

# Worker Wellness

By Larry Hinds, MEd, EMT-P

During my career as a paramedic in Florida, my department and others nearby experienced several employee suicides and unexpected deaths due to illness in a short period of time. I had also responded to a number of children-versus-automobile calls resulting in deaths that created a sense of depression. Several debriefing sessions were offered after the deaths of my colleagues, but I had always been reluctant to talk about these and the pediatric calls. I sensed that these types of events went with the territory. But the perception that something was “wrong” remained with me, and I believed that others felt the same way. For me, there was no clear direction on what to do.

While completing my graduate degree in education, I was given the opportunity to choose a topic and utilize qualitative research techniques. Recognizing that many of my work-related experiences were troublesome, I wanted to learn from other healthcare workers about their views on dealing with stress. It was my hope to conduct research that might identify characteristics of a wellness program that others could use, or at least refer to, in the future.

From working as a quality assurance officer, I was accustomed to quantitative documentation with respect to statistical analysis of skill performance, transport documentation, patient feedback, etc. Qualitative research was new to me, but I learned that acquiring information via the “lived” experience, through the lens of those in the field, could provide important insights. I designed a selection of surveys asking open-ended questions about stress, perceptions of management, coping mechanisms, preferred features of a wellness program, feedback concerning Critical Incident Stress Management (CISM) plans, organizational personalities, work hassles and personal definitions of stress. Using suggestions from colleagues to improve this content, I ultimately ended up with about 20 questions. I also learned from scientific references that there are correlations between stressors and heart disease that can be classified via type-testing, so I included a type test to determine if surveyed workers were candidates for stress-related illnesses.

To enable a broad-based response, I selected three fire/EMS organizations on the west coast of Florida, along with several local hospitals, and distributed 500 surveys to physicians, nurses, paramedics,



**As EMS providers, we dedicate great efforts to helping others. But what are we doing to help ourselves?**

EMTs and firefighters, primarily in the Tampa Bay area. Via a friend, I also gave surveys out to army nurses stationed overseas and other EMS workers through national firefighter competitions.

## Response Themes

It took about two months to gather approximately 20% of the surveys, completed; then I began analyzing the results. I found it helpful to look for themes in the responses that allowed me to identify similarities. Thinking in terms of patterns and groupings assisted me in this part of my research, and I believe the following represents the basis of what respondents were expressing:

- Few respondents were aware of or used existing stress-management services.
- Specific incidents were cited as producing large amounts of stress. Pediatric calls and traumatic patient deaths seemed to be the worst.
- The value of proactive health management was recognized, but most indicated there were few programs in place for it.
- It was believed that the organization should play a major role in providing an in-house counseling program for stressful incidents.
- Respondents recognized that continuing education and training promote consistent performance and enhance wellness.
- Physical exercise, annual physical and mental health exams, participation

incentives and managerial commitment were cited as essential components of a wellness program.

- Respondents wanted in-house debriefing first, with follow-up by mental health professionals on stressful exposures.
- All of those surveyed expressed at least some level of dissatisfaction with the employer/employee relationship, noting difficulty in communicating through the chain of command.
- Most referred to exercise and speaking with coworkers in regard to personal methods of dealing with anxiety or emotional incidents.
- Respondents cited many things that bothered them during a typical shift. These included “routine” and/or “EMS abuse” type calls, personnel friction, a lack of control, and problems with management.
- When asked about the perceived negatives regarding the implementation of a wellness program, many indicated poor design and a lack of commitment by employees and management as concerns.
- The personality type portion of the survey indicated that more than 80% of respondents were of the “type A” category—one that has a higher risk for cardiac-related illness.
- Everyone indicated that a lack of sleep could affect performance, stating that a minimum of at least five hours of sleep was essential.

Many respondents correlated mental and physical health with respect to their personal preferences for wellness program design. Literature supports this approach. According to LeCuyer, exercise has been shown to assist people's psychological health and well-being in a variety of ways.<sup>1</sup> Physically conditioned individuals are more resistant to fatigue, sleep more soundly and tend to have more energy. Research suggests that those who often exercise feel better about themselves than those who are inactive, and also experience better memory capabilities, reaction times and concentration levels than non-exercisers.

I have the opportunity to speak regularly with firefighters and medics from all over the country at Firefighter Challenge competitions. Many say their departments have optional CISD and exercise programs, but I have not been able to find a lot of information concerning comprehensive wellness programs for emergency service workers. Both the Palm Beach County (FL) and Los Angeles (CA) fire/rescue services have established programs with documented components and other quality assurance data posted in websites provided in the reference section of this article.<sup>2,3</sup>

## Recommendations

The following recommendations were developed based on responses to my survey:

- Training divisions must play an important role in continuing education programs for all employees.
- Wellness program designs should be implemented and monitored with the help of training staff and professionals in the mental and medical health fields.
- Maintaining open lines of communication with all employees is essential; equally important is to follow up and respond to questions.
- A commitment by all members of the organization to participate in a wellness program ensures a successful outcome.
- Wellness information should be provided early in the careers of personnel.
- Implement mandatory in-house debriefing by on-scene supervisors/officers immediately after critical calls.
- Recognize quality performance as emergency service workers and as wellness program participants.
- Educate the public (via newspapers, TV, Internet, open meetings) to the purpose of your emergency medical/fire service.

Some managers oppose wellness programs, believing that disturbing events are part of the trade and that emergency service workers must learn to deal with stress. Despite health and safety stan-

dards adopted by the National Fire Protection Association (NFPA), many departments are reluctant to implement them, citing budgetary restrictions. Unions still offer only limited support due to perceived legal prohibitions regarding testing procedures that could discriminate against current employees.<sup>4</sup>

Some departments have incorporated NFPA compliance into their operational structure, with union support, once employee fear of job loss was addressed. The Palm Beach County Fire Department has been compiling data with respect to injury, sick time, fitness-related performance and cost efficiency. Its wellness program appears successful, and results have been impressive, showing improved health and fitness with significant savings to county taxpayers.

For-profit companies have long recognized the value of proactive medical screening and other fitness-related plans as participating employees used less sick time, had reduced medical costs and remained on the job. One example is the insurance industry, which has an accumulation of data on healthcare costs and mortality rates. It is no surprise that insurance companies have more wellness/fitness programs than any other industry.<sup>1</sup>

A significant number of deaths in fire and EMS are preventable. A large percentage of employee deaths are cardiac-related, and many employees have significant medical histories prior to their deaths. We have all known colleagues who could have benefited from proactive health management; and reticent attitudes regarding physical and mental health must change. Some believe the negative attitudes of many workers reflect the atmospheres in which we live and work—and surely, consistent exposure to tragedy, death and grief do not represent the best of working environments. We must realize the value of the service we provide to others and recognize the service we must provide to ourselves. If we fail to change current attitudes and complacency, emergency service worker illness and death will remain constant.

## References

1. Le Cuyer J. *Designing the Fitness Program*. Saddle Brook, NJ: Pennwell Corporation, 2001.
2. Palm Beach County Fire Department, [www.pb CFR.org/wellness.htm](http://www.pb CFR.org/wellness.htm).
3. Los Angeles Fire Department, [www.lafd.org/wellness.htm](http://www.lafd.org/wellness.htm).
4. Gaylord TW. *Initiating a Departmental Wellness Program*. Applied research project submitted to the National Fire Academy, 1999.

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