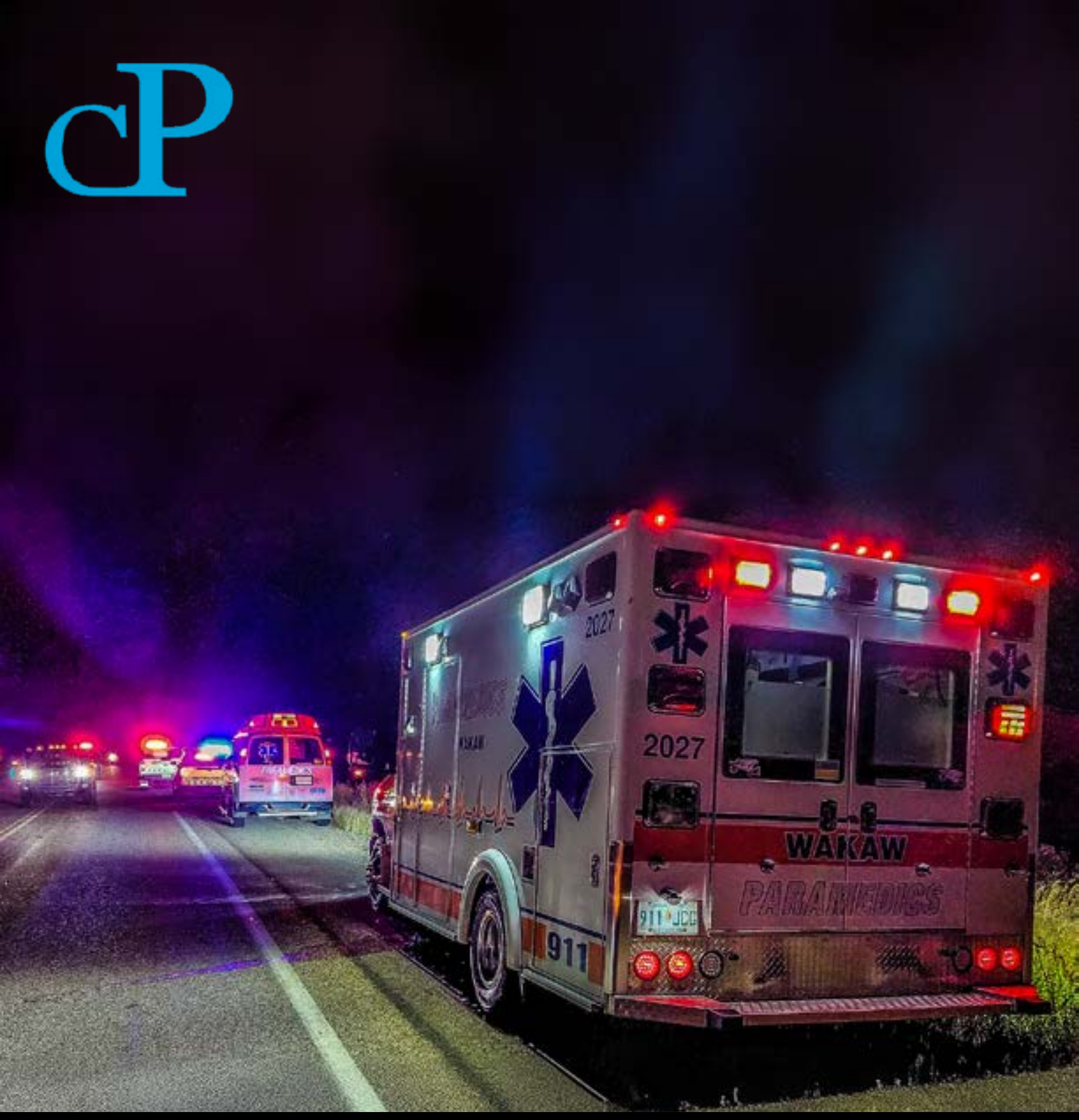


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# PARAMEDIC WELLNESS

## SHARING STRATEGIES ON HOW TO PROTECT AND IMPROVE PARAMEDIC WELLNESS

Findings from a Community of Practice Forum (CoP), April, 2024


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# PARAMEDIC WELLNESS

## Ontario Paramedic Association Wellness Committee

The purpose of the Ontario Paramedic Association Wellness Committee (OPAWC) is to equip Paramedics with pragmatic tools to attain wellness, which exists along a continuum within Paramedicine. The Committee was established by the Ontario Paramedic Association (OPA), which has a vested interest in supporting the health and well-being of its members. This Committee aims to identify and implement support systems through educational initiatives, community engagement, and political advocacy.

The goals of the OPAWC are to:

- Promote Paramedic health and wellness through educational and community initiatives
- Engage and partner with stakeholders who share a common interest in supporting Paramedic health and wellness.
- Provide access to pragmatic tools for positive mental and physical health
- Support and engage in political advocacy related to health and wellness initiatives for the Paramedic profession

To help meet these goals, the OPAWC organised a community of practice forum for paramedic wellness coordinators and peer support team members. The event was held on April 23, 2024, at York Region's Community Safety Village. There were approximately 50 paramedics in attendance, as well as approximately ten experts and related health service providers, all with knowledge and expertise on strategies to protect and improve paramedic wellness.

The forum consisted of speakers who presented on wellness topics and existing paramedic wellness programs. The morning session involved presentations from a rural and an urban service on what makes their wellness programs successful and resilient. The afternoon was a series of round table discussions designed to identify strategies to improve paramedic wellness at the individual, organisational, and system levels. During the round table, participants were divided into small groups of about six people. Nine questions were answered collaboratively by each group. The morning presentations, along with each participant's knowledge and experience, informed the dialogue.

The answers have since been transcribed and then coded into themes. The themes were then analysed using inductive analysis. This report will highlight the concepts discussed and the findings and suggest implications for paramedic wellness that can be applied to all three levels.

In alignment with the three levels of paramedic wellness: individual, organisational, and systemic, the target audience for this report firstly is for the paramedic, to edify their knowledge and point towards improvement of their wellness. Secondly, for paramedic leaders, to provide a guide for leadership actions that may contribute towards paramedic wellness. And thirdly, for the regulatory bodies, to provide a concise summary of issues and strategies for consideration when creating and revising policies, procedures, practices, and regulations. The OPAWC would like to thank our speakers, Mayram Traub, Chair of the

Ontario Association of Paramedic Chiefs (OAPC) Psychological Health and Wellness Committee, for her assistance with the forum workshop, and Chief Chris Spearen, York Region Paramedic Service, who will present this report to Emergency Health Service's (EHS) Mental Health Collaborative Table (MHCT) on behalf of the OPAWC.

## Paramedic Wellness

What is wellness, and what does wellness mean for paramedics? An internet search using the word wellness provided over three billion results. The top results come from alternative medicine, and most are based on a state of being that is beyond an absence of illness and aims to optimise well-being in eight domains: emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social. From a science perspective, wellness is looked at as promoting health at the biomedical, environmental, and lifestyle levels. Finally, Merriam-Webster (2024) simply tells us wellness is "the quality or state of being in good health, especially as an actively sought goal."

Our participants indicated that being well means being holistically well (physically, emotionally, and spiritually). This includes being physically fit. Some suggested exercise equipment on-site and gym memberships – it is well known that physical fitness promotes mental wellness (Wild et al., 2020), and being well-rested, but most of the discussion is about being fulfilled and having a sense of purpose or satisfaction, where the individual is ready and wanting to come to work. Being resilient, experiencing growth, and having an enduring career that reaches retirement. Three domains were identified that contribute to paramedic wellness: work-life balance, social connections, and feelings of support.

### Work-Life Balance

Participants identified that work-life balance begins with being self-aware, present, and respected. It also encompasses the importance of time off and time away from work, agreeing with Beldon and Garside (2022), who indicate that a lack of work-life balance is a major contributor to stress and burnout in paramedics. In addition to the shift work that is part of the nature of being a paramedic, some of the factors that contribute to poor work-life balance are inflexible shift patterns and end-of-shift overtime (Beldon & Garside, 2022; Nowrouzi-Kia et al., 2021). Many participants suggested flexibility in shift patterns, rotating stations, or rotating through non-emergency response roles would be of great benefit. Nowrouzi-Kia et al., confirm this concept as those who transitioned to a community paramedic role (a non-urgent role that occurs mostly on day shifts) report better work-life balance and reduced stress levels. What is not explicitly found in the literature is that although a paramedic's shift ends, mentally, it does not. Often, the shift is so busy that decompression continues for many hours after the shift ends. A common solution suggested by forum participants is something called "operational pauses", where the paramedics can be temporarily removed from deployment to allow for time to decompress after responses that have the potential to cause trauma. Augmenting such pauses, many also suggested dedicated quiet spaces be set up at their stations, away from common areas, where thoughts can be privately processed, or diffusions can occur.

## Social Connections

Participants emphasised the importance of social connections in maintaining wellness, including family, their work family, and friends. These connections contribute directly to their common culture, where people have similar beliefs and traditions. Through these common schemas, there may be better communication that includes understanding, normalisation (de-stigmatisation), and team building. It also may encourage critically reflective dialogue, which is important in diffusing and thought processing (Wolff, 2020). There are many attitudes, some as a result of old cultures and thinking, and some self-imposed perceptions and beliefs, that can interfere with positive social connections (Goble, 2020). Attitudes that imply weakness and associated shame can cause individuals to question the appropriateness of their career choice through self-reflection or with others. Although many participants suggested an expectation that those who acquire a psychological injury as a result of their occupation should be able to return to their paramedic role with a proper return to work program (discussed further below), these same participants also suggest psychological screening for paramedic college students/new hires. This implies that there is perhaps a perception of a requirement that individuals be matched to their chosen career to avoid a stress injury and self-questioning of career choice as described above.

## Support

The third domain, encompassing support, included two major categories: leadership, and peer support, which is further divided into four sub-categories: mobile applications, wellness checks, support animals, and quiet rooms. The associated comments included feeling safe, buy-in/support from leadership, and having comradery/community to create a positive work environment that fosters a sense of purpose at work.

### Leadership

The first category is supportive leadership, which gives respect, acknowledgment, and recognition as opposed to allegations of abuse of benefits/time theft. Concerns were raised regarding those seeking help, which may be flagged as a result of the outdated way of thinking mentioned above, and opportunities for future advancement may be hindered. It is also suggested that trauma-informed training for supervisors/management can help mitigate such bias (from the top down). Other suggested ways to foster a supportive culture include involving paramedics and stakeholders in creating policies that can impact paramedic wellness, team-building opportunities, and round table/town hall discussions to normalise mental health and help-seeking conversations, akin to the concept of 'pre-flection' (Coady, 2013), where issues can be addressed before they arise, addressing the aforementioned social aspects and peer support, the second sub-category of feeling supported.

### Peer Support

Having peer support and a peer support system is quite important to the participants, even though some research suggests low uptake on the frontline (Salvis & Mausz, 2023). Upon reflection on the reasons reported by Salvis and Mausz, in combination with the results of this round table discussion, the success or failure of a peer support team could be attributed to the planning and structure of the team and who team members are. In both data sets, there is an

emphasis on a good match between the peers while requiring a high level of trust, which can only be developed through relationships. There were also suggestions for a well-organised and managed proactive system versus a static reactive one without clearly defined roles. A system with evidence-based programs, training on topics like diffusing, strong policies to support the program, and buy-in and support from the leadership team. Augmenting the peer support team, four common themes were presented: Mobile Applications, Wellness Checks, Support Animals, and Quiet Rooms.

### Mobile Applications

Many use or suggest the use of a mobile phone application called Peer Connect. This tool aids proactive support, timely check-ins, 24-hour access to peers for paramedics and family members, and provides reporting features while ensuring the privacy of participants. The literature suggests that mobile applications can reduce stress and trauma, enhance intervention outcomes, and even contribute to posttraumatic growth, but it also cautions that it is difficult to determine how much effect can be attributed to the application versus the support behind it (Donovan, 2022; Fallon et al., 2023; Horan et al., 2021; Wild et al., 2020).

### Wellness Checks

Wellness checks are exactly that. It can begin with a baseline if psychological assessments are conducted upon hiring and continue throughout an individual's career, either through a peer support program or mentoring program. Some suggest that a mentoring system is superior to a peer support system as there are strong relationships already built between the mentor and protege. In the potential low uptake of peer support, as mentioned above, mentoring is also vulnerable to failures and can equally contribute to more resilience as it can to less resilience (Coyte et al., 2021). In both programs, success and failure are highly correlated to the individuals offering the services. It is recommended that wellness checks be proactive, occurring periodically (and more frequently in the first years of employment) , and not just reactive after perceived difficult calls.

### Support Animals

Having support animals is a common suggestion that can offer positive results with minimal investment. While quantitatively, the use of support animals did not improve the overall psychological wellness of first responders, qualitatively, they do provide temporary stress relief and help individuals regulate emotional states during times of stress (Curly et al., 2021; Dvoskina & Cole, 2020).

### Quiet Rooms

Quiet rooms were suggested for meeting with peer supporters or mentors for diffusing or just as a quiet place to relax, away from any source of stimulation, to mitigate stress responses. Although there is little research directly on first responder use of quiet rooms for stress mitigation, there is substantial research on how such a room could be utilised for this purpose.

## Improving the System

Other forum questions about mental health support included: "What works well? What are the barriers? What are some solutions or recommended types of education/orientation? And what types of supportive policies or procedures could be implemented at the organisation and system levels." Five themes were identified in the data: Wellness Departments/Clinical Oversight, Education, Financial Inferences and Employer/Employee Relationships, Work Flexibility, and Management and System Oversight.

### Wellness Departments/Clinical Oversight

The most requested improvement is having a dedicated wellness department/clinician within the service or contracted, or partnerships with external programs, for quick and direct access. Having priority access breaks down such barriers as lack of access (distance), financial considerations (cost for service and loss of time for therapy), and lack of timely support. Although there is some evidence that offering support too soon may be intrusive (Wolff, 2020), once it is identified that support is needed, it is critical to access it in a timely fashion (Jones et al., 2020), and access often proves to be difficult. An additional benefit of embedded clinicians is the ability to offer oversight of peer support programs, proactive preflection sessions/psychoeducation groups, and the provision of relevant education.

### Education

The topic of education appeared throughout most discussions. Dialogue includes education about the individual, the organisation, and the system and ranges from self-improvement to integration into regular continuing medical education sessions. Ultimately, it is about increasing awareness and normalisation as a lack of knowledge is a barrier to help-seeking (Jones et al., 2021; Wild et al., 2020). Proactive education is looked at very broadly and includes pre-service training, pre-service mental health education, and in-service education on a wide span of topics:

- Mental Health
    - Resilience training. e.g., Before Operational Stress (BOS), a free program offered by Wounded Warriors
    - Self-assessment, coping, and self-care. e.g., Road to Mental Readiness (R2MR)/Working Mind First Responder (WMFR), a program originally funded by the Government of Canada for the military and adapted for first responder use. It is offered internally by many services through a train-the-trainer program and other public organisations).
    - Physical health, self-care, nutrition, sleep hygiene. e.g. Resilient Me, offered for free by the Public Services Health and Safety Association (PSHSA).
- General mental health training, preferably facilitated by paramedics, on topics such as
    - realistic expectations of role/career
    - self-agency and responsibility
    - self-awareness and critical reflection skills
    - peer support/making connections

- Pre-service training
    - death notifications
    - conflict resolution
- Pre-service training procedures
    - observation ride-out with crews to occur earlier (speaks to expectations above re: preparation and graduated exposure)
    - increase consolidation hours to improve confidence (which can lead to less stress)
    - professors and mentors/preceptors should be trauma-informed
- Organisational
    - education on resources and support available
    - how to access support
    - system navigation
- System
    - more teaching/coaching and less testing proficiency
    - slower pace of practice changes to allow for mastery
    - better planning of timing (delays between rollout and implementation)

Wild et al. (2020) determined that only about half of resilience training significantly affected mental and physical health outcomes and linked the successful outcomes to longer multiple-session programs for in-service personnel that target risk factors such as disengagement, physical inactivity, and suppression. Pre-service training and shorter-duration programs were less effective, but the results should also be considered cautiously as there is limited ongoing research to confirm long-term benefits.

## Financial Inferences and Employer/Employee Relationships

In response to the discussion question, "What other supports or resources would you like to see?", the most common answer is more funding without being attached to any particular program. The second most common answer is more funding attached to benefits such as improved Employee Assistance Plans, more money to increase access to counseling, psychologists, or alternative treatment providers, and mental health days. It can be assumed that the former is related to the latter. Barriers to meeting the needs of paramedics documented by the participants include lack of access to resources and supports (rural Ontario), treatment and therapy not considered work time (not paid), part-time staff are often excluded from benefits, and the money paid in lieu is perceived to be sub-par. Those who are off work and being supported by benefits or WSIB have a much lower net income compared to the time when they are on active duty.

Although some may argue this is no different than what an employee would experience with a physical injury, the counterargument is that the injury results from the occupation and, therefore, the employer's responsibility, a circular argument. The participants did suggest a change of perspective for the employer is in order where the employer would value the injured employee as an asset and important member of the organisation rather than a liability that cannot perform their duties. Many suggested enhancing employee support by adding to collective agreements and increasing benefits. Ultimately, this is an employer/employee contractual issue, although some participants suggested enhanced legislative requirements.

A complicating factor is a perceived stigma that is attached to those who seek mental health assistance in the workplace, which could affect employer/employee relationships. Many participants were concerned about individual privacy and raised concerns about trust. Some added that their employer's methods are based on what they call "old-school thinking - not thinking outside of the box or using a 'we have never done it that way' methodology," which becomes evident in Work Flexibility and Management and System oversight.

## Work Flexibility

Two suggestions, flexible shift rotations and the ability to rotate through alternative work projects, were popular suggestions (see work-life balance above). More depth is implied for both. Many spoke about 'ownership over their job' and 'opportunity for growth' where they could take a break from constant exposure to potentially high-stress situations but still contribute in a meaningful way, learn new skills, and possibly advance their career. However, there are barriers (see Support section above). In the realm of flexibility, suggestions included operational pauses and individualised return-to-work programs (after a stress-related leave).

### Operational Pauses

A highly regarded procedure identified in the discussions is in-shift flexibility, where paramedics who have experienced a potentially traumatic event can self-initiate a break, an 'operational pause,' to allow for time to diffuse or decompress (see Quiet Rooms above). The literature suggests that this time immediately after a potentially traumatic event is an important component of their resiliency (ability to withstand or bounce back), allowing them to process their thoughts about the event and reconcile them with their belief schemas (Wolff, 2020). Being required to respond to other calls or even having peers/supervisors reach out immediately can interfere with this process. The research doesn't tell us how long this time should be, but does imply that it is dependent on the individual.

### Individualised Return to Work Programs

A major concern raised by participants is rigid work accommodations that discourage paramedics from seeking help. Documented functional abilities paperwork is not always aligned and includes program inconsistencies, biases, presumptions regarding care, and a cookie-cutter approach. Research suggests this is perceived as a lack of empathy and can result in feelings of abandonment (see Support above) (Lawn et al., 2020). In contrast, recommendations include individualised approaches that are rehabilitative and co-created by the individual.

## Management and System Oversight

The role of organisational management is woven throughout this report. It suggests significant barriers such as system buy-in, lack of trauma-informed training, and crisis management training for managers, as well as insufficient support in employee benefit programs. The first priority is good leadership. Just like in the military, good leadership leads to reduced levels of PTSD, and the perception of good leadership increases the likelihood of personnel seeking help when needed (Wild et al., 2020). Supportive leadership was discussed

as a key component. A type of leadership that is willing to offer programs, introduce new ideas, and involve paramedics and stakeholders in policy development and decision-making processes. A caution from the literature pertains to hiring practices. While psychological assessments have been recommended, it has been shown that these assessments have limited predictive power, largely due to the subjective nature of the measures and the subconscious fear that honest responses may jeopardize career prospects. Using screening tools solely as a precautionary measure for employment can yield unreliable data (Wild et al., 2020). Such tools should be reserved for establishing wellness baselines, not for screening during the hiring process.

Regarding system oversight, there are only a few suggestions. This could be partly because self-regulation was not part of the current discussion. The primary concern is too many layers of oversight from different organisations, which can result in conflicting priorities. What seems to be a major stressor at some Base hospitals is the style of management of skills certification that appears to be punitive versus following a 'Just Culture' approach and an annual recertification process that relies on testing rather than learning and coaching.

## Implications for Practice

It is a given that an individual's physical fitness, nutrition, sleep hygiene, and spirituality (core beliefs and values that may or may not include religion) are the health foundation to build on. There is also an onus on the part of the individual to be proactive to remain healthy. To seek opportunities. To increase knowledge, advocate for each other, and be involved in governance. However, there are also organisational and system responsibilities to work in partnership with paramedics to ensure psychological safety by creating a supportive and trauma-informed culture and including paramedics in developing policies and procedures. There is also a need for an organisational just and supportive mindset to influence the needed culture change. These changes must be made at both the employer and the employee level to improve the wellness of the paramedics. Ultimately, it is a partnership between them that may break down existing barriers, and they must be overcome together.

## Significance of Findings and Recommendations

The significance of these findings is that there is more that can be done to improve the health of paramedics. Much work has been done in this area to mitigate the onset of occupational stress injury, but most focus on reactive strategies. These findings identify proactive ideas and strategies that could improve paramedic wellness and are based on creating a supportive and connected culture. The findings include the following recommendations:

- Pre-service *baseline* psychological assessment,
- Pre-service applicable education related to paramedic wellness,
- Buy-in by paramedics to live and practice healthy lifestyles,
- Buy-in by organisations to promote a just, safe, and supportive culture,
- Trauma-informed organisations (training for leaders),
- Trained and clinician-supported peer support (including mobile applications),

- Mentoring programs (trauma-informed mentors),
- Embedded wellness personnel/departments that are clinician-supported,
- Proactive versus reactive support initiatives,
- Applicable continuing education,
- Quiet rooms,
- Ability to take operational pauses,
- Flexible shift rotations,
- Ability to rotate into other roles/projects (opportunity for advancement/growth),
- Rehabilitative return-to-work programs with input from the individual and clinician oversight,
- Improved/increased benefit packages in relation to mental health supports on mental health days.
- Fewer layers of clinical oversight, and
- Certification and training initiatives to use current supportive adult education theory.

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