

# A STUDY OF THE SUPPORT NEEDS OF AMBULANCE PARAMEDICS

Rajesh Kumar<sup>1</sup>, Manavjot Kaur<sup>2</sup>

<sup>1,2</sup>Guru Kashi University, Talwandi Sabo

## ABSTRACT

Ambulance paramedics' work is often physically and emotionally taxing, and it may put a lot of strain on the person doing the profession. Their social and personal lives, as well as their health, might be impacted by their jobs. Studying paramedics' psychological and social coping techniques in light of their long-term health and well-being was the major goal of the investigation in this study. It was also a secondary goal to look at how paramedics currently use peer support programmes and other referral services. Interviews with ambulance paramedics were used to gain a deeper understanding of their daily experiences. An individual's storey can be documented in their own words via qualitative research. Within Rural Ambulance Victoria, there were nine rookie paramedics (first-year) and 12 long-term paramedics (five or more years of service). Additionally, participants were chosen to represent a cross-section of the paramedic workforce in terms of gender. It's clear that paramedics' families and social lives have been adversely affected by the trauma they've witnessed, and they use a variety of coping strategies—both functional and dysfunctional—to deal with it. Moreover, there is evidence that many paramedics have, or are, suffering from acute and chronic PTSD. These findings will aid our knowledge of paramedics' daily routines. An educated examination of what paramedics themselves regard to be important and accessible within the organisational support framework can help shape "best practises" in enhancing paramedics' health.

**Keywords:** Ambulance transport, ambulance paramedic, MICA Paramedics

## I. Introduction

In the branch, three persons remain alone. There is one who reads the newspaper, another who relaxes in a chair, and a third who brews some tea. Most shifts begin this way, especially if they are only a few days into the roster rotation. As the day progresses, the topic of recent employment arises. Seconds later, the pager goes off, and the radio dispatcher's voice can be heard. The exchange of ideas has come to an end. Radio and some fruit are snatched up by one worker, another has already left and taken the vehicle, and a last one is still at work, evaluating prescriptions and medical procedures (Lawn, *et al.* 2020). This is a day in the life of a paramedic in an ambulance. It's easy to see why this sudden shift in time zones might not be to everyone's taste. Many long-term physical and mental impacts might result from such a rapid shift from doing something low-key and boring to having your pulse rate soar within seconds. For these and other reasons, terminology like burnout, post-traumatic stress disorder, and vicarious trauma are frequently employed in the helping professions.

## II. Impacts of the job

As (Anderson, *et al.* 2019) and others have pointed out, over a long period of time in the emergency services, stress levels can rise to dangerous levels. According to these writers, many emergency service workers commit themselves because they are unable to manage their stress levels. Workplace stressors include marital issues,

financial hardships, job failure, missed objectives, and being exposed to key situations are all signs that employees aren't managing their work-related stress efficiently (O'Cathain, *et al.* 2018). We can aid employees by helping emergency service professionals handle the stress associated with their job and preserve excellent health and well-being over the long term by establishing an awareness of how work impacts the worker. For this study, we'll be looking at paramedics in rural Victoria, Australia.

### **III. The Agency**

Ambulance transport and pre-hospital patient care were also provided by Rural Ambulance Victoria (RAV) at the time of the data collection, along with a variety of public education programmes. The provision of high-quality, rapid, and cost-effective ambulance services was a vital contribution to reducing risk in rural and regional areas as a result of RAV.

RAV's employment grew to 1,340 employees at the time of data collection, with 1,176 of them being operational personnel and the rest being support staff and volunteers. 307 front line ambulances and 99 operational support vehicles were used by the staff. There were 144 different response sites spread out over rural Victoria, with people working from all around. Its five regions were Barwon South West, Grampians Loddon Mallee, Hume and Gippsland. There was a Regional General Manager for each of the five regions, as well as a District Manager for each of the five regions' districts.

All five regional general managers from RAV's five regions, as well as General Manager Logistics, General Manager Clinical Governance; General Manager Corporate Services; Human Resources; and Information Services; and Corporate Secretary made up RAV's Executive Team in addition to the Board of Directors and Chief Executive Officer.

Two of Victoria's largest ambulance services merged while this research was being conducted. Employees were alarmed, and their workdays were significantly disrupted as a result. Enterprise Bargaining Agreement (EBA) talks heightened the tensions at work at this period (Enayati, *et al.* 2018). Unions and employers discuss wages and working conditions in an EBA, which may be lengthy and stressful because of the volatility it creates. It was understandable that the participants in this case wished to discuss the bigger impact this had on their personal and professional lives for several months.

### **IV. That are the paramedics who work in ambulances?**

Injured or ill patients needing immediate aid can rely on paramedics skilled in emergency treatment. Among the paramedics in the state of Victoria, Australia, are ambulance paramedics, MICA paramedics, and general transport teams (GTTs). When a medical emergency occurs, ambulance paramedics are on the scene to help (Eastwood, *et al.* 2019). Depending on the situation, they can range from complicated hospital admissions, discharges, and transfers, to major occurrences in a wide range of settings. Typically, they are part of a rapid response team that includes other medical professionals, such as physicians.

When members of the public dial an emergency number such as 000 in Australia, ambulance paramedics attend (Knowles, *et al.* 2018). Calls are received, tasks are sent according to their location and severity is communicated to paramedics, and then they are on their way. As a result, the paramedic responds accordingly.

## **V. Paramedic training**

As a paramedic, it is crucial to understand that the training requirements vary from country to country. Thus, in recent years, the training of paramedics in Victoria has undergone a drastic shift. Ambulance paramedics had more on-the-job training before 2006 than they did thereafter (Eaton-Williams, *et al.* 2020). A Diploma in Ambulance and Paramedic Studies was the name given to this programme (DAPS). Students were not needed to complete formal university training, and the DAPS was a combination of on-the-job experience and classroom instruction. A three-year university degree in a paramedic or health sciences programme is required to become a trained ambulance paramedic today (Brown, *et al.* 2018). There is a lot of theory involved in these courses, but candidates are also expected to undergo "on-the-job" training to get real-world experience.

## **VI. Work of Paramedics**

This profession is broken down into numerous broad but different sub-fields. The training and experience requirements for each differ. Some sub-categories need further training.

## **VII. Paramedics on Call**

A university bachelor's degree is necessary to become an ambulance paramedic. The next step is to fill out an employment application with Ambulance Victoria (AV). This team of paramedics is well-versed in dealing with a wide variety of medical crises (Eaton-Williams, *et al.* 2020). There are also paramedics who work in air ambulances and on bicycles, as well as clinical instructors, duty team managers, graduate paramedics, group managers, and coordinators of paramedic community support. A Mobile Intensive Care Paramedic (MICA) is often summoned in the event of an extremely complicated emergency.

## **VIII. Mobile Intensive Care Ambulance (MICA) Paramedic**

MICA Paramedics who have worked in the field for a long time are obliged to get a postgraduate diploma in emergency health care (MICA Paramedic). In addition to classroom and laboratory instruction, students are required to complete a supervised clinical internship. Employees of Rural Ambulance Victoria and the Metropolitan Ambulance Service can currently take this course at Monash University. It is important for MICA officers to have specialised training in order to make clinical decisions in the field of intensive care. Anatomy, physiology, and biochemistry are all part of this.

For patients with severe head injuries, these paramedics provide comprehensive care including fast sequence intubation, advanced airway management, endotracheal intubation, and the insertion of intra-osseous (into bone) cannulas for advanced medication and fluid administration (Lawn, *et al.* 2020). Pneumothoraxes (collapsed lungs) and other life-threatening chest injuries can also be treated by inserting a chest tube, and cardiac problems can be managed with advanced training. They are there to assist ambulance paramedics as needed and can even take over in the event of a medical emergency.

## **IX. General Transport Teams (GTT) or Non-Emergency Patient Transport (NEPT)**

These teams are primarily responsible for transporting patients between the hospital and their homes, and they are not involved in any kind of emergency situations. In order to work with Ambulance Victoria, applicants must have a certificate in non-emergency patient transport, or an equivalent qualification (Tunks Leach, *et al.* 2021).

Training in such areas as first aid, proper patient positioning, and a working knowledge of medical vocabulary are just a few examples.

### **XI. First Aiders and Ambulance Community Officers**

As a volunteer for an Ambulance Community Officer (ACO) or a Community Emergency Response Team (CERT), residents in rural Victoria may help save lives (CERT). First aid is provided by ACOs on a contract basis. Volunteers from the Community Emergency Response Team (CERT) are often the first responders in a community. First-aid classes and specialised training are necessary for ACO's to respond to crises in their areas, which helps the ambulance service. The Clinical and Education Services provides further training for paramedics and other AV workers. It is the job of CES to provide assistance to AV's clinical activities. It also gives financial assistance to paramedic training programmes at colleges and institutions (Anderson, *et al.* 2019). In AV's Clinical and Education Services, continuing education classes are available.

They also oversee AV's clinical and quality assurance programme, the qualification of operational employees and equipment, and clinical accreditation and re-accreditation operations as well as the oversight of approved clinical studies. An In-Service Continuing Education Program (ISCEP) for qualified Ambulance and MICA paramedics includes a minimum of two educational days per paramedic each year. As a result of this, paramedical clinical practise can be reviewed and authorised adjustments introduced.

### **XII. Impacts of the job on the Paramedic**

There is a considerable correlation between exposure to stressful events and physical and mental health, according to previous research. According to (Anderson, *et al.* 2019), first responders, such as police officers, paramedics, and firefighters, are at risk of suffering secondary effects from the trauma they see. Helping professionals, on the other hand, have been found to display the same symptoms as people who were directly afflicted.

For example, a research by (Tunks Leach, *et al.* 2021) indicated that 82% of the paramedics who participated in the study (n = 90) had been involved in a troubling or critical situation. In the last six months, traffic accidents and medical situations were considered the most distressing. More crucially, 69 percent of respondents claimed that they 'never' had sufficient time to emotionally recuperate between distressing incidents, showing the profound and genuine consequences their employment had.

Recently, a qualitative research was carried out by (Brown, *et al.* 2018) to look at the effects of critical occurrences on ambulance workers. There was a considerable influence on their health and well-being from exposure to critical occurrences, according to their interviews with 27 participants of varied years of experience.

### **XIII. A Snapshot of the current state of Ambulance Paramedic Health**

A growing body of research shows that ambulance medics are more likely than not engaging in dysfunctional than useful behaviours. 88% of the participants in a longitudinal study conducted by the Victorian Ambulance Crisis Counselling Unit (VACU) between 1984 and 2002 reported drinking alcohol, with 94% reporting drinking up to 24 days per month and 91% reporting drinking up to six glasses in one session, according to the study's findings.

There were 1,297 operational ambulance paramedics working by the Metropolitan Ambulance Service (MAS) as of June 2006. (Knowles, *et al.* 2018) One thousand seven hundred and twenty-eight operational paramedics were

employed by Rural Ambulance Victoria (RAV). Only 93 MAS paramedics willingly received a general health check between 2005 and 2006, and only 284 were vaccinated against Hepatitis B during this time period.

#### **XIV. Aims of the project**

Studying paramedics' psychological and social coping methods in light of their long-term health and well-being was the major objective of the investigation in this study. It was also a secondary goal to look at how paramedics currently use peer support programmes and other referral services. During the first year of their work, rookie paramedics were compared to those who have been in the field for more than five years (O'Cathain, *et al.* 2018). Additionally, the study examined how paramedics with varying degrees of expertise may alter over time. Some implications may be drawn from the data, even if it is cross-sectional and not longitudinal.

#### **XV. Questions to Ponder**

The following questions were addressed in the current study:

1. Ambulance paramedics utilise a variety of psychological and social tactics to cope with the demands of their profession.
2. Ambulance paramedics employ a variety of support services to keep up with the demands of their profession.
3. When it comes to coping methods and resources, newbie paramedics and more seasoned paramedics have distinct distinctions.
4. What challenges do paramedics confront in the workplace?
5. When faced with challenges, what coping techniques are used?
6. Description of Importance
7. For paramedics at various phases of their career, the knowledge gleaned from the planned study has the potential to reduce long-term health issues.
8. Abolish paramedic burnout-inducing techniques that are now being used.
9. Improve the acceptance of AV peer support by providing information that can lead to better uptake by AV peers.
10. Educate paramedic students in the best way possible by influencing university curriculum.

#### **XVI. Conclusion**

According to their results, a dearth of assistance from management was also an important factor. Other researchers have come to similar conclusions. There is a dearth of studies on paramedic stress and coping, therefore this study will have to depend on studies on stress in other emergency service professionals.

Consider that paramedics work with physicians and nurses on a regular basis and must be aware of this fact. Because of this, it is possible that Ambulance Paramedics' self-perception as well as the value they place on the work they do is an additional indicator of stress (Eastwood, *et al.* 2019). Ambulance paramedics are presently striving for the respect of other medical professionals in parallel to the changes in attitudes among physicians and nurses within the medical profession.

Day, (Anderson, *et al.* 2019) looked at the impact of morale on a group of Australian licenced nurses. Negative self-worth was shown to be linked to a lack of acknowledgment for job performance and professional progress.

A significant influence on nurse morale, according to the authors, may be found in their perceptions of their own professional worth and value within the healthcare system. Those nurses who thought they had a better standing or esteem from doctors had a greater sense of self-confidence (Enayati, *et al.* 2018).

There are similarities between the sentiments of ambulance paramedics and the interactions they have with the general public, medical professionals (such as physicians and nurses), and other health care workers in the hospital and pre-hospital environment.

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