A ‘Journey of Personal and Professional Emotions’: Emergency Ambulance Professionals during COVID-19

Introduction

Emotional labour refers to managing one’s own emotions as required by each profession’s requirement (Hochschild, 1983). Street-level bureaucrats such as nurses, social workers, medical doctors routinely deal with emotional situations requiring such public servants to suppress their emotions as part of their labour to match organisational and job expectations while having significant discretion in conduct of their jobs (Guy et al., 2004; Lipsky, 2008). This may help to make the public feel good or bad, depending on the situation (Mastracci et al., 2006). This article contributes to the growing debates on how frontline ambulance professionals deal with their own emotional labour, within the context of organisational factors and attributes, while carrying out their life-saving public duties. The angle it adds to this wider debate emotions are tackled by professionals used to experiencing strong emotions during a crisis like the Covid-19 pandemic.

Emotional labour in emergency ambulance setting

Public servants and street-level bureaucrats such as the emergency ambulance professionals, namely, frontline paramedics and technicians, emergency coordination centre staff (call handlers/dispatchers) and operational managers, are the first point of call to deal with the emergency 999 calls. They routinely engage with the general public in a series of communications, while discharging their labour within an unpredictable and emotional pre-hospital care settings. Ambulance professionals are expected to be providing assurance to the patients and treating them safely within the scope of organisational protocols and meeting stringent response time targets (Wankhade et al., 2020; Wankhade et al., 2018). The work of emergency ambulance professionals, in which ‘emotions’ are part of the job, may have outcomes or their use/display of emotions (positive or negative) but such efforts may be undervalued since such emotional labour is simply “expected of them” (Henderson & Borry, 2018, p. 2). This often entails remaining calm and hiding their own true feelings in a ‘dynamic’ work environment (Lawn et al., 2020) since ambulance work has been characterized as intense, dangerous’, emotional, and stressful with the expectations for displaying or hiding emotions (Furness et al., 2020; Maguire et al., 2014; Sterud et al., 2011). However, a robust evidence-base on the impact of organisational factors and characteristics on managing emotional labour by emergency ambulance professionals is still evolving.

The arguments for the intensity of the ambulance work and its perverse impact on staff physical and psychosocial wellbeing have been well rehearsed in the literature (Granter et al., 2019; Wankhade, 2016). Notwithstanding the empirical evidence linking long and emotional nature of ambulance to stress, post-traumatic stress disorder (PTSD), burnout including bullying and harassment, no real accountability exists or who are responsible for such negative outcomes (Kline & Lewis, 2018; Furness et al., 2020). Similarly, the impact of lack of adequate funding to meet the ever increasing 999 emergency ambulance demand, dealing with staff shortages and sickness absence (Buchan et al., 2019; National Audit Office, NAO 2017) has been further
exacerbated by an over-stretched, over-stressed and emotionally challenged frontline ambulance staff.

**Insights from research**

Evidence gathered from interviews conducted between with a range of staff in an English National Health Service (NHS) Ambulance Service, who also shared their experience of dealing with their emotions while working through the COVID-19 pandemic, reveals a fascinating tale. One of the respondents summed their experience:

“It has been a journey of personal and professional emotions.” (Senior Operations Manager)

Ambulance professionals have been often portrayed as ‘macho’ and ‘heroes in media and this perception also carries in public minds (Tangherlini, 2000). However, the emotional trauma and stress was far too much even for the experienced staff and many respondents felt that their personal resilience was ‘tested to the maximum’:

“Personally I am feeling fatigued and tired but for me, it’s the ‘adrenaline’ which is getting me through this emotional crisis”. (Senior Manager II)

Literature highlights the impact of the organisational structures and procedures on emotional labour, especially in an healthcare setting (Miranda & Godwin, 2018). Ambulance services are witnessing a steady annual increase in the emergency 999 activity. Ambulance professionals follow strict protocols to make triage decisions and for making decisions about clinical pathways for treating patients. The pandemic prompted quick response and changes to triage and treatment protocols from ambulance professionals without endangering patient safety in a service which has been historically characterised as ‘risk averse. Many respondents felt the ‘micro-trauma of not being able to do more to help and support the patients. Frontline staff shared a range of emotions - ‘deflated’, ‘beaten’ ‘sorrow’, ‘helpless’ while carrying their life saving duties in a dynamic and fluid pandemic situation:

“The uncertainty of the patient presenting ‘COVID-19’ symptoms challenged you clinically; and you felt frustrated that you couldn’t do more for the patient.” (Frontline Paramedic)

The role of organisational ‘relationships’ on the manifestation of emotional labour has also been discussed (Henderson & Borry, 2020). Frontline ambulance crews and emergency operations centre staff (call handlers and dispatchers) sometimes work on their own (solo responders) but quite often work in pairs or in team situations and develop routines to cope up with the physical and emotional demands of their shift work. Depending on the levels of mutual trust and cooperation in these relationships, emotional labour can be high or low. The pandemic tested these relationships further. Interestingly, most of our respondents spoke with pride and satisfaction of ‘being in it together’ which enormously helped them to cope up and manage their emotions in these highly stressful and testing times:
“Your work mates became your new family and your support system… We took care of each other.” (Emergency Dispatcher)

Notwithstanding these comments, cases of work-related harassment, bullying, stress or burnout are also on the rise in ambulance service (Kline & Lewis, 2018; Wankhade, 2016; The King’s Fund, 2015), impacting on the emotional labour of these street-level bureaucrats and require further investigation and analysis. In particular, instances of street level bureaucrats stepping into each other’s shoes by getting deployed in other areas than the ones in which they had originally trained, in an effort to assist with the pandemic relief efforts, are ripe for analysis.

**Covid-19 furthering the trauma caused by efficiency-maximisation**

New Public Management (NPM) styled reforms, implemented in several OECD countries over the last three decades, have been touted as progressive, transparent, cost effective, over-due and equitable (Groot & Budding, 2008; Hughes, 1992) allowing street-level bureaucrats discretionary power to make decisions or establish routines towards equitable use of resources in the interests of public good (Lipsky, 1980). Yet research evidence paints a very different picture of the emergency ambulance professionals as a publicly funded street-level bureaucrats. Not only do they exhibit limited discretionary power(s) while conforming to organisational norms, but worryingly, they are also displaying extremely high levels of stress and burnout due to the very emotional nature of their job, causing ‘moral injury’ (Greenberg et al., 2020) and psychosocial harm in addition to physical injuries (Mildenhall, 2019). It helps to highlight the importance and role of organisational factors, and adds to the limited but growing body of work on the impact and implications of the work-related stress among the emergency ambulance professionals while managing their emotions (Guy et al., 2008; Nelson et al., 2020).

Austerity-driven reforms have allowed managers to use the increased bureaucracy and red tape (Lipsky, 2010; Pollitt & Bouckaert, 2017) to effectively reduce the discretionary power of ambulance professionals (Wankhade et al., 2018), a trend also witnessed in other emergency services such as the police (Farr-Wharton et al., 2021). The pandemic has further exposed these street-level bureaucrats to additional trauma, burnout while tackling COVID-19 in addition to dealing with Personal Protection Equipment (PPE) shortages, sickness or even death of colleagues, exacerbated by the feeling isolation and not being able to share (Cosslet, 2020).

Ambulance emergency professionals go through a range of emotional situations while discharging their duties, in often unstable and dynamic situation. The COVID-19 pandemic intensified the pressure for ambulance responders in managing their emotional labour in the line of their duties, exposing themselves to further risks and physical and psychosocial harm (College of Paramedics, 2020). A resilient and healthy work force is central in mitigating the negative outcomes of some of the organisational factors, as argued in this article. A compassionate leadership approach, accompanied by managerial support and a nurturing organisational culture, can further help staff dealing with emotional trauma and stress.
Concluding remarks

Several research implications follow from this analysis. The negative consequences of emotional labour, not only on the physical and psychosocial wellbeing of ambulance professionals, but also on the citizens, patients, and users of public services, deserve further attention. More empirical studies in wider emergency services settings (such as police or fire and rescue), will help to bring much needed evidence to appreciate and analyse the role of organisational factors and characteristics. This will help to improve scholarly and practitioner understanding of the way street-level bureaucrats manage their emotional labour within specific organisational contexts. Such a research agenda will contribute towards an important, but currently an under-researched theme within the public administration discourse.

References


