

National Association of EMS Physicians Annual Meeting

January 19-21, 2006
Tucson, Arizona

Poster Submission

Re-thinking Critical Incident Stress: Coping Strategies in Emergency Medical Services Personnel

Researchers

Gurevich, M., Halpern, J., Brazeau, P.,
Schwartz, B., & Bishop, S.

Abstract

Introduction

Little information exists concerning types and timing of strategies that help emergency medical services (EMS) personnel cope with critical incident stress (CIS). Mitchell's critical incident stress debriefing consists of three components delivered within 12-72 hours: psychoeducation, detailed discussion, and sharing of emotional responses. The effectiveness of neither the program nor its components has been established.

Objective

To identify the types and timing of strategies which emergency responders naturally use to cope with CIS.

Method

Paramedics, supervisors and dispatchers, recruited during a mandatory continuing education program in a large urban EMS organization, were offered a choice of individual or group interview. Nine groups (n = 34) and 34 individual interviews were conducted. Stratified sampling ensured gender and job description representation. Semi-structured interviews focused on detailed description of strategies used in coping with CIS, their perceived benefit, and recommendations for improving recovery. Interviews were audiotaped and transcribed, along with field notes. Coding trees were developed and themes categorized to reflect broad and more specific themes, using the constant comparative method. This entails a systematic, iterative examination and categorization of the text. Transcripts were coded independently by three researchers and compared regularly to ensure inter-rater reliability. A computerized qualitative data analytic programme (NVivo) was used to verify coding schemes. Ethnographic content analysis, an integrated method that combines enumeration of textual data with descriptions of contextualized meaning and communication patterns, was used.

Results

Preliminary analysis of the individual interviews reveals that subjects identified workplace resources used immediately after the incident as central to recovery. They identified a ½-1 hour 'time-out' period with peers, along with expression of support from management, as important factors. Those who preferred specific discussion chose to do so in the days and weeks following the event.

Conclusions

This study highlights the perceived early role of workplace resources, differentiates the types of discussion considered useful at different times, and introduces the perceived role of management in recovery from CIS. EMS organizations may be able to facilitate employee recovery by introducing simple administrative policies.

****Do not publish or reproduce without consent of primary author, Dr. Janice Halpern.****