

## Research

### Working towards wellness: Lessons from 9/11 paramedics and emergency medical technicians for Australian ambulance services

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## Abstract

#### Introduction

The September 11, 2001 terrorist attacks, otherwise known as 9/11, on the World Trade Center in New York City killed 2753 people, including approximately 413 first responders. Some 7000 responders are currently enrolled in the World Trade Center Health Program with illnesses related to their exposure to 9/11, and over 2000 have had to retire on 9/11-related disability. The impact of 9/11 is extensive and ongoing.

#### Methods

This research used qualitative methods to interview a cohort of 54 paramedics and emergency medical technicians who responded to 9/11. These interviews occurred around the 15-year anniversary of the terrorist attacks. The objective of the research was to explore the long-term physical and mental health impact on the responding paramedics and emergency medical technicians and to investigate key influences on wellness. Information pertaining to ongoing impact, wellness and ideas for effective ambulance wellness programs were extrapolated through thematic analysis.

#### Results

Seven key lessons for paramedic wellness were identified. These included: the need to understand the paramedic workforce and the key influences on their health and wellbeing; the importance of engaging staff in the development-phase of wellness strategies; avoiding silo-approaches to physical and mental health; providing ongoing professional development opportunities; providing tools for effective peer-to-peer communication; including family members in wellness initiatives; and not forgetting the retiring workforce.

#### Conclusion

This research makes an important new contribution to the existing knowledge base at a time when Australian ambulance services are currently developing wellness strategies to improve the physical and psychosocial wellness of the pre-hospital workforce.

#### Keywords:

9/11; ambulance; paramedic; emergency medical technician; wellness; PTSD

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## Introduction

The September 11, 2001 terrorist attacks, otherwise known as 9/11, on the World Trade Center (WTC) in New York City killed 2753 people and caused profound human suffering, physical destruction and economic loss (1,2). Among the victims were 413 first responders, including 343 firefighters, 60 police officers and 13 paramedics and emergency medical technicians (EMTs) (3). While New York rebounded strongly following 9/11, one of the painful legacies of the disaster is the lasting effect on the physical and mental health of thousands of individuals who survived the attacks – including the first responders.

In the weeks and months following the terrorist attacks, thousands of emergency first responders (firefighters, police officers, paramedics and EMTs) and tens of thousands of non-emergency first responders (including construction workers, heavy-equipment drivers, metal workers and engineers) spent 12-hour shifts at 'Ground Zero' removing debris and searching for victims. In the 15 years following 9/11, over 800 of these responders have died from illnesses related to their exposure to Ground Zero, some 7000 more are registered with the World Trade Centre Health Program with illnesses and injuries linked to their time responding to 9/11, and over 2000 have retired with 9/11-related disability (3). The recommendations provided in this study for Australian ambulance services developing wellness strategies are, in part, drawn from a broader 9/11 long-term study on the health and psychological impact on paramedics and EMTs (4).

Early health assessments following 9/11 tended to focus on firefighters and indicated that sleep issues, mood changes, feelings of detachment and flashbacks were common problems for the Fire Department of New York first responders (5). Published reports on the impact of 9/11 on other first responders, including paramedics, EMTs and police are scarce, however one study published 9 years after 9/11 identified that WTC rescue and recovery workers continued to have a substantial burden of physical and mental health problems. These included respiratory illness, gastro-oesophageal reflux disease, depression and panic disorders (6). Incidence of most disorders was highest in workers with the greatest WTC exposure and extensive comorbidity was reported within and between physical and mental health disorders (6). One study that focussed on 9/11 paramedics and EMTs reported ongoing psychosocial impact 10 years after the disaster (7). Research participants reported problems sleeping, anxiety and depression, extreme moods, addictive behavior (including gambling, smoking and drinking) and a negative impact on their overall wellness.

### Wellness

Wellness is typically divided into two components: physical

and psychosocial. The physical component often deals with nutrition, exercise, illness and injury. The psychosocial component often involves stress factors and mental illness. Healthy lifestyles that promote wellness allow paramedics and EMTs to perform more effectively and efficiently. In light of the importance of paramedic wellness, programs aimed at maintaining their health have become commonplace around the world. Wellness programs are likely to keep paramedics and EMTs healthier, reduce absenteeism, lower the incidence of injury and long-term illness and help address issues related to stress (8). Common key components of wellness programs include physical and medical evaluations, fitness programs, behavioural modification and psychological support (9).

### Wellness in paramedics and EMTs

The Emergency Medical Services Workforce Agenda for the Future identifies "health, safety, and wellness of the EMS workforce" as being critical for developing a thriving, achieving workforce (10). As part of their routine work, paramedics and EMTs experience complex exposures to a succession of challenging events, resulting in concurrent experiences of both physical and psychological trauma. The routine activities associated with work as a paramedic have been directly linked to increased risk of developing depression, suicidal ideation, anxiety, post-traumatic stress disorder (PTSD) and substance-use disorders, as well as cardiovascular illness, musculoskeletal problems, fatigue and burnout (11–22).

This increased risk of health impairment may also be due in part to operational factors such as perceived lack of job autonomy and control, incompatible workplace culture and work overload (22–25). Shift-work, fatigue and burnout have also been linked to health problems in paramedics and EMTs (15,23). The length of time employed also impacts on health, with the risk of developing depression, anxiety and stress increasing the longer someone has been a paramedic or EMT (12). Levels of PTSD among paramedics and EMTs appear to be consistently above the rates for the general population (12,26). This rate increases again for paramedics and EMTs who have responded to major disasters such as terrorist attacks (27).

This high prevalence of PTSD is particularly concerning given that mental health disorders rarely occur by themselves. A diagnosis of PTSD often brings additional diagnoses along with it. A third of all first responders (including firefighters, police, paramedics and EMTs) enrolled in the World Trade Center Health Registry with chronic PTSD symptoms also reported a diagnosis of depression (28). First responders with probable PTSD had an almost 14 times higher chance of developing depression and nearly 10 times higher chance of developing a panic disorder than those without PTSD; comorbid responders were 40–86 times more likely to have emotional disruption of function than were those without PTSD (28).

## The Australian context

The primary focus of the current evidence-base for Australian paramedic health has been on the effect of shift-work. Research investigating the effect of shift-work on paramedic mental health found that paramedics had significantly elevated levels of depression, anxiety and stress (19,29). An Australian coronial report identified the incidence of fatal acts of intentional self-harm among emergency services between 2000 and 2012, including ambulance personnel (30). Of the 110 fatalities involving emergency personnel during this time, 26 fatalities involved paramedics (30). The majority of these fatalities across all services were men aged 30–49 years (30). A recent Coroners Prevention Report found that the suicide rate among paramedics was four times higher than the average for all other Victorian jobs (31).

## What works?

There is a wealth of information supporting the positive returns of health and wellbeing programs directed at worker lifestyle and general health. There also exists comprehensive advice on how to plan for, design, implement and manage organisation-specific programs. Environmental programs comprising physical safety initiatives and interventions geared toward ensuring safe workplaces are reasonably well addressed in the literature. However, the volume of literature reporting on programs targeting paramedic wellness is scant and there is little evidence of what wellness programs need to address to be effective. The objective of this research was to explore the long-term physical and mental health impact on the responding 9/11 paramedics and EMTs and to investigate key influences on their long-term wellness, especially in the Australian ambulance service.

## Methodology

Qualitative methods were used to interview 54 first responders (18 paramedics and 36 EMTs) from 17 of the 31 emergency medical service agencies who responded to the WTC precinct on 9/11. These paramedics and EMTs ranged in age from 39 to 68 years; 42 (78%) were male (14 paramedics and 28 EMTs) and 12 (22%) were female (four paramedics and eight EMTs). The interviews were unscripted, however several key prompts were utilised including: physical health, mental health, relationships, access to support and general wellness. Interviews were conducted either face-to-face or via telephone or electronic communication (including Skype and GoTo Meeting technology) and ranged in length from 60 to 90 minutes.

Research participants self-reported as 9/11 paramedics and EMTs and employment status was not confirmed with their employer. Physical and mental health issues reported were not confirmed by medical records. The views and experiences reported by this research are those of the individual participants

and do not reflect any views of the ambulance service with whom they were employed. Interview recordings were transcribed and thematic analysis was undertaken using NVivo.

## Ethics

Ethics approval was provided by the Human Research Ethics Committee at Edith Cowan University in Australia.

## Results

The interviews with the 9/11 paramedics and EMTs are intimate, and offer detailed and unfiltered insights into what happened that day and what has happened since. The wellness of research participants has been impacted by a combination of both physical and psychosocial factors. All report some form of ongoing 9/11-related illness 15 years after the terrorist attacks. For most it is respiratory illness, but many also suffer from gastro-oesophageal complaints and eye problems. Cancer is increasingly impacting the paramedics and EMTs involved in our research, with 14 participants (one male paramedic, 10 male EMTs and two female EMTs) diagnosed with 9/11-associated cancer. The age range for onset of diagnosis was 39–52 years. The cancers reported include thyroid, leukaemia, prostate, melanoma, multiple myeloma and colon cancer.

Male EMT: 'We are all trying to move on. People want us to move on. My loved ones want me to move on. But I can't. I'm getting sicker, I haven't told anyone else that yet. Actually, I haven't even said it out loud before now... (starts crying)...sorry...'

Of the 54 participants, 80% report ongoing PTSD and 15% have ongoing anxiety related to 9/11. Participants voluntarily reported ongoing loss of emotional capacity and capability that impacted their work and private lives.

Male paramedic: 'I could just tell I had changed. I started doing things I am not proud of. I hurt my family. I cheated, I lied, I spent all of our money... (pause)... I might not deserve it, but I just want some peace... (crying)...I just want to block out the demons. Even now, 15 years on...(pause)... I left a little too much on the pile I think. I did my job. All I was doing was what I was trained to do. I don't see myself as a hero. I know that I have been called that, but to me...I don't know, that word doesn't sit well.'

Interviewer: "Why"?

Male paramedic: 'Because I was just doing my job.'

Thematic analysis of the 54 interviews with paramedics (n=18) and EMTs (n=36) identified seven key lessons for consideration when developing wellness programs for them.

### **Lesson one: Understand the workforce**

Male EMT: 'They just don't really understand what is going on with us.'

It is important for ambulance services to have a good understanding of the baseline wellness of their staff. This includes understanding the range of influences on wellness and any pressing needs of the paramedics and their families. This baseline could be determined through the use of a survey of all paramedic staff within an organisation or through targeted qualitative methods such as focus groups or interviews with a representative sample of the workforce.

### **Lesson two: Engage with staff**

Female EMT: 'They never actually asked us what support we needed.'

Paramedic wellness programs need to be based on the actual needs of staff. What do they want? How do they want it delivered? In what format do they want it delivered (face-to-face or electronically) and how often do they want it delivered? Who do they want to deliver it? Should it be compulsory? What should it include? It is important for ambulance services to listen to the needs of their staff, to understand what they are being told, to be seen as being responsive and to provide what is needed to improve wellness. The research participants in this study identified that to be useful, wellness programs should be delivered both face-to-face and electronically, and should be delivered by a mix of their trained peers and qualified psychologists. They felt that at least one wellness session should be compulsory every 12 months, to ensure that evolving needs of staff are addressed and paramedics have a regular outlet to discuss their wellness concerns in a 'safe space'. Additional electronic or online wellness sessions should also be available year-round for staff to access as needed. These sessions should focus on topics such as communication, self-care and recognising signs of 'un-wellness' in themselves and their colleagues.

### **Lesson three: Avoid silo approaches to physical and psychosocial health**

Male paramedic: 'I am sick in the body and I am sick in the head.'

Successful wellness programs will address both the physical and psychosocial needs of staff simultaneously. Traditional approaches have tended to operate in silos, addressing physical health needs in one domain, and the psychosocial needs in another. Ambulance services should avoid making paramedic attendance compulsory for each of these needs in a silo approach by bringing together the support services required into one, easy-to-access, responsive wellness system.

Male EMT: 'If I could have accessed a one-stop-shop

for all of my problems, I guess I would have talked about my depression sooner. I had been feeling sad for a really long time. You know, I just thought it was the grief. But it was more than that, I just didn't realise it. If the guy I was seeing for my back could have helped me with what I was feeling, that would have been good...but he never asked...and I never told.'

### **Lesson four: Ongoing professional and personal development**

Male EMT: 'I need something else to focus on.'

Effective wellness programs provide opportunities for paramedics to expand both their professional and personal development. It is important for ambulance services to engage with staff to identify a range of professional development opportunities that would be of interest and benefit to their staff. The research participants in this study identified that professional development opportunities around leadership, communication, building personal resilience and mental health first aid would have been welcomed.

### **Lesson five: Provide the tools for peer-to-peer communication**

Male paramedic: 'I don't know how to talk about it.'

9/11 paramedics and EMTs often highlighted that they were among the first people to notice changes in their colleague's wellness. However, they didn't feel equipped to engage in a conversation about health, especially around issues of mental health. Helping paramedics to start these conversations and providing them with resources for supporting their friends could help save lives.

Male EMT: 'John\* started changing, it was about a year or so after the attacks. He just seemed angrier. Little things on the job would just get to him more than they used to. He used to really care what he looked like, we used to rib him about how long he took doing his hair! But he just didn't seem to care anymore. He started turning up to work late and I could smell the booze on him. I wanted to say something to him, but I was scared I would set him off you know. I didn't want to be the thing that set him over the edge. So I didn't say anything. I heard a few years later that he got diagnosed with PTSD and left the service. I don't know what he is doing now.'

### **Lesson six: Include family members in wellness initiatives**

Female EMT: 'It impacts my family too.'

9/11 paramedics and EMTs often highlighted that their family members were 'left out of the loop' when it came to the provision of psychosocial support.

Wellness programs need to be inclusive and provide opportunities for families to access support together, and also individually. Successful initiatives in the United States following 9/11 included family gym memberships, cooking classes, discounted home food deliveries, weekend camps for children, support groups for spouses and family events held by the services to foster engagement and a feeling of belonging.

### **Lesson seven: Ongoing support for those who have left the service**

Male paramedic: 'Don't forget about us.'

Many of the paramedics and EMTs in this research have been so impacted by 9/11 that they can no longer work. For many, being a paramedic or EMT is all they know, and the job has been their life. What do they do once they leave the service? Many felt like they were cast aside and forgotten about – this feeling of abandonment exacerbated the impacts on wellness. Ambulance services should find ways to provide some form of ongoing support to staff who are in the process of retiring or have recently retired. Retired staff could also be involved in the running of support programs and share their own lessons.

### **Limitations**

This research assumes that people can provide meaningful answers and respond appropriately to questions of a sensitive nature. This type of research typically investigates largely subjective, affective feelings and values, rather than objective 'actual' behaviours. Therefore, while these findings are reflective of the paramedics and EMTs who participated in this research project, they may not necessarily be generalisable to all paramedics, EMTs or other first responders. The findings reported are reflective of the individual experiences of the participants involved in this research and are not necessarily reflective of other responders. Sampling for this research was largely purposive, with subsequent snowballing techniques. This resulted in a selective study sample that was skewed towards EMTs and male participants.

Self-reported data such as the information provided by the paramedics and EMTs in this research can contain several potential sources of bias. These biases include selective memory (remembering or not remembering experiences or events), telescoping (recalling events that occurred at one time as if they occurred at another time), attribution (the act of attributing positive events and outcomes to oneself but attributing negative events and outcomes to external forces) and exaggeration (the act of representing outcomes or embellishing events as more significant than is actually suggested from other data). The information provided by participants in this research was not verified from any other sources, which could potentially result in some bias in the reported findings.

### **Implications of this research**

This research has made an important new contribution of knowledge to the emerging field of paramedic and EMT wellness. This comes at a time when first responder mental health is an issue of paramount importance for ambulance services, not only in Australia, but worldwide. Therefore, in spite of any limitations associated with the research study design, the novelty of these results should not be overlooked. Despite the contribution of this research to the existing paramedic and EMT wellness evidence-base, there remains an urgent need to continue monitoring a larger cohort of paramedics to ensure that ambulance services have a comprehensive understanding of the baseline level of health among their paramedic and EMT workforce. Wellness strategies and programs should be developed that address the key influences on paramedic and EMT wellness and provide a range of initiatives and support services that they both want and need.

### **Conclusion**

Australian paramedics are currently experiencing a mental health crisis. Suicide rates are up to four times higher than those of the general public and levels of PTSD and anxiety are high. Key lessons for improving wellness can be taken from the experiences of the 9/11 paramedics and EMTs. Seven key themes have been identified from this qualitative research exploring the long-term impact of 9/11 on the physical and psychosocial health of the research participants. These key themes focus on engaging with the paramedic workforce to understand their needs and the influences on their health, ensuring opportunities for ongoing personal and professional development and for the inclusion of family members in activities and support systems, and not forgetting the needs of the retiring responder workforce.

\* Names have been changed to protect the identity of research participants and their colleagues.

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### **Conflict of interest**

The authors declare they have no competing interests. Each author of this paper has completed the ICMJE conflict of interest statement.

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