

Uneasy dance partners

Supervisor support helps paramedics cope with stress: Study

BY SARAH DOBSON

Emergency medical technicians (EMTs) frequently encounter traumatic or critical incidents that can result in emotional pain and suffering. Various techniques — such as critical incident stress debriefing or “screen and treat” from external helpers — have been used through the years, but there can be drawbacks.

“When you bring in new people, you’re pathologizing it, you’re saying, ‘This is the problem, you’re sick,’” says Janice Halpern, an assistant professor in the department of psychiatry at the University of Toronto.

As an alternative, supervisor support can be one of the most welcome interventions or resources to prevent or mitigate emotional suffering, according to Halpern, co-author of the study *Interventions for Critical Incident Stress in Emergency Medical Services*.

“I don’t think these fellas are sick, they’re having a difficulty in their workplace from an acceptable risk and they expect resources within their workplace to deal with them,” she says.

Many of the 60 front-line EMTs interviewed for the study spoke about the responses of supervisors in the first 24 hours after an incident. They appreciate when supervisors acknowledge an incident, express concern about the well-being of the EMT, are willing to listen to the EMT, value his work and offer material help.

But there are barriers on both sides, which can lead to a “dance” between the first responders and their supervisors in the immediate aftermath of a critical incident. For the EMTs, these include the fears of stigma and appearing weak, not recognizing a call was a critical incident, avoiding thinking or speaking about a call or expecting an unsupportive response from a supervisor (such as being asked to fill out forms before finishing a difficult shift).

“The reluctance of the EMTs to speak about the critical incident, combined with an attitude of suspicion about the supervisors’ genuine concern, leads to a complex dance,” says the study.

Critical incidents are different from traumatic incidents as a paramedic’s purpose is to help people and if they feel incapable, through possibly no fault of their own, they might feel they failed and feel vulnerable, says Halpern.

“It’s very hard for them to expose that to their supervisor,” she says.

And supervisors can be uncomfortable hearing about these vulnerable feelings. They might personally have a discomfort with emotions or seeing a co-worker in distress, or they might have difficulty recognizing an EMT is emotionally affected.

“They may also feel they weren’t adequately trained to deal with these kinds of issues, they might feel it’s not part of their job — their job is more to talk about the operational as-

pects,” says Halpern. “Or maybe they feel their job is not to support, maybe they feel their job is to correct, find the difficulties, help them.”

The dance between the two is particularly marked on the EMT’s side, as they might want support but have difficulty asking for it. So when asked, “How are you doing?” they respond, “I’m doing fine.”

“That’s the initial connection that has to be negotiated and I think that takes a lot of skill and training on the part of the supervisor, to realize that ‘I’m fine’ may not be true and that they might have to have strategies to begin that engagement,” she says.

Instead of offering support on an emotional level, supervisors can offer support on a functional level, asking an individual if he requires equipment or help with a task. And then the supervisor should be available, hang around and be there for the person if needed.

“This dance requires considerable skill on the part of the supervisor, to recognize and empathize with emotions. It can mean standing aside, waiting for the EMT to come to them, offering help with equipment, pulling them aside from a group,” says the study.

But even if paramedics want help, they can find it unnerving to tell somebody, especially a superior, that they felt uncomfortable or less competent at the time of the incident.

“That’s where the whole question of the culture of stigma comes in,” says Halpern.

Reframing approach

If this whole area of emotional vulnerability was reframed or reconsidered and there was a more explicit discussion about the fact that dealing with these emotions, perceptions, appraisals and thoughts was part of maintaining operational readiness, that would make sense, she says.

“If it was part of keeping yourself emotionally healthy in the same way as you have to keep your back healthy so you can lift those stretchers... (if) that emotional strength — having control and ways of dealing with your thoughts and feelings — had the same kind of salience as dealing with your physical preparedness, I think that could potentially make a difference.”

Education about stigma, likely involving scenario-based hands-on training, could be an effective and cost-effective program for both front-line and management personnel, says the study. The interviewees suggested education for themselves, supervisors and families to recognize signs of critical incident stress would help, along with teaching people about stigma in the workplace.

“Managers have a responsibility to deal with their employees or reports in a sensitive manner and to be supportive and encouraging and lead,” says Halpern. The problem should not necessarily be considered psychological but an appropriate issue for managers to handle.

“Improving the training of supervisors, such that they recognize the importance of their role in dealing with critical incident stress, and ways to manage the inevitable ‘dance’ that ensues, should also be in the realm of possibility,” says the study.