

**THE EFFECT OF PARAMEDIC BURNOUT ON
CUSTOMER SERVICE**

OHIO FIRE EXECUTIVE PROGRAM

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ABSTRACT

The biggest change in the Fire Service in the last twenty-five years has been the implementation of Emergency Medical Services. With that have come some new problems that have been identified. The biggest was Paramedic Burnout and what to do about it. Paramedic Burnout involves negative attitudes about one's job along with one's patients. Take these negative attitudes and add them into customer service and you have an even bigger problem.

The purpose of this research was to examine paramedic burnout on the Akron Fire Department and to find out to what extent it was affecting customer service. A literature review was conducted using the descriptive method to answer the following questions:

1. Do the AFD paramedics suffer from burnout?
2. Does paramedic burnout affect customer service?
3. How can we reduce paramedic burnout in the Akron Fire Department?

The paramedics were split into four separate groups depending on their seniority. They were then given a survey that asked questions dealing with paramedic burnout and customer service. A second survey was given dealing with critical incident stress issues.

The results showed that the paramedics do suffer from burnout and that it does affect customer service. The paramedics with three to nine years of service showed the most symptoms of paramedic burnout. The paramedics with zero to two years of service showed the least.

It was recommended that the most effective way to deal with paramedic burnout would be to work with the paramedics on how to cope with stress. Another recommendation was to rotate the paramedics to less busy stations on a more frequent

basis. It was felt that learning how to better cope with stress and rotating to slower stations would improve the effects of paramedic burnout, which would in turn improve morale, which would help to improve customer service.

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INTRODUCTION

The traditional mission of the Fire Service - to serve and protect - has come under increased public scrutiny over the last several years. While the primary focus of protecting lives and property remains unchanged, the concept of "service" continues to evolve to meet the ever-changing needs of the American public. To that end, many fire departments have incorporated emergency medical services as part of their mission. After going on thousands of runs most medics seem to be immune to the tragedies that go on around them. When citizen/customers see fire personnel arrive at the scene and don't appear emotionally involved, they tend to think that the members of the Fire Service do not care. To many bystanders, it may look as though they are just going through the motions. The general public does not understand that medics are taught to stay calm, move cautiously, and maintain their poise. When personnel are new to the system this is almost impossible to do, but after several years of going on med calls it seems the opposite is true. The problem is complex. Fire departments throughout the country are asked to do more with less, without a reduction in the level of service. It involves education, communication, attitudes, expectations and perceptions, both from members of the Fire Service as well as the public. Most of all, it involves an administrative change in focus, to consider the internal as well as the external customer. This paper utilizes the descriptive research method to address the following three questions:

1. Do the AFD paramedics suffer from paramedic burnout?

2. Does paramedic burnout affect customer service?
3. How can we reduce paramedic burnout in the Akron Fire Department?

BACKGROUND AND SIGNIFICANCE

During the summer of 2001, there was a near drowning of an eight-year-old boy at a private pool club. There were hundreds of people on the scene when the med unit along with an engine company and a battalion captain showed up on the scene. Bystanders were giving the boy mouth to mouth resuscitation. The paramedics took over and got the boy breathing and also got his heart beating again before he was at the hospital.

Thankfully, he ended up having no ill effects from this episode. While not personally at the scene, several people who know me were. They left three voice mail messages at work that day complaining about the job the paramedics did. The crew did a great job medically, but was perceived by bystanders as providing a poor level of customer service.

This problem is a major concern because firefighters are considered America's Heroes right now, but if we don't start showing more compassion and concern for the public we may lose this identity, and subsequently, their support. If the Fire Service loses the backing of the communities that they are there to protect the results could be devastating.

The purpose of this study has implications nationally, as well as locally. It is important to examine this problem and bring back a solution to help keep members of the Fire Service perceived as heroes in the minds of the public. The research results would be used as a tool to help Akron Fire paramedics better understand the relationship between excellent care, compassion, and perceived customer service.

LITERATURE REVIEW

Paramedics and EMT's are subjected to many sources of stress in their profession, e.g. administrative or organizational factors, patient care or clinical factors, factors related to the public, and environmental factors not related directly to patient care (Boudreaux & Mandy, 1996, p. 296). These stressors, both external and internal, can lead to paramedic burnout.

Hawks & Hammond (1990, p. 50) define burnout "as a process, due to job related factors whereby an individual loses motivation to perform at maximum capacity, resulting in an inability to concentrate, increased frustration, loss of enjoyment from work activities and sometimes exhaustion." Another definition of burnout described by Boudreaux & Mandy (1996, p. 304) is "an increase in negative attitudes about one's job and towards one's patients, and is associated with emotional exhaustion, physical fatigue, and decreased competency."

Paramedic burnout is one of the greatest problems that fire administrators and paramedics have to deal with. There are a number of studies showing that burnout is particularly high in pre-hospital caregivers (Reichel, 1996; Schaeffer, 2000; Schmuckler, 1991; Ullman, 1998; Weiss, Silady & Roes, 1996). When personnel suffer from burnout something else gives way. Usually it's the amount of emotional energy put into the job. Empathy and caring are suppressed. Patients become nothing more than a slab of meat and service is provided in a depersonalized manner. All this can negatively affect customer service. While personnel still go on the calls, and most of the time provide

excellent treatment, it is oftentimes done in a robotic like fashion. A burnout paramedic is a hollow shell of a once gung ho recruit.

STRESS

There are many levels of stress that paramedics and EMT's have to deal with, some good and some bad. As death has been described as the absence of stress, a certain amount of stress, in moderation, is necessary to live. However, as the level of stress increases, the probability of negative consequences also increases. Hawks & Hammond (1990, p. 50) describe the thrill of going on a call and how successfully resuscitating someone can give you a feeling of eustress. Hans Selye is credited with defining this term. Eustress can be defined "as a healthy response by the mind and body to a stressor." A certain amount of eustress in our lives can be good for us. On the other hand, Selye noted that stress could also have a negative side that can be termed distress. Hawks & Hammond (1990, p. 50) compiled a list of stressors that have been identified in the field of EMS that are not good for us. These job related stressors have been reported to be especially critical: long hours; little recognition; dealing with dying patients, especially children; personal risk to the responder's life; limited training; limited career and advancement opportunities; physician/paramedic relationships; poor organizational support and recognition; too much paper work; gory sights; and abuse of service. With all these stressors it is easy to understand why paramedics and EMTs are susceptible to burnout.

In an article on preventing burnout, Reichel (1996, November) discusses four factors that can affect an individual's susceptibility to stress. The interesting thing is that some people are more susceptible to these stressors than other people. One common belief is that personality is responsible for these differences. Other research shows that personal variables are important. These variables include a variety of leisure activities outside the job, taking good care of your health through exercise and diet, social support, and the use of a rational/cognitive coping style for problem solving. These four factors can make a person resistant to the chronic stressors that may lead to burnout.

ORGANIZATIONAL STRESS

One of the most common complaints from paramedics and EMT's is the amount of stress that is put on them by their own administrations (Boudreaux & Mandy, 1996). Firefighters are constantly going out on calls and making decisions that involve life and death. They also see sights that the normal lay person will not see in his or her lifetime, yet for these people it is routine. So after going on a call involving trauma to a child, they come back to the station and have to deal with all the rules and regulations of the fire department. Sometimes it just doesn't seem quite as important to the medics after a call like this whether they are in a class B uniform shirt or a class C uniform shirt. If you have just come back from an accident where people were killed or maimed, it probably won't matter to you whether you are a few minutes late for your continuing education class. Yet, as administrators, we try to enforce the rules. The fire service is a paramilitary organization and being in uniform means exactly that, and on time doesn't

mean being three to five minutes late. We also have a tendency to tell the medics to just suck it up and quit your whining. This attitude tells the medics that as an organization we don't care about our employees. The problem with this type of attitude from the administration is that we are not taking care of our internal customers. We want the medics to provide good customer service and to take care of the public, but we are not practicing what we preach. When the medics are not happy with their job or the administration then customer service is going to suffer.

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

Kutner (1992) describes another form of stress that paramedics and EMTs have to deal with as critical incident stress, which can lead to PostTraumatic Stress Disorder or PTSD. PTSD (as cited in Boudreaux & Mandy, 1996, p.304) is a "psychological disorder that is characterized by excessive emotional instability such as nightmares, flashbacks, intrusive recollection, and avoidance that persists over a period of time." This happens when the medics are involved in critical incidents and they are unable to talk with people about it. These calls can be traumatic events, including but not limited to, injuries to children, the injury or death to a coworker, and a mass causality event. "Durham and colleagues found that 70% of all professionals involved in the disaster endured intrusive, repetitive thoughts about the disaster, 44% reported feelings of sadness, and 10% experienced eight of the twenty-one symptoms associated with PTSD. Further, they found that the greater the degree of exposure to the scene, the more likely the subjects were to experience symptoms." (Boudreaux & Mandy, 1996, p. 304). The more

symptoms that you exhibit, the more dissatisfied you become with your job and when that happens customer service is affected in a negative way. That's where Critical Incident Stress Management or CISM comes in. By having AFD people trained in CISM we can help our people after these critical incidents, sometimes in the form of one on one peer support or, as in the case of a mass disaster, we can use a group diffusing.

CUSTOMER SERVICE

The construct of customer service has taken on a prominent societal role in the last 10-15 years. While the emphasis has been primarily focused on the private sector, governmental entities have been slow to embrace the concept. Carr (1990, p. 217) cites several general problems that are inherent to public organizations:

- * They operate with limited competition.
- * They're control oriented.
- * They're heavy with staff.
- * They're averse to risk.
- * They provide reverse incentives.

This is compounded by the attitude of many government people in that they perceive themselves to be "in a position of bureaucratic influence over the public rather than at the disposal of the public" (Albrecht, 1988, p. 8).

The fire service is bureaucratic, steeped in tradition, and somewhat resistant to change. (Coleman, 1990). Twenty years ago a fire department was only required to put out fires. However, today's fire departments are required to do much more now than we did in the past. While we continue to put out fires and investigate their origin, we also

provide emergency medical responses, emergency extrication from vehicles, homes and other buildings, fire prevention inspections, public education activities, hazardous materials responses, water rescue response with dive teams, and high angle and confined space responses, to name a few. We have actually been providing customer service for years and never really thought about it. Fortunately, as an increasingly sophisticated public demands improved levels of public service, fire administrators realize the necessity of taking on a new approach to serving their customers.

During an emergency response, the fire service is under a microscope and every move is watched. The citizens we support remember whether we were courteous to them or not. The fire service is the last line of defense for many of our constituents. When we are called it is usually because something is wrong or they didn't know how to handle a problem. If they have a bat in their home, they call the fire department. If a water line breaks in the middle of the night, they call the fire department. If their cable line is hanging after a storm, they call the fire department. These are not inconveniences for us; these are the reasons why we exist. All of the above can be considered points of contact with customers or "moments of truth". As described by Wallace (2000), "a 'moment of truth' is an episode in which the customer comes in contact with any aspect of the organization and thereby has an opportunity to form an impression". If we went out only when we thought it was an emergency then we could probably cut our staffs in half. When you show up at a home at 2:00 a.m., turn the water off for a little old lady that has a broken pipe and then squeegee her floor, you have made a friend forever. Going out to a single mom's home and removing a bat that is flying around in her attic may not seem like much to us but it is huge to her. We have to remember that a lot of times these are

critical moments for the customer, although they may seem like routine alarms to us. Customer service is more like a circle, rather than a straight line (Smith, 1997). This is especially true in the fire service. The customer being a taxpayer has the ability to replace a public service and also has the ability to control its funding. Customers that are satisfied with the service that they receive tend to keep the system status quo or even support improving it. Everyone in the organization from the top to the bottom should be concerned with giving good customer service. Fire administrators have shown that they are worried about the external customer. The fire service must also show that it is concerned with the internal customer. The internal customer is just as important, if not more so, than the external customer is. Interestingly, Bowron & Todd (1999) note the positive correlation between job satisfaction and job performance. Thus, the whole idea of giving good customer service will only work if the internal customers are happy with their jobs. The administrations of fire departments must show the paramedics and EMT's that they are just as concerned about them as they are about the taxpayers. Personnel have to believe that their needs will be addressed just like administrators expect them to address the needs of the people we serve. Citizens form their impressions of the fire department on the basis of the encounters they have with the representatives of the department. As cited in Wallace (2000, p. 138), "Organizations must never forget that the way they treat employees will be reflected in the way the employees treat the customers." Therefore, fire department employees will ultimately determine how successful an administration's customer service policies will be.

PROCEDURES

This study will use the descriptive research method to address the following questions:

1. To what extent do AFD Paramedics suffer from burnout?
2. How can we reduce paramedic burnout in the Akron Fire Department?
3. How does paramedic burnout affect customer service?

In an attempt to answer these questions, research of the literature was conducted at several institutions including: the National Fire Academy's Learning Resource Center in Emmitsburg, Maryland, the Bierce and Auburn Science and Technology Libraries at the University of Akron, the Northeast Ohio Universities College of Medicine library in Rootstown, Ohio, the Akron Summit County Public Library, and the medical libraries of the Akron General Medical Center and Children's Medical Center of Akron.

A survey instrument will be used to ascertain the extent of burnout in the Akron Fire Department Paramedics. The survey will ask open-ended questions that address the stressors that effect the paramedics. We have one hundred and seventy paramedics currently employed by the Akron Fire Department. The survey will be mandatory but will also be anonymous. It will be given over a two-day period to half the paramedics each day. We expect to find burnout to some extent and also identify the stressors that affect the Akron Fire Department Paramedics. We will then embark on an educational program with the paramedics to reduce the levels of stress that they are experiencing. As an administration we will also embark on an aggressive program to recognize the paramedics for the job that they are doing. By identifying the stressors in the survey and

by reducing them through education and an administrative program of support we will be able to increase customer service.

Results:

The levels of burnout were significantly related to the number of years (at the .01 level of significance). The two groups in the center who typically feel more trapped in this job assignment reported higher levels of burnout than the other two groups.

The levels of burnout were also significantly related to the IES survey (at the .05 level of significance) and the HMS survey (at the .01 level of significance).

The levels of burnout were also significantly related to question #25 on customer service (at the .05 level of significance) and to question #5 on the perception of paramedics as non-caring (at the same level of significance).

The two surveys that we used, the IES and the HMS were significantly related to each other (at the .01 level of significance).

Both the IES and the HMS surveys were significantly related to question #25 on customer service (at the .01 level of significance).

Questions #6 and #8 were significantly related (at the .01 level of significance), showing that those who perceived that firemen and policemen typically work well together also felt that they also satisfied the needs of their administration.

Burnout:

There were five levels of self-reported burnout. These are the five groups:

1. "I have never felt burnt-out on this job assignment,"
2. "I don't feel burnt-out now, but I've felt it in the past,"
3. "I have once in a while felt a little burnt-out on this job assignment,"
4. "I have often felt burnt-out lately on this job assignment," and
5. "I am very burnt-out on this job assignment."

Using a one-way analysis of variance (the ANOVA) statistically significant differences were found between the groups of self-reported burnout when analyzed by the number of years assigned as a paramedic (at the .01 level of significance). In simpler terms, this means that the number of years on the job assignment did have an effect on the level of burnout.

On the Akron Fire Department, all new hirees are required to serve as paramedics until they build up the seniority to bid to a ladder company or an engine company. This typically takes six to ten years. We had expected to find that the paramedics who were new on the job and the paramedics who had ten or more years on the job would feel less burnout than those who felt 'trapped' in this job assignment. New paramedics are excited and the older paramedics are likely still there because they like the benefits associated with the assignment. The paramedics in the two middle groups (3-5 years and 6-9 years)

do typically feel 'trapped' in this assignment. These results fit what we had expected to find. The two middle groups are considerably different than the first and last groups in their levels of reported burnout.

We also found statistically significant differences on the HMS survey when these results were analyzed by the levels of burnout (at the .01 level of significance). In simpler terms, this means that the level of burnout had an effect on how the paramedics answered the HMS survey.

The results from the questions about how often the public perceives the paramedics as complacent or non-caring (question # 5) and how often does the individual think that paramedic burnout negatively affects customer service in general (question #25) were also found to be statistically significant when the results were analyzed by the levels of burnout (at a .05 level of significance). In simpler terms these findings mean that the levels of burnout had an effect on how the paramedics answered these two questions.

The paramedics who reported feeling more burnout recognized that the public more often saw them as non-caring and they felt that paramedic burnout did negatively affect customer service in general.

Using the Multiple Comparison Test of Tukey's HSD, significant differences were then found between the groups of the first four levels of self-reported burnout in the results of the HMS Survey. Because there were only two individuals who reported that they felt very burnt-out, the results from that group were not found to be significant. However the

responses on this burnout question were related to the responses of our HMS survey, and therefore, this shows that HMS survey supported the differences found in the paramedics who reported feeling burnt-out.

Demographics:

Years of Service:

- 7 participants were new hirees, with 0 - 2 years of experience,
- 25 participants had 3 to 5 years of paramedic experience,
- 21 participants had 6 to 9 years of paramedic experience,
- 54 participants had 10 or more years of paramedic experience.

Levels of Burnout:

- 21 participants reported “never feeling burnt-out”
- 20 participants reported “feeling burnt-out, not now, but in the past”
- 46 participants reported feeling “a little burnt-out once in a while”
- 17 participants reported feeling “often burnt-out lately”
- 2 participants reported feeling “very burnt-out” on this job assignment.
- 1 participant failed to mark one of the responses for this question.

Question #5: How often do you think paramedics are perceived as complacent (or non-caring) by the community?

- 1 participant responded “never”

- 30 participants responded “rarely”
- 33 participants responded “once in a while”
- 36 participants responded “sometimes”
- 7 participants responded “often”

No one reported believing that the paramedics are “very often” perceived as non-caring by the public.

Note: Although an analysis of variance by years did not show a statistically significant result, an interesting trend by years was noted by the researchers. While 71% of those with 0-2 years reported “rarely” or “once in a while,” 48% of those with 10 or more years on reported “sometimes” or “often” to question #5. Therefore, almost ½ of those with 10 or more years experience as a paramedic recognized the problem while only about ¼ of those with less years experience recognized the problem.

Question #6: How often do you think that police officers, firefighters and EMS personnel typically work well together when they are on scenes together?

No one reported that the police and fire “never” worked well together.

- 2 participants responded “rarely”
- 1 participants responded “once in a while”
- 5 participants responded “sometimes”
- 67 participants responded “often”
- 32 participants responded “very often” worked well together

Note: Although an analysis of variance by years did not show a statistically significant result, an interesting trend by years was noted by the researchers for this

question also. While almost 100% of the participants with 0-2 years, 3-5 years, and 6-9 years responded “often” or “very often,” 13% of those with 10 or more years on answered less than “often or very often.” Therefore, 13% of those with 10 or more years as a paramedic recognized the problem of policemen and firemen not working well together at times.

Question #8: Think for a moment about what your administration might need from you, things such as being on time for work, remaining well-fit for duty, filling out reports both accurately and completely, properly responding to the public’s need for services, being polite and responsive to even the lowest of ‘low lifes,’ not getting complaints from the public, conscientiously following all protocols and procedures, etc. In your opinion, how often do you think that you fulfill these and other needs of the administration?

No one reported that they “never” filled the needs of the administration.

1 participants responded “rarely”

No one responded “once in a while”

2 participants responded “sometimes”

50 participants responded “often”

54 participants responded “very often” worked well together

Note: Although an analysis of variance by years did not show a statistically significant result, an interesting trend by years was noted by the researchers for this question also. As the number of years experience increased, the percentage answering this question “very often” also increased, from 28.6% (0-2 years), 32% (3-5 years), 57% (6-9 years), to 59% (10+ years). So the percentage of those with 10 or more years of

service who felt they filled the administration's needs very often was almost twice that of those with less than 6 years service.

Question #25: How often do you think paramedic burnout negatively affects customer service in general?

- 1 participant responded "never"
- 6 participants responded "rarely"
- 24 participants responded "once in a while"
- 40 participants responded "sometimes"
- 24 participants responded "often"
- 12 participants responded "very often"

Note: Although an analysis of variance by years did not show a statistically significant result, an interesting trend by years was noted by the researchers for this question also. Almost 50% of those with 3-5 years and those with 6-9 years answered this question as "often" or "very often," while only 20% of those with 10 or more years answered with "often" or "very often."

Scores on the IES ranged from 0 to 55 (with a possible range of 1 to 75).

Scores on the HMS survey ranged from 39 to 98 (with a possible range of 21 to 126).

Although we found many statistically significant results in this study, we accounted for only a small percentage of the variance (which is the difference between the scores). For example, the HMS and the IES relationships accounted for only 12.8% of the variance between the two, and burnout accounted for only 19.3% of the variance in the HMS scores. Our strongest and most practical finding was that the relationships between the HMS scores and the customer service question which accounted for 24% of the variance.

DISCUSSION

This study showed that there is definitely a connection between paramedic burnout and customer service. Stress and critical events that happen while one is performing his or her job function cause the paramedic burnout. This combined with the long hours and numerous call volumes take its toll on an individual.

It came as no surprise that the two middle groups feel trapped in their job assignments. They are no longer riding the thrill of a new job and they have not found a way to cope with all the different kinds of stressors that they must deal with. The paramedics with three to nine years on the job must find a way to reduce their stress so that they may enjoy their work more. This will help with their morale, which in turn will automatically improve their customer service.

I think the study clearly shows that critical incidents raise the stress level of the paramedics. This was not a surprise and it emphasizes even more the importance of critical incident stress management. This concept is relatively new to the department and has taken some time to catch on. The older medics seem more opposed to it than do the newer medics. I believe this is because it constitutes change and change is very difficult in the fire service. It may also have to do with the way a firefighter/medic looks at oneself as being tough and not wanting anyone to see the chink in his or her armor.

One of the most interesting pieces of information that came out of this research, was the fact that most paramedics feel that they do everything that is asked of them by the Fire Administration. On the other hand they feel the Fire Administration could do a lot more than they are actually doing. This was also brought out in the end of the survey when the paramedics were asked to answer five open-ended questions specifically written for the Akron Fire Department. The most popular question had to do with the way the paramedics are rotated on and off the Med. Units and was there a more fair way to do it. Many new ways were given on how to make the rotation more equitable and it was felt that it was the administration's job to make that happen.

RECOMMENDATIONS

Based on the results of this research project our three problem statements have been answered. The first two were proven by the paramedic's answers to the questions in the survey. Yes, the AFD paramedics do suffer from paramedic burnout and yes, it does affect their customer service. The third question asking how can we reduce paramedic burnout will be discussed here in the recommendations. The answer to that question actually came in the literature review and also through the answers by the paramedics themselves when they answered the last five essay questions.

The reduction of paramedic burnout in the Akron Fire Department will be an ongoing project. The reward however will be worth the effort that will be needed. By reducing the burnout we will improve morale which in turn will improve customer

service. Paramedic burnout must be attacked on several fronts. Stress is the main cause and there are many types of stress.

Organizational stress can be reduced through a more intune administration. The paramedics feel that the administration can do more than it is currently doing to help with burnout and that the rotation on the med. units for the paramedics is unfair. The administration must come up with a more equitable way to rotate the paramedics. This will show that their needs as internal customers are being addressed. Forming a committee involving members of the administration as well as members from the line personnel to brainstorm and come up with different solutions will work best.

Critical Incident Stress will also be addressed more often. The department currently has procedures in place to deal with paramedics using debriefings and defusings. The department lacks in having one on one interventions. The department should train more people in one on one intervention so that critical incident stress can be addressed more often and with more confidentiality. The team that is currently used by the department offers this specialized training and it is recommended that the Peer Support (one on one) Training be set up. Another recommendation for dealing with this kind of stress is to have a psychologist come and speak at one of the paramedic run-reviews. This person could give them a different perspective on how to deal with these types of stressors.

Exercise and diet are also recommended for relieving stress. The department already has exercise equipment at all of its' fire stations. It is recommended that a more proficient work out schedule be implemented and adhered to in the department. Dietary solutions can be addressed at the monthly run-reviews. Brining in a nutritionist to talk to the paramedics about the importance of a balanced diet and how it can be achieved at the station house will satisfy this need. Paramedic burnout will never go away completely, as long as there is stress to deal with. We can only hope to reduce that stress and there by reduce the paramedic burnout.

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This is an anonymous survey. Please do not identify yourself.

Chief Hiltbrand is interested in your current attitudes on providing EMS services to the citizens of Akron. (The term "customer service" is to mean not only the actual EMS treatment that's given, but also the manner in which this treatment is provided.) 'Good' customer service is defined as excellent medical treatment--given with the personal care and concern with which we would expect our own loved ones to be treated by our fellow paramedics.

To begin:

How many years (in total) have you been assigned as a paramedic?

0 - 2 yrs

3 - 5 yrs

6 - 9 yrs

10 years or more

Think for a moment, on a scale from 'never feeling burnt-out' to feeling 'very burnt-out.' Please check one of the following:

- I have never felt burnt-out on this job assignment.
- I don't feel burnt-out now, but I've felt it in the past.
- I have once in a while felt a little burnt-out on this job assignment.
- I have often felt burnt-out lately on this job assignment.
- I am very burnt-out on this job assignment.

Please be honest and respond to each question below on the scale from 'never' to 'very often.'

1. How often do you find yourself calling an incident a "code 2" instead of a "code 3" for the sake of your own convenience (or so you don't have to transport)?

never rarely once in a while sometimes often very often

2. How often do you find yourself being less patient with someone when taking their medical history--because you've 'been there, done that' with this patient before?

never rarely once in a while sometimes often very often

3. Do you ever find yourself being less than patient with the patient's family?

never rarely once in a while sometimes often very often

4. How often do you find yourself being less responsive than you used to be to the *non-emergency needs* of the families of your patients, perhaps for example, not responding completely to their needs for things like directions or transportation?

never rarely once in a while sometimes often very often

5. How often do you think paramedics are perceived as complacent (or non-caring) by the community?

- never rarely once in a while sometimes often very often

6. How often do you think that police officers, firefighters and EMS personnel typically work well together when they are on scenes together?

- never rarely once in a while sometimes often very often

7. In your opinion, how often does your administration take good care of its own internal customers, that is, its own firefighters and paramedics?

- never rarely once in a while sometimes often very often

8. Think for a moment about what your administration might need from you, things such as being on time for work, remaining well-fit for duty, filling out reports both accurately and completely, properly responding to the public's need for services, being polite and responsive to even the lowest of 'low lifes,' not getting complaints from the public, conscientiously following all protocols and procedures, etc. In your opinion, how often do you think that you fulfill these and other needs of the administration?

- never rarely once in a while sometimes often very often

9. How often do you feel a part of the decision making process within your own department?

- never rarely once in a while sometimes often very often

10. In your experience, how often has the inappropriate use of humor caused customer service problems?

- never rarely once in a while sometimes often very often

11. How often do you think patient treatment suffers because of the large volume of runs on your shift?

- never rarely once in a while sometimes often very often

12. How often do you think patient care suffers because the injury or illness appears to be minor and therefore, in your opinion, does not indicate the use of emergency medical personnel?

never rarely once in a while sometimes often very often

13. How often do you find that your treatment of patients suffers after midnight?

never rarely once in a while sometimes often very often

14. How often when working on a full arrest these days do you still get that rush of really trying to save that person's life?

never rarely once in a while sometimes often very often

15. How often do you feel that the fire administration is concerned with paramedic burnout?

never rarely once in a while sometimes often very often

16. How often do you think it really happens that patients say they won't call again for EMS service after having an experience with a paramedic who they felt was rude or insensitive to their (imagined or real) needs?

never rarely once in a while sometimes often very often

17. How often do you think it really matters if the public isn't satisfied with your service, as long as they are getting standard emergency treatment according to the department's protocols?

never rarely once in a while sometimes often very often

18. How often do you feel that providing "good" customer service is part of your job?

never rarely once in a while sometimes often very often

19. How often do you feel that there is undue stress added to your job by the organization?

never rarely once in a while sometimes often very often

20. How often do you think your patient care suffers because you're so often stuck with dealing with the less than desirable populations of known drug addicts, prostitutes, pedophiles, system abusers, or psychiatric patients who call for EMS services?

- never rarely once in a while sometimes often very often

21. How often do you think your patient care suffers because of your legitimate concern that you are being exposed to patients with seriously infectious diseases?

- never rarely once in a while sometimes often very often

22. How often do you feel that your experiences as a paramedics on the Akron Fire Department actually **improves** the way you treat your own family when you're at home?

- never rarely once in a while sometimes often very often

23. How often do you feel that burnout among EMS personnel leads to increased alcohol consumption, the use of marijuana or other drugs, or even to the actual abuse of alcohol or drugs?

- never rarely once in a while sometimes often very often

24. How often do you feel that the way you currently deal with job stress has a **negative** influence on your own quality of life?

- never rarely once in a while sometimes often very often

25. How often do you think paramedic burnout negatively affects customer service in general?

- never rarely once in a while sometimes often very often

Please take a moment to respond to the following five questions. *(If you leave any of these blank I'll assume it's safe to say that you are therefore completely satisfied with things the way they are, that is, unless you somehow indicate you can't think of any appropriate response....)*

1. The administration believes that Run Review is an integral part of the continuing education process for the Akron Fire Department. We will continue to have twelve per year, with six being optional and six being mandatory. What is your greatest concern with Run Review and how would you suggest we correct it?

2. Paramedic rotation on the Med Units has always seemed to be a source of concern among the field personnel. What steps do you think could be taken and adhered to that would make the rotation more fair?

3. If you were in charge (wouldn't that be great?) of our EMS system, what would you do to improve the attitude or morale of the paramedics?

4. What changes do you think the administration could make to improve the quality of EMS on AFD -- without spending more money?

5. Organizational stress is comprised of all the stuff that comes from being an organization with disciplinary procedures in place regarding the violations of rules and regulations, protocols and procedures, unwritten rules and customs, and all the expectations for which the administration and the public holds you accountable simply because you belong to the Akron Fire Department. What ideas do you have that you believe would help reduce the amount of organizational stress that is added to your job?

IMPACT OF EVENTS SCALE (IES)

Below is a list of comments sometimes made by people after stressful life events. **Think of a stressful work related event that happened anytime during the last six months.** Please mark one box for each item, indicating how frequently these comments were true for you *during these last six months*. (If you did not experience any stressful event, or these comments were not at all true during that time, please mark the "not at all" column.)

The Impact of the Events

Frequency

		Not at all	Rarely	Sometimes	Often
1.	I thought about the event when I didn't mean to think about it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.	I avoided letting myself get upset when I thought about it or was reminded of it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.	I tried to remove it from my memory.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.	I had trouble falling asleep or staying asleep, because pictures or thoughts about the event came into my mind.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	I had waves of strong feelings about it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.	I had dreams about it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7.	I stayed away from reminders of it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8.	I felt as if it hadn't happened or it wasn't real.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9.	I tried not to talk about it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Pictures about it popped into my mind.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Other things kept making me think about it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12.	I was aware that I still had a lot of feelings about it, but I didn't deal with the feelings.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

13.	I tried not to think about the event.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14.	Any reminder brought back feelings about it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15.	My feelings about it were kind of numb.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>