

Submission  
No 205

**THE MANAGEMENT AND OPERATIONS OF THE NSW  
AMBULANCE SERVICE**

Name: Suppressed  
Date received: 31/07/2008

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Partially Confidential

Dear Sir or Madam,

Thank you for the opportunity to place a submission before the enquiry into the Management and Operations of the ASNSW.

I have been employed by the ASNSW as an Ambulance Paramedic for the past                    years. In that time I have been stationed at                    and                    stations. I use to be proud of the profession into which I entered what we did and achieved as Pre-Hospital Clinicians. Below are some issues that I have experienced that may be of interest to the committee and to go part of the way to explain why my pride and love for the job has waned.

In the                    I suffered from and was treated for PTSD and secondary deep depression due to the exposure to numerous stressful and traumatic cases I attended over years. Stress, depression and more importantly PTSD, are insidious and complex diseases which are exacerbated by lack of understanding, positive acknowledgement, assistance and early recognition.

In my situation the support from the ASNSW was veiled in selfishness and hypocrisy, where return to work procedures and agreements were not adhered to and the attitude from the upper management was a *"sink or swim"* mentality, totally disregarding all my difficult and personal efforts and dedication to my recovery in order to return to a profession that I enjoyed. There was no regard for my personal well being, or the consequences of rushing my return to work, and the risk of undoing the hours of professional work and treatment I had undergone and received up to this point, they (the management) were only concerned with the operational needs of having a *"bum on a seat"* as soon as possible. Heavily medicated, I returned to work as an operational paramedic, my recovery was lengthened and didn't return to normality for at another twelve months. Management didn't care; a vacant block on the roster was once again filled. That period of my career is recalled through a drug induced haze. This is an example of staff mismanagement, and the lack of understanding and compassion by the management of the ASNSW.

For most of my career in the ASNSW I was fortunate enough to have worked at stations where I was able to remain insulated from all the negative cultural and managerial changes. But in recent years the culture has permeated throughout the region and service. I became more aware of the changes and witnessed numerous paramedics, mainly females, being denigrated and being treated with disrespect by their peers and management at all levels. I have seen and heard derogatory and sexist actions and comments. This has been allowed to occur because management lacks the intestinal fortitude to do anything about it. Actions like the above should be dismissible offences, how many dismissals for inappropriate behaviour have occurred??? Answer ...not enough! Management should lead by example, be consistent, make the hard but fair decisions, and earn respect not demand it..... but this seems to be too difficult for them to do.

Good management within the ASNSW is a rarity and is by name only, the true meaning is lost within the vast void of nepotism, corruption, inaction and professional inadequacies of individuals at all levels. Even the most simplest of decisions such as approving Long Service Leave is a monumental one unless of course you are one of the chosen few, members of the elite *"boys club"*, where their Mantra is *"jobs and favours for the boys"* with very loud incestuous under tones. The committee/enquiry has only to ask individuals; Why they have so much Long Service Leave accrued? How many times have they applied for Long Service Leave? or Why they haven't applied for Long

Service Leave? The majority of responses will be why apply when it is almost always guaranteed to be denied ..... it is easier to claim sick leave than Long Service Leave which is an entitlement that has been earned yet so frequently denied.

Managers within the ASNSW historically manage by crisis of which there are many and wonder why apathy and low morale are at epidemic proportions. Without making excuses for the inadequacies and appalling culture of the grassroots members of the ASNSW ..... how can an organisation such as the ASNSW strive for excellence, fairness, dignity, respect and equality for others at all levels, when it is being steered and captained by inept, egotistical managers that give no positive examples of direction and support, no wonder as stated above apathy, low morale, bullying and harassment are rampant.

I hope that this enquiry is able to achieve what all decent people hope for and that is, it is able to restore equality, dignity and respect to what was once an honourable profession respected by all. If this is not achieved the above culture will continue to grow like a cancer as will the exodus of good, decent, experienced, highly motivated, professional ambulance personnel. If the latter does continue or does increase, then god help the general public of NSW. If the carers don't have respect and compassion for each other, then how can they have respect and compassion for the ones in need, the aged, infirmed, and the injured? We were once a world leader in Pre-Hospital care but now we are struggling to care for our own let alone the general public.

Kind Regards