NAEMT Position statement
An EMS Culture of Personal Resilience and Wellbeing

Statement:

NAEMT believes that all EMS practitioners should practice within a culture of personal resilience and wellbeing that allows them to become aware of and learn to adapt to their work and personal life, and cope with significant stressors. Developing and sustaining this culture must be the shared responsibility of agencies, practitioners and the greater community.

A culture of personal resilience and wellbeing should include, at a minimum, these responsibilities:

Practitioner responsibility:

- Strengthen personal resilience - the ability to cope and adapt in the face of adversity, trauma, tragedy, threats or significant sources of stress
- Engage in self-assessment and participate in mental health training
- Elect to practice a healthy lifestyle

Employer responsibility:

- Offer an Employee Assistance Program (EAP) with counselors who understand the unique challenges of the EMS industry.
- Develop a comprehensive wellness program, inclusive of mental health, that addresses the overall health and wellbeing of EMS practitioners.
- Promote a work-life balance within the agency.
- Ensure confidentiality and utilize a just culture (1) framework.

EMS Partner responsibility:

- Practice self-awareness and open communication.
- Develop a positive and supportive environment.
- Know the signs when mental health resources are needed, and how to access services.

Family responsibility:

- Learn the emotional and physical challenges faced by EMS practitioners, and obtain the necessary resources to understand the signs of personal distress.

Community responsibility:

- Develop an awareness of the emotional and physical challenges faced by EMS practitioners in your community, and identify ways to support them.
Background:

In every community in our nation, EMS is expected to deliver quality care to patients in need of emergent, urgent or preventive medical care. EMS practitioners are expected to work under difficult, unpredictable and rapidly changing circumstances. They may work long hours, in harsh environments, with limited information, assistance, supervision and resources to accomplish their mission. (2) In the course of their work, they may be exposed to risks such as infectious disease, emotional stress, fatigue, physical violence, occupational injury, vehicle crashes and personal liability.

A significant mental health and wellness problem exists among the EMS workforce as a consequence of the environment and circumstances in which they operate on a daily basis. In 2016, NAEMT published the results and finds of a National Survey on EMS Mental Health Services. The survey revealed that the EMS industry has significant work to do to demonstrate to their EMS workforce that their mental health struggles and concerns matter, and ensure that EMS practitioners know where to turn when they are struggling. (3)

The What’s Killing Our Medics survey produced by Chad Newland, Erich Barber, Monique Rose, and Amy Young in October 2015 found that 37.0% (n=1,383) of respondent reported having contemplated suicide and 6.6% (22D5) had attempted suicide. These survey results indicate that an average of 3.7% of EMS practitioners have had suicidal thoughts – ten times the rate of the general population with an average of 0.5%. (4)

There is a growing trend within U.S. industries to adopt and implement personal resilience and wellbeing programs. At Dignity Health, a San Francisco based healthcare system, leaders are supporting their clinical staff before they reach the point of burnout by promoting a culture of resilience. (5) The National Fallen Firefighters Foundation provides a training program, Stress First Aid, for firefighters and emergency personnel. It recognizes quickly those individuals who are reacting to a wide range of stressors in their work and personal lives, and are in need of interventions to promote healing. (6)

According to the American Psychological Association, resilience is the process of adapting in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone. (7) The National Wellness Institute defines "wellness" as “an active process through which people become aware of and make choices toward, a more successful existence.” Wellness is intentional—people must decide to make healthier choices. Therefore, workplace wellness programs exist to encourage and assist employees in taking steps to be well. (8)

In accordance with these definitions, EMS agencies must offer their practitioners a culture that allows them to actively become aware of and learn how to adapt to their work and personal life, and cope with significant stressors. This culture must be shared by all persons connected to the practitioner, including the practitioner themselves. Implementing a culture of personal resilience and wellbeing is consistent with and supports the National Strategy for an EMS Culture of Safety to achieve a safer, healthier environment for EMS practitioners, and their patients.
References:

(1) Just Culture in EMS. Center for Patient Safety: www.centerforpatientsafety.org/just-culture-in-ems


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