

Supplementary  
Submission  
No 87a

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

**Name:** Suppressed  
**Date received:** 4/07/2008

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*Partially Confidential*

## **Submission to the General Purpose Standing Committee 2 – Inquiry into ASNSW management and operations**

I was in the Ambulance Service NSW (ASNSW) for between 15 and 20 years. The dedication, compassion and professionalism of many of the employees (non uniformed and uniformed, managers and frontline) was without equal. I hope that those hardworking, good and loyal ones are not discouraged and dismayed by the criticisms in this submission (or in any other submission in this inquiry) as they are not the ones who should answer for the bullies, gossipmongers and the morally bankrupt among them.

There are times when the stress of working as an Ambulance Officer can make even the patient lose their temper, the compassionate become harsh and the strong break down. Everyone who has worked long shifts in all kinds of weather, in all kinds of hazards, often without a break for rest or food, looking after people who can be frightened or angry or rude, with little thanks or support and do it for years at a time will understand:

**It is possible to continue working in this environment and still stay happy and sane if:**

- **You know that there is appropriate leadership (they set a good example and address bad behaviour immediately instead of ignoring it, joining in – or instigating it in the first place).** An example of poor leadership is when managers were told to harass staff who rang in sick to make people too nervous to take sick leave (and make sure the rosters stayed full). Another example is when an Ambulance Officer is assaulted the incident may be trivialised such as saying that as the person wasn't bruised there was nothing to worry about, or that as the offender didn't mean to assault the employee that makes it OK or not as bad, or saying it was just a "personality clash", or actively discouraging a staff member from going to the Police after a very physical assault of one employee against another.
- **You aren't worried about being bullied by a co worker**
- **You aren't worried about being bullied by a manager**
- **You know everyone, including those with power, is fair, honest and accountable for their actions.** An example: I was checking referee reports on applicants (existing ASNSW staff applying for a position), two of the managers (from different areas and for two different applicants) I called contradicted their written references. The written references on the applicants were positive and the verbal references were very negative. I believed that this behaviour was intended to sabotage applicants' chances. One of the managers who lied about the applicant told me when he gave his negative verbal reference that "of course I will deny it if asked, but you can make of this what you will".
- **You have your concerns addressed (particularly if it is a written complaint) in an appropriate and timely manner and are not treated like a troublemaker or a whinger.** In the ASNSW I saw very few people lodge written complaints and of those complaints very, very few be taken seriously. One of the most common ways of dealing with a complaint is to say that it is a "personality conflict" that way nothing has to be investigated and the two people (complainant and accused) are both blamed and offered mediation. An example of

not addressing complaints appropriately: I had made many attempts to contact \_\_\_ and have the complaint resolved but was told that they had “more important matters to deal with” and thereafter my calls were not returned. Another example: At the meeting I handed the manager complaint about bullying and harassment and asked for his action and support. His reply was that the issue had nothing to do with him and that he would pass it on to the PSCU. I told him that bullying and harassment should be the concern of every manager whose staff complains of it.

- **You know that confidentiality is maintained and those that do not keep confidentiality are disciplined.** Too many examples to list here but I think the one that says it all relates to a very senior manager questioning frontline managers about why staff who resign do not fill in exit questionnaires, well here is your answer: The questionnaires are supposed to be confidential but nothing in the ASNSW is confidential and there are identifying items on the form (how many people could possibly have the same start date and finish date? Come on really!). And given some members of the ASNSW propensity to “get people back” the possibility of having someone say negative things about you if future employers call the ASNSW is devastating. Not being able to provide a reference from your previous employer is pretty dire if you have worked exclusively for the ASNSW for many years.
- **You know that you will be treated with dignity and respect from all groups at work.** My experience, and the experience of others if reading the other submissions is an indication, is that some individuals from one group will bully individuals from other groups without much in the way of an example set by the “leaders” of the ASNSW. It is uniform v non uniformed, manager v staff, intensive care v primary care, Paramedic v Patient Transport and full time v part time employees and the people on suitable duties on worker’s compensation really have it tough! Vicious words and deeds are perpetrated in these wars. I have seen more than ten people with their spirit broken over as many years. At one time I counted nine Paramedics that I knew who were taking antidepressants and said that it was because of the ASNSW. The ASNSW always say in regards to stress claims and suicides that it was the employees’ personal problems or personality that led to the problem – what rubbish, everyone else except the ASNSW management acknowledges that Ambulance Officers’ do a stressful job. Why don’t they? To save money. If they admit that the job is stressful then they have to do something about it and are liable if they don’t and someone is hurt because of it!
- **You get some kind of positive acknowledgment from your manager once in a while.** I was working in State Headquarters once and on my last day the manager of the office I was working in thanked me for my efforts while I was there. This startled me and I drove home trying to work out why I was so surprised. It finally dawned on me. Despite giving my best to my work, in more than fifteen years service I had been thanked by a manager only three times prior. How grateful I was for some appreciation.
- **You are given some time to rest** (whether that rest is eventually getting a meal break on shift, or approval for a leave of absence, or being allowed to take your long service leave)
- **Protocols, procedures and memos and rules are used as guidelines not rigid, immovable millstones.** If I heard that something was written for the “lowest common denominator” once I heard it enough times to disgust me. If you expect that your employees will behave in

stupid, irresponsible and irrational ways then some of them certainly will. The ones who don't will feel frustrated and angry that they are treated like monkeys in need of a handler.

- **You are treated with dignity and compassion when you are injured, especially when there is a psychological injury involved.** It is a disgrace that such a large number of ASNSW health professionals (managers and staff) treat their colleagues like useless failures or malingerers when they are injured or develop a medical condition such as diabetes, hypertension or have a CVA etc. An example of this poor behaviour is as follows: "So \_\_\_\_, tell me why you are really here, is it that you just have the shits with the world?" (said by a non uniformed staff member to an operational staff member on suitable duties because of stress). Ten minutes or so prior to that question being asked the stressed person's manager had been in the office and was seen whispering to the staff member who commented and another person, all three looked up at the stressed person and smirked. Another example: a Station Officer said he was concerned about one of his staff (feeling he may be clinically depressed) but was told not to speak to his staff member about his concern as the ASNSW might be sued for discriminating against the person. And another example: "See all these people who have had a claim? They're all a bunch of liars, trying to milk the system." (said by the now retired staff member in charge workers compensation).
- **You are confident that of CAPS program are used to assist staff not as a tool to punish and humiliate them.**
- **You are confident that psychological assessments are used in a genuine concern for a staff members' well being and not as a handy tool to get rid of "troublemakers".**

I resigned when it was not possible to continue working in this environment and still stay happy and physically and mentally healthy. Also, not one of those statements in bold was true for me.

When I left I was afraid that I was without skills that were useful, that my previous experience would not be highly regarded and that I would lose my house and become destitute. I described these feelings of fear and worthlessness to a friend who worked in a refuge for women escaping domestic violence. We both saw the similarities between me and the women she worked with. The difference being that my state was from work abuse and violence not domestic violence.

The happy ending for me is that I now have a good job where I am treated with respect and feel happy and confident (and I didn't lose my house). The thing that saddens me is that others still in the ASNSW continue to suffer.