

Submission  
No 106

## INQUIRY INTO EMERGENCY SERVICES AGENCIES

**Name:** Name suppressed

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Partially  
Confidential

Confidential Submission to  
INQUIRY INTO EMERGENCY SERVICES AGENCIES

## **Introduction**

I make this submission as an individual on the basis that it is confidential and request that it is kept as such by the committee.

## **About the Author**

I am a current long serving member of New South Wales Ambulance with over 20 years' service. I have served as a paramedic in both city and rural locations and have held a range of operational management positions and have been awarded for both long and distinguished service.

This submission is provided to assist the committee in its consideration with respect to terms of reference items 1a) iv), b) and c).

***a) the prevalence of bullying, harassment and discrimination, as well as the effectiveness of the protocols and procedures in place to manage and resolve such complaints within emergency services agencies, including:***

***... iv. Ambulance Service of New South Wales...***

During my career I have worked with people displaying a wide range of personalities and individual workplace behaviours. When I joined Ambulance in the early 1990s I was mentored and expected to be mentored to learn the important skills of a paramedic (then ambulance officer). From my earliest days I experienced the friendship and mentorship of a range of clinicians and managers. As a paramedic I always felt part of a team and supported by my colleagues.

Although at times I was clearly redirected when required to improve my performance and left in no doubt as to the expectations of my managers, I was not bullied by them and none of my peers complained about bullying to me. Neither did I experience or witness harassment.

As I took on management roles I became more aware of episodes of bullying like behaviour. This has been in two main areas

- peer to peer or mentor towards trainee
- upwards bullying from staff towards manager

Paramedics work as autonomous work teams in which clinical mentors are charged with guiding new clinicians. New staff can be vulnerable to poor behaviour, particular as the new paramedic wants to 'just get through' an assessment period without 'creating waves'.

Particularly around the time of the 2008 Upper House Inquiry into NSW Ambulance where reports of historical bullying were made public it was not uncommon for managers to be confronted with claims of bullying and harassment when they were simply directing staff in a legitimate fashion. This continues today to some extent.

I noticed an increase in the use of derogatory language and behaviour towards managers during the years that Michael Williamson was at the head of the Health services Union. The tone of his communications was very poor towards managers (some of whom were members of his union) and many union officials adopted it.

I have personally been accused of being unethical and bullying by a staff member who was simply being asked to account for his actions. I was then duty bound to refer the matter to my manager who was a senior person and had to waste time dealing with a low level performance issue.

In another case when I met with a staff member who was being disruptive and also under performing in her role as a paramedic I was accused of bullying her. This claim was not supported by the union representative that was present with her but didn't stop her writing a letter of complaint. I was then the subject of an investigation which subsequently found I had acted as expected in my role as a manager.

In recent years one industrial organisation took to writing letters to individual managers accusing them of bullying when they were simply performing legitimate management action to maintain standards.

Experiences like those I have described make it difficult to attract and retain experienced paramedics to assist in managing NSW Ambulance. The role is tough enough given the volume of work and resource constraints without poor behaviour by some industrial representatives (some elected, some paid) and poorly behaved staff bullying managers.

In a recent example within the last few months a paid union official was escorted off the premises after continually accusing one of our corporate managers of lying, calling her names and becoming increasingly agitated and threatening.

The prevalence of this behaviour however in my experience is not high. In talking recently with some of my operational paramedic staff they confirmed this.

Over the years I have seen managers becoming increasingly skilled and professional in a number of domains and they are able to influence staff appropriately and professionally.

NSW Ambulance has well practiced procedures and protocols to manage inappropriate workplace behaviour and all staff receive training in raising workplace concerns early and appropriately. While no system is perfect it is very useful. However, it appears much harder to manage upwards bullying where managers are continually seen as fair game by some staff members. Procedures could be strengthened in this area.

The impediments to reporting however I see are related to human nature, that is, some staff may witness some poor behaviour but ignore it because they don't wish to become targets themselves. Sometimes the suspect behaviour can be related to work stress.

***b) the support structures in place to assist victims of workplace bullying, harassment and/ or discrimination within emergency services agencies,***

Support structures in place are the best they have ever been in my career. The number of Peer Support Officers, chaplains and employee assistance programs has never been higher. Procedures such as appointing welfare support officers to staff undergoing investigation are good.

It is recommended however that where an employee raises a concern against another that leads to investigation by the Professional Standards Unit that the complainant is appointed a support officer, given they may be affected by the alleged bad behaviour and have found raising it very difficult.

**c) the support services available to emergency services workers and volunteers to assist with mental health issues resulting from workplace trauma and the effectiveness of those programs**

Since the introduction of the Healthy Workplace Initiatives in NSW Ambulance, improved dialogue internally at all forums around the de-stigmatisation of mental health issues and the general improved approach to mental health within the community the environment for those affected has improved.

In the last week two different paramedics suffering from PTSD spoke to me privately and were full of praise for the support they had received from their peers and line managers in their journey with mental health issues. One told me that if it wasn't for his manager he probably 'would be here now'.

I'm aware that NSW government has recently pledged funds to allow NSW Ambulance to do more work in the area of prevention and support for affected paramedics.

**Conclusion**

It is my observation based on over 20 year service that NSW Ambulance has made significant cultural improvements and that operational managers are more professional than ever before. Whilst we must remain vigilant about poor behaviour and deal early with it appropriately, it is not the predominant feature of today's Ambulance. Unfortunately it is an easy throwaway line to accuse individuals, particularly managers, of bullying.