequences for employees. Management plays a key role in the effective facilitation of staff adaptability and resilience, but managers often lack the capacity or willingness to realise their potential in this context.
- Stress management programs should be aimed at decreasing stress, increasing resilience, and promoting post-traumatic growth in those individuals exposed to critical incidents.
- Management programs, like the stress they target, should also be multifaceted and operate at organisational, professional and personal levels, and before, during and after triggering events.
- Stress management needs to be proactive and preventative rather than reactive. Programs need to deal with ALL forms of stress and not just critical incident stress.
- Programs should include pre-incident education, individual crisis intervention support, demobilisation after a disaster or large scale event, defusing,

psychological first aid rather than critical incident stress debriefing (CISD), significant other support services for families and children, and follow up services and professional referrals when required.

- Ambulance employees would all benefit from educational programs teaching them about common causes, effects, warning signs/ markers of stress, and also when and how to seek support or professional help.
- Paramedics should be educated to avoid proven maladaptive coping strategies such as substance abuse, learned helplessness, denial, detachment, avoidance and withdrawal.
- Stress management programs should encourage self and other monitoring; the enhancement of teamwork, social support and other buffering mechanisms, and assist individuals to seek and gain referral to appropriate support.
- At the professional level paramedics need to develop a culture and ethos that values care and support of the 'practitioner', as much as the 'patient'.
- Paramedics should be encouraged to develop personal skills and qualities that they can apply on a daily basis, that are congruent with effective coping, that buffer them against stress, and contribute to the development of resilience.

Concerns regarding future workforce shortages/ issues.

Workforce shortages will compound the stress problems and vice versa. ASNSW workforce problems centre around:

Poor treatment/ undervaluing of staff
Prospective employees going to interstate services
Increased workload pressures (eg: from increased demand and loss of alternative healthcare providers).
Loss of senior, more experienced staff who can act as effective mentors puts further stress on the system (Results in poorer quality patient care, increased clinical demands and stress placed on inexperienced and junior staff).

Unless the above issues are addressed I expect that within the next 5 years the 'nursing shortage' crisis will be matched by a parallel 'paramedic shortage' crisis.
When I joined the ASNSW in the average length of service of officers was around 13 years. I believe the average length of service of most ASNSW road staff is now 3-4 years. This means that there is already an 'experienced paramedic' crisis in place.

In Summary

Paramedics have a job role that involves taking responsibility for the welfare of others, and saving and maintaining life. By the very nature of their work, they will always be exposed to dramatic, traumatic and challenging situations.
Research and education aimed at providing a deeper understanding of paramedic stress and strain, as well as the development of resilience and post-traumatic growth will facilitate the

development of more appropriate strategies for counteracting the negative effects of stress in the emergency service environment.
In between time stress management strategies targeted at all forms of paramedic stress and not just critical incident stress and PTSD should be implemented. These strategies should be multifaceted and operate at the organisational, professional and personal levels. They also need to be proactive as well as reactive. The implementation of 'Quality of Work Life' surveys in addition to 'Culture surveys' would be a good start in this regard. The setting up of a monitoring system, and semi-regular 'psychological welfare checks', similar to those operating for high stress risk groups within the NSW Police Force might be worth investigating.
Properly targeted stress prevention and intervention strategies will lead to healthier and happier staff, higher levels of job satisfaction, higher levels of morale, decreased levels of attrition, and an increased level in quality of health care provision.

Thank you for your attention.

Yours sincerely