TORONTO PARAMEDIC SERVICES

CRISIS IN THE WORKPLACE

IDENTIFYING THE ISSUES AND RESOLUTIONS OF POOR MORALE

Submitted by the Local 416 EMS Unit
On behalf of Toronto Paramedics and support staff

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ABSTRACT

*"Toronto Paramedic Services has a profound issue with
poor workplace morale. Correcting this condition will prove
beneficial to the overall health of Paramedics, and to the
service through improved overall operations and efficiencies,
resulting in long term cost savings to the City."*

Is this a statement of fact or simply a presumption? As many Toronto
Paramedics have expressed ongoing frustrations for more than a decade, it was
evident that poor workplace morale not only exists, but had, reached a point of
critical mass. While this report addresses this problem and identifies causative
factors, it is the "why" and "how" of rectifying the condition that is most
important.

In seeking the answer to these questions, it was not only important to evaluate
the overall commonalities of poor morale within Toronto Paramedic Services, but
to extract the specific causes affecting the service. In doing so, it became
obvious that it was important to not only identify the breadth of issues causing
the problems, but to develop and implement a plan in order to mitigate and
reverse the damage. This correction would serve to benefit both the employee
and employer, albeit in different ways. More specifically, this report will identify
how a collaborative and proactive approach involving the Union and the
employer, facilitated by the services of a specialized consultant, will improve
morale within Toronto Paramedic Services and save the City tax dollars long
term.

This document represents the culmination of data collected through various
sources which included online surveys, tailored directly to Toronto Paramedics;
various research papers; and, speaking directly with staff. This data not only
confirmed the issue, but also confirmed that it could not be defined by a single
cause. It was this multitude of causes that, although individually innocuous;
when combined, resulted in the current state within the service.

Additionally, this data is supported through the collection of signatures, via
Petition, from Paramedics and support staff employed by Toronto Paramedic
Services, imploring Toronto City Council to recognize and facilitate the correction
of this matter.

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INTRODUCTION

Years ago, many employers viewed workplace morale as intangible; thus, the overall attitude was such that it was rarely considered. If it was considered, it was poorly conceptualized and would, more often than not, be disregarded. Today, a new ideology has emerged. Studies have proved that there is a direct correlation between positive morale and overall well-being, with productivity. This not only translates to the improved overall health of the employee, but benefits the employer in a healthy bottom line in a multitude of ways. The detrimental effects of poor workplace morale, on both the employee and the employer, are undeniable and can no longer be ignored. Clearly, there is a definite link between well-being and performance and this unquestionable fact is changing the landscape of the workplace.

> *"Behavioral sciences research clearly states that morale is an elusive quality. It's a feeling that's created within every employee. It's a state of mind and emotions. It's about attitudes of individuals and teams toward their work, their environment, their managers and the organization. Morale is not a single feeling but a system of feelings, sentiments, perceptions and attitudes."*
> Dr. Manuel Angel Morales, 1998

What is the definition of morale? In the French translation it is known as "esprit de corps" which means literally "Spirit of Corps" and is associated with the French Foreign Legion and other military units worldwide. Morale can generally be defined as the following:

- *A strong sense of enthusiasm and dedication to a common goal that unites a group.*

- *A state of individual psychological well-being based upon a sense of confidence and usefulness and purpose.*

- *The degree of mental or moral confidence of a person or group; spirit of optimism.*

The context of this report relates this definition to workplace morale and its correlation to job satisfaction; employee health and well-being; and, overall feelings and attitudes within the workplace. This report will ask and try to answer two questions:

Is employee morale the responsibility of the employer or the employee themselves? and,

Is it realistic for employers to accept that they should share a responsibility in employee morale?

The idea that relying on the employer to provide the components of a satisfying and rewarding career is unrealistic and, therefore, should be of little concern to the employee, is heinously egregious. As the actions of the employer and what managers say and do play an incredibly significant role in employee morale, this idea is fundamentally flawed. True, employees can choose to either change employers or move to a more rewarding position; however, this is not something that all employees can control or have the opportunity to do. Good or bad morale, there are many reasons why an employee will choose to stay with an organization, such as: their geographic location is advantageous for commuting and family (School, Spouse's career); they are unwilling or unable to simply pack up and leave for financial or social reasons; perhaps they are at a point in their career in which advancement or seeking employment elsewhere is unrealistic; or, the effort required is considered insurmountable. Whatever the rationale, the employer should take note and understand that, while they may not be able to play a role in the overall morale of an employee, they should do everything possible to ensure that poor morale is not the effect of, or is exacerbated by, their actions. It would be irresponsible for an employer to disregard their role in influencing morale. Employee morale should be a top consideration in the ideology and mission statement of any employer of public or private origin.

For the purposes of clarification, this paper is not to be viewed as a means to forward a multitude of grievances. Nor is it designed to single out individuals within management and must not be misunderstood as such. It is rather the opposite and, ultimately, the best way in which to ameliorate the current state in an effort to, not only, allow its recognition, but to suggest options for resolution. There should be, and is, a vested interest on the side of the Union in this regard and the Employer should also recognize that they share the same goal.

Morale is faith in the person at the top.

Anonymous

POOR MORALE IN CONTEXT

Poor morale within any workplace is not an issue which suddenly appears, but manifests itself slowly over time. This unfortunately allows it to become deeply rooted which, once recognized, can leave one wondering how it transpired. In reference to Toronto Paramedic Services, the issues have developed insidiously for more than a decade.

Insidious: proceeding in a gradual, subtle way, but with harmful effects.

Poor morale has been a common theme, and a well understood fact, among Paramedics that, unfortunately, was left to fester far too long. Paramedics' ongoing frustrations with management, the increasing workload and other stressors of the job have resulted in an atmosphere that has cascaded across the service to the point were it can now be seen as "toxic" or "poisoned". The identified factors, extrapolated from the online survey and speaking directly with staff, that have led, either directly or indirectly, to the current workplace environment include, but are not limited to the following:

- Stagnant workforce growth over a period of approx 10 years;
- Increasing call volumes (approx 3-5% per yr) and resulting workload;
- Increased duties and expectations, both through management and base hospital;
- Obvious imbalance of negative reinforcement versus positive;
- A complete restructuring of Paramedic schedules in 2013 while disregarding input from staff, and without any perceived or proven benefit;
- Extreme loss of cohesiveness among staff due to the schedule changes;
- Management promotions of staff with limited operational experience and/or were poor role models in operations, leading to a lack of credibility and trust;
- Continued issues with management personnel who communicate ineffectively;
- Elimination of the non-emergency ambulance compliment and the resulting loss of "surge capacity" within the system;
- A perceived lack of support from management related to the "peer support team";
- Difficult co-workers (as a result of increased work related stress);
- Issues with providing proper/new equipment;
- A disconnect between management and operational staff;
- Lack of incentive, recognition, and appreciation by management;
- Inability to effectively deal with meal break and end of shift relief issues;
- The inability of Paramedics to forward ideas in the workplace and be taken seriously;
- Lack of appropriate remedial training/recognition;
- Management staff unwilling and/or unable to be accountable for decision making;
- The lack of appropriate progression in discipline;
- A conveyed perception that the Paramedic is guilty until proven innocent, with a lack of communication regarding investigation procedures;
- A lack in general consistency from management with the implementation of SOPs and collective agreement language;
- A perceptual attitude in which the employee feels belittled by upper management;
- Ongoing operational logistical difficulties;

- Hospital off load delay issues;
- Problems consulting with Union executives when making/implementing certain changes;
- Rules that perceptually change to suit the situation as needed;
- Poor treatment of modified and injured staff;
- Collective agreement bargaining and grievance issues;
- Payroll issues and difficulties in obtaining corrections to errors; and,
- MPDS call designation frustrations (although problematic to change short term).

As a result of these factors, many Toronto Paramedics now feel totally unsupported by management and that their opinions and values are dismissed, which has also led to an apathetic attitude which is felt across the service. Many also feel that they are seen as "disposable" and report a tangible fear when in the presence of management. The issues in the aforementioned list have become "stressors" which are affecting Paramedics across the service. It is a well documented fact that increased stress within any workplace has a negative effect on morale. This overall increase in stress levels among Paramedics, which management has failed to recognize, results in serious physical and mental side effects. This increase has further perpetuated the current condition of poor morale, creating a positive feedback loop resulting in difficulty in ascertaining where to initiate solutions. While it may seem contradictory to refer to this negative condition as a "positive feedback loop", by definition, it is undeniably applicable.

Positive feedback loops enhance or amplify changes; this tends to move a system away from its equilibrium state and make it more unstable.

Toronto Paramedic Services, or TPS (Formerly Toronto Emergency Medical Services, Toronto Ambulance), the largest EMS provider in Canada, employs approximately 1,200 Union workers, which includes operational Paramedics, support staff and dispatchers, servicing an area of 650 sq km. Of those employees, roughly 920 Paramedics are currently in active operational duty on an ambulance and are dispersed across 45 stations and 8 different schedules. Although available ambulance unit numbers vary throughout a 24 hour period, it is not difficult to see the logistical problems that can arise when considering the high volume of calls that are serviced within this area. Since Paramedic services are one cog in the health care system, they, and their patients, often become "victims to the system", to a certain degree, as a result of an overall strained health care system. It is certainly a challenging environment.

Patient transports, which have increased by 49% in the past 10 years, saw a 6.2% increase in 2014 alone. For the 10 years prior to 2012, there had been no tangible increase to staffing levels, above attrition and subsequently did not keep pace with the increasing demand. The elimination of the non-emergency ambulance compliment has resulted in an increasing workload on the service as

a whole, which trickles down leaving operational staff reeling from the effects. On the surface, this increase, however challenging from a logistical standpoint, has negatively affected not only the Paramedics and support staff, but has had an effect on management in the manner in which they have tried to maintain control. When considering the identifying factors, it is easy to understand that there is a correlation between workplace stress and its manifestation on overall morale. The continued projected growth will, in reality, not abate in the coming years.

> *"Worker discontentment is taking a huge toll on quality of life both inside and outside the workplace."*
>> "Wellbeing: The Five Essential Elements" Tom Rath, James K Harter, 2010

> *"Next to physical survival, the greatest need of a human being is psychological survival, to be understood, to be affirmed, to be validated, to be appreciated"*
>> "Seven habits of highly effective people" Stephen R. Covey, 2004

INCEPTION

It was clear that poor morale within the service was not the result of one single cause and has been an insidious progression; making it difficult to identify the point at which the EMS Unit felt it necessary to take action. However, if one period of time could be considered the "catalyst", tipping an already fragile environment into the danger zone, it would seem to point to the most recent schedule restructuring, which transpired in 2012/13. This can be attributed to several factors. First, prior to 2012, the Employer had been working with the Union in developing a new schedule, which allowed for the input from operational staff with continued input through an evaluative process. Due to operational difficulties, it was deemed that schedule modification was required and the process had reportedly been in the final stages and, by all appearances at the time, was to be implemented. However, in the same year, events transpired, during collective bargaining, which saw schedule control subsequently seized by the employer. Management then proceeded to scrap the original plan and started from scratch. A plethora of schedules were then implemented under the guise of operational efficiencies. This destroyed a significant amount of credibility, not only towards Management, but also the Union, as Paramedics felt that their initial involvement meant nothing. The net effect of these actions had a profoundly detrimental and demoralizing effect on Paramedics. Not only did the implementation of seven separate schedules break up partnerships within the service, it scattered those previously cohesive groups across the City. The schedule implementation also employed an operational model change in changing station designation (ALS to BLS). This also caused a great deal of previously qualified level three and level two Paramedics to "drop" down to BLS stations in an attempt to maintain normalcy from the schedule shuffle.

An online survey was conducted by the EMS Unit, from June to August of 2013, in order, to evaluate how Paramedics were dealing with the change. Of the approximately 50% of Paramedics who completed this survey, it was evident that the majority were transitioning poorly, indicating increased stress, resulting in health and social problems, in their effort to cope with the changes. The once cohesive groups across the previous schedules had become defeated, scattered pockets of Paramedics reeling from this massive change.

Considering all factors, the then newly appointed Local416 EMS Unit executives advised management, in February 2013, that they wished to improve communications in an effort to rectify substandard employee/management relations; subsequently addressing the actual issue of poor morale in the summer of 2013. At that time, however, management was reluctant to acknowledge the problem and seemed to allude that employee morale was not their responsibility, citing the contrary in speaking with Paramedics themselves while in operations. However, what management fails to realize is that approaching staff in this

manner will not provide accurate responses as it causes bias. This is due to a perceived intimidation factor - Paramedics feeling they may be chastised for speaking out directly to management. After repeated insistence from the EMS Unit executive, the Toronto Paramedic Services Chief conceded and was willing to listen to those concerns.

In January of 2014, an impassioned plea was put forth by the Union in an effort to convince upper management of the issue. Along with several suggestions as a starting point, the Union went so far as to request that the services of an outside consultant be utilized, even offering to cover the cost of the initial meeting. Management was advised, at that time, that the City of Northumberland had an identical issue with poor workplace morale and, with the assistance of a consultant, was able to reverse the negative environment within an 18 month period. Chief Raftis indicated he was willing to reach out to Northumberland County EMS and stated "I will call the (Northumberland) Chief and speak with him". Although there was an initial admission that there may be a problem, there were no solutions put forward. The meeting concluded with no clear direction or plan and a subsequent meeting was arranged.

At that point, the Union was left with the impression that the next meeting's purpose would be to continue the conversation on the issue and how they could work together to implement changes. However, as it unfolded, it became clear that management utilized the opportunity to forward a presentation on the operational changes that had transpired, including future projects, within the service. It was evident, at the meetings conclusion, that Toronto Paramedic Services felt they were already doing everything they could to improve the workplace and, again, the EMS executive was led to believe that morale, in itself, was not the responsibility of management. Overall, this meeting seemed to lend itself to one of self-appreciation on the side of management, claiming that "no other divisions do this and release these details". While the Union did acknowledge and appreciate the information provided, it did not address the fundamental issue on the table.

The problem remained. How could the EMS Unit move forward on this issue? It was decided to poll the membership and prove the position via an online morale survey in the summer of 2014. This survey captured 551 respondents, which translated to over 60% of the staffing levels at that time. The results of the survey were undeniably compelling. Upon its completion, a Petition was circulated, in which the EMS Unit was able to obtain signatures from over 80% of Paramedics and support staff. This is an obvious testament to the frustration that Paramedics and support staff are feeling and their desire to see this problem dealt with.

The EMS Unit felt that, in order to be successful, it would require the assistance of a third party consultant. This process is not a foreign concept and can be compared to a mediation procedure in which two groups, with differing opinions, agree to resolve a problem in an agreed manner. As mentioned previously, this process has been utilized by another EMS service in Ontario with dramatic results. Northumberland County EMS utilized the services of Mark Norman through his firm, Heart of the Matter (www.heartofthematter.com). Although Northumberland EMS is smaller in size, the issues they faced mirrored those within Toronto Paramedic Services. Again, this recommendation was brought to the attention of upper management as an avenue to utilize. Unfortunately they did not agree, citing rationale that it was a "poor comparison". The EMS Unit executive became despondent with management's inability to acknowledge this issue, which was an additional factor in triggering the initiation of this report.

THE SIGNS AND SYMPTOMS

In order to address the problem, there needs to be an understanding of why morale suffers and bringing the issues plaguing Toronto Paramedic Services into greater focus will assist in understanding the overall condition. Generally, these causative areas can be identified as:

- Stress;
- Poor leadership;
- Poor communication;
- Lack or absence of trust towards the employer;
- Lack of allowed input;
- Difficult co-workers;
- Increasing workloads;
- No perceived sense of logic to the work being done; and,
- Poor organizational and operational practices.

Looking at the broad picture, each of these areas can affect the other. A difficult co-worker can cause increased stress on another and poor operational practices can result in heavier workloads, etc. In highlighting these points, it can be argued, within TPS, that although inconsistent leadership and communication practices have played a factor in low morale, each of these areas share a responsibility with a degree of overlap affecting the others. This fact is the basis behind the rationale of a multitude of causative issues progressing to the current state.

Managers who choose to deal with employees unilaterally in a reverse "command and control mode" and imply that employees do the listening, without reciprocity, are ultimately prohibiting dialogue on workplace issues. This prevents those in charge from directly witnessing the problems that exist. This is commonly referred to as "losing touch" and is an issue that plagues many employers. This can, and does, result in gaps when addressing the issues and can further exacerbate them, leading to employee mistrust and disrespect towards management.

Managers who attempt to correct behavior through negative reinforcement only exacerbate the problems. It is a well documented fact that for long term, positive results; negative reinforcement simply does not work. Sustaining positive attitudes are best facilitated via positive reinforcement.

What are the specific signs of low morale within the service? The survey information revealed very startling facts which, overall, include the following identifiers:

- Obvious unhappiness (Depression, apathy, isolation, etc);
- Increased complaints about work, or other team members;
- Increased absenteeism;
- Decreased productivity;
- An increase in conflict between team members;
- Insubordination or unruliness;
- Disorganized work environments;
- Decreased productivity;
- Lack of enthusiasm; and,
- Increased staff turnover.

Reference: www.mindtools.com

Although these factors do relate directly to the current environment within the service, it is obvious that these are applicable to any workplace. With a proper program and a willingness to work through these identified commonalities, the parties involved can work collaboratively to repair the damage. However, success in any program cannot be garnered merely through action, but also by example. While one party can identify the problem, it must be coupled with acceptance on both sides and a desire to act. This will require an effort on the part of the employer in to their approach in order that the employee will to accept and trust that it is for their benefit. As a result of the identified criteria, it is evident there exists a lack of respect and trust towards the employer, which has, unfortunately, had collateral effects which are now being seen internally and externally. This fact may prove to be the most difficult to reverse. Contrary to popular belief, trust is both earned and granted. It should not be assumed, nor should it be expected, simply by position or status. Even though trust is a two way street to a certain degree, in this situation, it is up to management to earn trust and up to the individual medic to grant it.

THE COSTS OF POOR MORALE

While more traditional managers tend to see low morale as intangible, its importance and impact on profits, productivity and financial competitiveness are measurable and affect organizational objectives.

<div align="right">Gallup, 2010</div>

What are the costs of poor workplace morale and how does this apply to Toronto Paramedic Services? This is not to be confused with the monetary cost of program implementation designed to repair the damaging effects of poor morale, but more importantly, refers to the direct cost of poor morale to the employee and employer. The cost to the employee is a poor workplace environment resulting in increased stress, which will ultimately translate to poor health, both physically and mentally. Left unrecognized, it can perpetuate to a critical point, which will be discussed further.

This should be an important focus on improving overall morale as it has direct and indirect effects for the employer. There are many obvious and unseen areas which contribute to the "costs" of poor morale. Aside from the obvious negative effect it has within a workplace, there is a financial cost. This cost is commonly referenced in different contexts as "lost man hours", and "non-productivity time".

> Man-hour: Unit(s) for measuring work in industry, equal to the work done by one man in one hour.

Why should the costs be important is the question, and there are aspects that should be understood. Toronto Paramedic Services is a public service which is funded through the taxpayer, both at the municipal and provincial level. The responsibility does not lay solely on the bottom line because, as with any public service, many costs are simply the "cost of doing business". Compare that to a private industry where vested interests are profits. True, that in both cases, there are similarities between the benefits of a healthy workplace environment and in the case of private industry, they will benefit from a healthier bottom line, while the public service would benefit from a cost savings to the taxpayer in future budgets. As trivial as it may seem, these costs can, and do, add up long term.

- ***Decreased productivity:*** The survey data inferred that Paramedics in Toronto will rarely, if ever, go above and beyond to assist the employer - most often, it is the bare minimum. Why is this troublesome? As indicated, the additional stressors from daily operations have, unfortunately, compounded the overall problem. It suggests that a certain degree of apathy has, perhaps, changed the work ethic and, although severe cases may seem isolated, those attitudes have had a widespread effect. It would also seem to indicate that, as a result of the increasing workload, additional duties become a lesser concern. This

problem then affects not only day to day operations, but also affects other aspects, such as, outside studies initiated through Base hospital and RESCU. This means more time and money are required to complete objectives and maintain service parameters.

- *Increased Illness/absenteeism:* It is a fact that stress, over and above normal stress (which is healthy), has significant, detrimental side effects on an individual's overall health and well-being. This is certainly not desirable given the field of work for Paramedics. Sick employees need to stay at home, which increases workload on the service. This continued "chronic stress" can propagate into long-term health issues that have far reaching ramifications, which result in increased utilization of health benefits. This is not related solely to physical health, but equally important, mental health.

- *Increased lateness:* While employees are well aware of the requirements of arriving on time for their shift, and understanding the consequences of lateness, there may be a tendency to become apathetic in that regard. If an employee is not engaged and excited about going to work in the first place, being on time is, in all likelihood, also of lesser concern.

- *Increased and/or continued grievances:* Inconsistent managerial practice and unhappy employees only creates friction within the workplace. This can lead to errors in judgment in the course of those duties and, as a result, lead to unnecessary grievances. Depending on the situation, the question becomes "Could a grievance have been avoided or was one required at all?" Grievances require a significant amount of time to process. Vehicles must be pulled from service and managers must re-arrange schedules for the stewards and the member involved, as well as for additional management staff. This takes time away from the normal operating duties of both the manager and Paramedic contributing to the frustrations felt, not only by the affected Paramedic, but generally across all staff.

- *Increased compensable injuries:* As a general statement, if the employer does not take health and safety concerns seriously, then employees are at risk. The same argument can be applied to an unhappy employee, who may be apathetic to the environment and, thus, has little regard for his/her own safety. While health and safety is an important aspect within Toronto Paramedic Services, work related injuries do happen. These injuries cost thousands of dollars and reach far beyond the actual injury itself in the majority of cases. However, it is not just the dollar value attached; it is the employee who ultimately suffers. Paramedics have a very physical job, lifting being the most frequent. Be it equipment bags, stair chairs, stretchers, patients or personal belongings, Paramedics lift a great deal, the majority of which occurs in uncontrolled settings. Even though Paramedics take precautions to avoid injuries,

they do happen. Although, overall injuries seem to be in a downward trend as many services are improving training, and equipment is being upgraded and/or replaced, what can further mitigate potential injuries, is the engaged (or happy) Paramedic. Engaged employees will tend to take greater care not only in how they lift, but in all aspects of their duties.

- ***Disputes among staff:*** When morale is poor, employee disputes will tend to increase, which should be a signal to managers that there is a problem. These have seen a sharp rise in the past several years within TPS. While disputes should be expected even in the best of circumstances, it is the way in which they are managed which dictates effective resolution. When disputes are forwarded to management by an employee, the manager may be required to act and investigate. It is the scope of each individual situation that adds to the workload and takes focus away from other important issues, which costs time. As management can cause this, management can also solve it. It can also be a problem created and exacerbated through the Union. However, it is the underlying causes that need to be investigated and addressed. Management and the Union, can work together to implement fair dispute resolution practices and promote an atmosphere to encourage cooperation among staff. Thus far, the EMS Unit, within the Union, has struggled in their attempts at decreasing disputes among staff which have most certainly frustrated management when they are required to act.

- ***Employee retention:*** It's not difficult to understand that many unengaged and unhappy employees may seek employment elsewhere. Many Toronto Paramedics have left the organization seeking alternate employment and have indicated that one of the presiding factors was poor morale. This can cause a further slide for remaining staff, who may have considered doing the same, but, for whatever reason, are unable to. The costs involved not only include replacing those employees, but, more importantly, are magnified if those employees were provided additional training (ACP) that will no longer benefit the organization, but rather another EMS provider. This is also true for those Paramedics who, as mentioned previously, dropped their qualification level as a result of the schedule restructure. This has proved to be a disservice to the taxpayer, who is ultimately paying for the additional education, without reaping the benefits.

- ***Morale improvement program costs:*** This is the actual cost of implementing a tailored program aimed at correcting and reversing poor workplace morale. The most pragmatic, albeit most expensive, approach would be to utilize a private firm with experience in the field. The rationale for its effectiveness is in the trust gained by management from the Paramedics. As trust within this service is dismal, the optics of an unbiased specialist in the field would dramatically improve the chances of success. Think short term sacrifice for long term gain.

CORRECTION FEASIBILITY

Is reversing the condition and investing in morale worth it in the long run? The answer is yes! To utilize the phrase, "A happy employee is a productive employee", is fitting. Alternatively, "An engaged employee is one who is dedicated to the position and outperforms those employees with low engagement". Positive engagement and productivity will manifest itself in more ways than one, benefiting a multitude of people with a ripple effect, like a pebble dropped in pond. It is a well documented fact that engaged or happy employees will work harder, are often willing to accept additional roles and are a positive influence on other employees. Unengaged employees will basically serve time and will seldom do more than what is required and often do less.

When relating this definition to the Paramedics of TPS, an engaged medic is one who has great respect for his or her employer and co-workers. They are a medic who strives to excel at their duties and provide the best possible service to the patients they treat. In saying that, this issue is not meant to infer that Paramedics, in general, are negligent in the treatment of their patients. They are medical professionals and dedicated to the patients they treat, but it may affect the attitude and manner in which care is provided and duties are performed.

> *"Employees that are truly engaged are inspired by what they do. They are committed, love their job and care about what happens to the company they work for. Whilst in years gone by the power has been firmly in the hands of the employer, this is no longer the case and companies have to work harder to gain and retain top talent.*
>
> *This is not something that's related to money either, Rutledge says, it's down to how happy and challenged an employee is and how healthy the workplace culture is. Engagement to some extent has to occur naturally too; there can be no demanding that employees engage by managers, no looking over their shoulder to check what workers are doing, this is highly counterproductive. "*
>
> Reference: Getting Engaged: The New Workplace Loyalty, Tim Rutledge, 2005

Due to the fact that Toronto Paramedic Services is a "public service", engagement applies somewhat differently to that of private industry. Whereas a company involved in selling/manufacturing a product may see an engaged employee as simply improving the bottom line, the public service goal should, ultimately, be to improve service to the public and decrease costs to the taxpayer. A positive workplace environment is vital to achieving that goal. While it is true that many aspects are comparable, the similarities should not be confused. The public service of emergency medical care is in a class by itself and, therefore, requires a specific and tailored approach.

How can engaged medics be created? To a certain degree this condition must foster itself naturally, so, in actuality, is not created but developed. One way this

can be initiated is simply by encouraging a workplace culture that allows for a high level of employee involvement, yet it must be involvement that is genuinely acknowledged, even perceptually. Medics are highly educated people with a strong desire to help others and, in doing so; naturally have a desire to put forward positive ideas. However, one must remember that employee involvement must be paired with tangible action; otherwise any trust gained is easily lost.

> *Forward thinking organizations have recognized the significant impact that positive innovative workplace strategies can have on employee performance, ultimately resulting in long term cost savings.*
> Reference: GSA - Innovative Workplaces – Benefits and best practices. Jan 2006

In order to initiate this ideal, the employer must move beyond the "denial stage"; accept the truth in what they are being advised; and, admit that a problem exists. As noted, the efforts of the EMS Unit executive seem to have been dismissed and, until recently, there has been no convincing evidence to the contrary. If there has been action, it has been unilateral which, unfortunately, will more than likely fail as the current lack of respect and trust towards the employer will be extremely difficult, if not impossible, to overcome.

THE APPROACH

As identified, poor morale and workplace stress seem to be synonymous within Toronto Paramedic Services. Understanding that decreasing stress by taking an interest in the wellness of Paramedics, will prove invaluable and should be the fundamental principle in improving morale.

> "At Google, we know that health, family and wellbeing are an important aspect of Googlers' lives. We have also noticed that employees who are happy ... demonstrate increased motivation ... [We] ... work to ensure that Google is... an emotionally healthy place to work."
>
> Lara Harding, People Programs Manager, Google

> "Supporting our people must begin at the most fundamental level – their physical and mental health and wellbeing. It is only from strong foundations that they can handle ... complex issues."
>
> Matthew Thomas, Manager – Employee Relations, Ernst and Young
> Quotes from the report Healthy People = Healthy Profits
> Source: http://www.dwp.gov.uk/docs/hwwb-healthy-people-healthy-profits.pdf

Many employers already recognize and have adopted the ideal that a correlation exists between the overall wellness of the employee, and productivity. Although employment in emergency medical services is a unique vocation, it does not preclude the same general concepts. In fact, it should be of greater importance, due to the specific nature and complexities involved in the work Paramedics do. While many employers do understand this correlation, it must not be funneled into one singular avenue. Most people think of workplace wellness as "health and fitness" and, while it is certainly an important one, it is not the only focus. The other and, it could be argued, the most important aspect of this, is mental wellness. Paramedics, as noted, have a unique skill set and are exposed to a unique set of circumstances. They are privy to "out of the ordinary" situations that, albeit normal to them, would most certainly be abnormal to the general population. This exposure can, and does, lead to increased stress on the body, not just physically, but mentally. Recognized or not by the individual Paramedic, there is a cumulative effect of that stress.

> Stress: A state of mental tension and worry caused by problems in your life, work, etc.

Stress, from a medical perspective, is the body's natural reaction to a potentially harmful insult, be it physical or mental, causing tension. Although people require a certain amount of stress to function and survive, excessive stress can be detrimental. Short term periods of high stress are easily manageable, but studies prove that chronic periods of increased stress have incredibly harmful effects on the human body, which manifest both physically and psychologically.

According to the Canadian Centre for Occupational Health and Safety, 2000, these manifestations are revealed in a variety of ways:

- Suicide;
- PTSD;
- Physiological changes to health;
- Insomnia;
- Anxiety;
- Prescribed medication use;
- Depression;
- Alcohol abuse;
- Drug abuse;
- Isolation;
- Mood disorders (anger, outbursts);
- Divorce;
- Poor job performance;
- Quickness to argue; and,
- Impatience

While exposure to these situations is a known aspect of the career, it should not be dismissed. The old argument that Paramedics or other emergency service workers should just "learn to live with it" is untrue. Paramedics are human beings with feelings, who can react in the same manner as others in times of stress. The simple nature of attending to citizens in their time of need can have a cumulative effect that, left unrecognized, can have disastrous consequences. While it is true that many individuals seem to cope with these conditions more effectively, they are still prone to long term effects. The problem is that, until recently, changing the attitudes to these realities has proven challenging. The belief that being a Paramedic is only for the fearless is obtuse. The difficulty lies, not only in the recognition on the part of the employer, but also of the individual Paramedic in realizing that they may be suffering. Many Paramedics are reluctant to admit they may have a problem due to this perceived stigma, and this "denial" is one of the biggest hurdles to overcome by those affected. The most extreme coping mechanism, with this type of illness, is suicide. Suicides by first responders, which includes, Paramedics, Police and Firefighters, have been increasing at an alarming rate year after year. In 2014, 27 first responders died by suicide, including one Paramedic from Toronto Paramedic Services. A total of three Toronto Paramedics have died by suicide in the past 16 years, with many more actually verbalizing this thought directly to fellow colleagues in the past several years. This year alone, 9 first responders have taken their lives. While it is true, there can be other stressors and factors outside of work that can contribute to this, it is a staggering fact that management should recognize and evaluate.

As previously mentioned and confirmed in the online survey, due to the insidious changes in the workplace, overall stress felt by Paramedics in Toronto has seen a dramatic increase. While this has been influenced by a variety of factors, it can be seen as both the single cause, and the result, of the current environment within the workplace. This may seem contradictory in attempting to understand which came first; however, they can equally effect and, therefore, perpetuate the other.

RECCOMENDATIONS

Potential steps that should be considered in improving poor morale within Toronto Paramedic Services are:

- Recognition followed by positive action on the part of the employer.

- Treat employees equally as individuals. Management must change their approach. The perceived militant attitude must be eliminated. The idea of treating all employees in the same manner is, in actuality, unfair.

- Improved communications between management and the Paramedics. Good communications builds good relationships, which in turn, solidifies a positive workplace atmosphere.

- Development of a workplace wellness program and improve accessibility for Paramedics.

- Create a feedback system to allow Paramedics to forward input and know that they have a part in implementing positive change. Paramedics also need to feel appreciated through accolades/awards/acknowledgment.

- Find ways to improve, not just the workload, but workplace conditions. (e.g. station facilities, vehicles with proper equipment, gym...etc.)

CONCLUSION

While the situation within Toronto Paramedic Services should be clear, it is important to understand that there is an interest by the Union, on behalf of the Paramedics and support staff, to work at correcting the situation. It must be reiterated that the rationale for this submission is to seek remedy, with the expectation of a bilateral effort. Correcting the environment makes good financial sense and the City has a responsibility, not only to continue to provide good service, but to be accountable to the taxpayers in its provision and operation. There is no doubt that this will be a tough road to travel, yet it would be negligent not to proceed. In any organization and, more specifically, Toronto Paramedic Services, the employees are the most important resource. As they are the engine that drives productivity, their sense of morale and motivation have a direct impact on its success or failure and the Union wishes to work collaboratively with management in that regard.

The use of an outside consultant should be considered by Toronto Paramedic Services in order to resolve this situation. This option may be the best solution in order to mitigate costs and improve efficiencies overall. Although there is an initial cost, the benefits gained will far outweigh those costs and will save tax dollars in the long term. In order for this to be effective and successful, a shared effort, on both sides, is required as unilateral decisions in this regard tend to be met with a significant amount of apprehension and, therefore, are more likely to fail. Quite simply, it comes down to a relationship, between the employer and employee, which is built on trust. This is the fundamental basis that will allow correction of the conditions to succeed or fail. Unfortunately, the current climate within Toronto Paramedic Services does not support this and, if allowed to continue, may prove more costly than mere financial loss.

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