



Paramedic Chiefs
of Canada

Chefs Paramédics
du Canada

Burden of Command: Leading Others at the Expense of Yourselves

In association with



This session will be recorded, and a link will
be available on paramedicchiefs.ca/webinars



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Thank You for Joining Us!

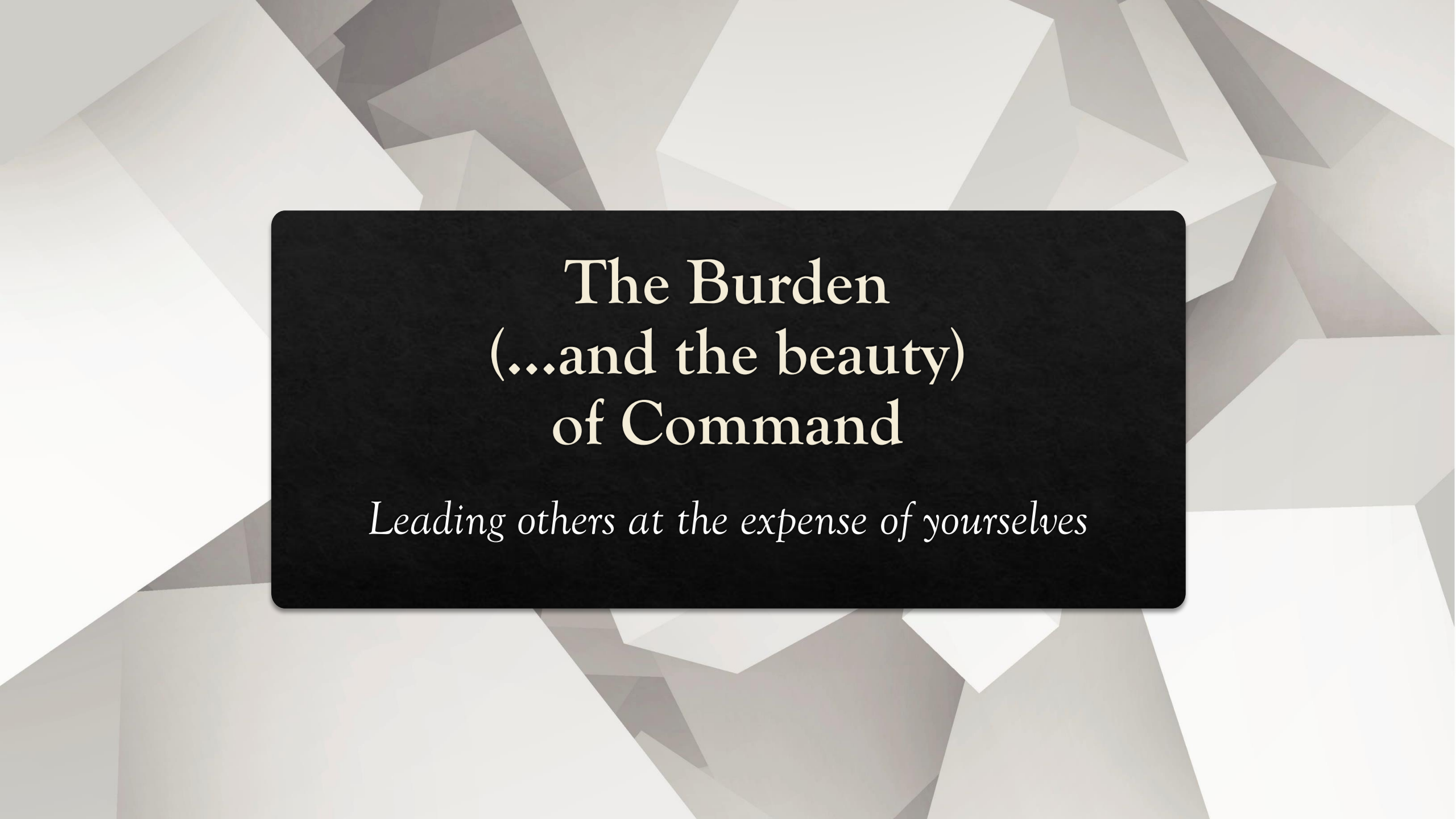
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Health Intelligence Resource
www.firstwatch.net/hi



The Burden (...and the beauty) of Command

Leading others at the expense of yourselves

Disclosures

◆ Renée S. MacPhee, PhD

- ◆ Associate Professor, Wilfrid Laurier University
- ◆ no relationships with commercial interests
- ◆ no conflicts of interest to declare
- ◆ research support
 - ◆ Canadian Centre Safety and Security (CSS) / Defence Research & Development Canada (DRDC)
 - ◆ Canadian Institute for Public Safety Research and Treatment (CIPSRT)
 - ◆ Canadian Institutes of Health Research (CIHR)
 - ◆ Government of Canada
 - ◆ Paramedic Association of Canada (PAC)
 - ◆ Paramedic Chiefs of Canada (PCC)
 - ◆ Public Health Agency of Canada (PHAC)
 - ◆ Public Safety Canada (PSC)
 - ◆ Wilfrid Laurier University (WLU)

Acknowledgement

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Agenda

- ◆ Time to participate!
- ◆ The Burden...
 - ◆ organizational factors
 - ◆ operational factors
 - ◆ call to duty
- ◆ ...and the beauty
- ◆ Supporting leadership
- ◆ Resources
- ◆ Next steps
- ◆ Good news!

Audience Participation!



Audience Participation!

- ◇ Indicate how strongly you agree or disagree with each of the following statements:
 - ◇ I take lunch breaks (that means not eating AND working at the same time!)
 - ◇ I continue to check work emails after I have left the office for the day (this doesn't include when there is an ongoing emergency).
 - ◇ I work between 37.5 and 45 hours per week.
 - ◇ When I take vacation, I leave my work phone behind and don't check emails while I am away.



The Burden of Command

Burden of Command

- ◆ originated in military organizations dating back several 100's of years
- ◆ one individual – typically the General - holds the position of being at the top of the command structure, and is the one who shoulders the sole authority, responsibility, and accountability for all decisions that are made and executed down the chain of command
- ◆ every decision that is made comes with the knowledge that there may be, and often are, consequences that could be tactical, operational, financial, or worse yet – human

Burden of Command

over time, the decision-making can weigh heavily on an individual – both physically and psychologically



research on the burden of command has been well studied and documented within the military, and to some extent civilian organizations



very limited research that examines the physical and psychological effects of the burden of command within the paramedic sector

Pilot Study: Goals

◇ To:

- ◇ explore the challenges of being a senior leader in a Paramedic Service or Emergency Medical Service
- ◇ better understand the impact of the burden of command on the physical and psychological health, safety and overall wellbeing of paramedic leaders
- ◇ identify what resources, tools, and training senior paramedic leaders need in an effort to minimize the effects of the burden that they experience

Methods



personal interviews with Paramedic Deputy Chiefs and Chiefs in Eastern Ontario



open-ended and closed question formats



targeted questions with related follow-up probes



conducted in-person or virtual



recorded and transcribed verbatim



thematic analyses

broad, common, recurring concepts
grouped into specific categories
identify major themes that emerge



transcripts reviewed to the point of saturation

Results

- ◆ 26 interviews with Deputy Chiefs and Chiefs
- ◆ males and females
- ◆ interview length ranged from 69 – 100 minutes

The many facets of a Paramedic Chief or Deputy Chief



What factors drive the burden of command?



Organizational factors – the factors that are associated with the job context or setting (e.g., conflict with supervisors, changes in policies)



Operational factors – the factors that are tied directly to the work content or duties (e.g., shift work, the risk of being injured)



The Call to Duty

Organizational Factors

“We are at the whim of City Councilors who know nothing – they don’t have to answer the phone in the middle of the night when there’s been an MCI and maybe someone on your staff has been injured. They don’t have to tell their staff they can’t get a raise because the taxpayers wouldn’t like it...but somehow the firefighters can get a raise?”

(Participant 012)

Organizational Factors

- ❖ failure of the upper external administration (e.g., CAO, Directors, Wardens, Council members) and other departments (e.g., Human Resources, Finance,) to fully understand, appreciate, and support the perspectives and work of the paramedic leaders and their teams
- ❖ there is an expectation to do more with less, which became evident during the pandemic and has not returned to pre-pandemic expectations
- ❖ the need to play the political long-game...or suffer the consequences

Organizational Factors

- ◆ lack of peers within the organization with a similar position
- ◆ lack of support with respect to the need (and want) for advanced education
 - ◆ financial, time, staffing support (i.e., who covers when you're not there...?)
 - ◆ *"I spend my own money and time to take courses for leadership that I think will benefit me....I've not had any help from the upper-ups" (Participant 004)*
- ◆ lack of, or minimal, on the job training
 - ◆ *"I actually had to surf the internet and contact some friends in {XX} when I had to write my first council report – no one teaches you this stuff...your just expected to know it. Not sure why – it's not like writing an ACR!" (Participant 014)*

Organizational Factors

- ◆ double standards

- ◆ decision making

- ◆ being firm is synonymous with being unbending / unreasonable

- ◆ “standing your ground when tough decisions are made makes you a meany but in the guys, they are seen as authoritative.” (Participant 014)

- ◆ inclusive workplace...not so much

- ◆ “If it’s just us (i.e., females) getting together, we are seen as being in an exclusive clique of some sort, or we’re gatekeeping. If we try to join the men, we are seen as interlopers. The guys see any meetings intended for women in leadership as “bra burning” sessions. We just can’t win.” (Participant 006)

- ◆ “They (i.e., men) wear the pink epaulettes and walk around like they support women, but then they do a 180 when it comes to working with us.” (Participant 008)

Operational Factors

“Running a paramedic service isn’t an easy job – if it was, everyone would want to be a Chief – but clearly, people aren’t pounding down the doors to get to my job.”

(Participant 002)

Operational Factors

- ◆ recruitment of “good” staff

- ◆ *“Do you know how hard it is to find staff who actually have a commitment to the job, to the uniform, to the profession? It’s almost impossible, and it’s exhausting – we are like a revolving door for this generation.” (Participant 009)*

- ◆ retention – “good” staff

- ◆ *“People who have worked for years and still have a few years left before they hit their numbers are bailing out – they just can’t take it anymore – the work is relentless.” (Participant 011)*

Operational Factors

◆ COVID-19 hangover

- ◆ *“While the world stayed home during the pandemic and got to work “remotely” – we didn’t stop...and we haven’t stopped – it’s so much worse now – so much.” (Participant 002)*
- ◆ *“....it {pandemic} created unprecedented challenges for paramedic services – looking back, the pandemic was the easy part.” (Participant 003)*
- ◆ *“...we are almost abused with the amount of call volume and down-staffing – it was almost easier during the pandemic.” (Participant 015)*

The Call To Duty

*“Emergency services mentality....you’re always on
because emergencies happen 24/7.”*

(Participant 006)

The Call To Duty

- ◇ “*what doesn’t kill you will make you stronger*” is an absolute fallacy (we have the research evidence!)
 - ◇ lack decompression time (e.g., days off and/or scheduled vacation time)
 - ◇ working 60 to 90 hours a week (but getting paid for 40 hours...do the math = 50 cents an hour)
 - ◇ phones, phones, phones...
 - ◇ email, email, email...
 - ◇ lunch? what is lunch?
 - ◇ lack self-care (physical and psychological)
- ◇ over time, the adverse effects on physical and psychological health from the above will be substantial

The Call To Duty

◆ stigma

- ◆ *“...there is a cost to us being honest...to being vulnerable.” (Participant 006)*
- ◆ *“...it’s like when we became Chiefs, somehow people think we stopped being paramedics. We have years of memories – some good, some not so much - that suddenly are supposed to disappear once you become a Chief?” (Participant 013)*
- ◆ *“When did being ‘invincible’ start being a thing – no matter what, there is an expectation for you to be and do and handle everything.” (Participant 010)*
- ◆ *“We are in a catch-22 – if you appear vulnerable, you are perceived as weak, but if you don’t show your emotions, you are perceived as cold and uncaring.” (Participant 015)*

The Call To Duty

◇ caregiving

- ◇ *“When I leave here, my job doesn’t stop – I have XX staff in my service and I am responsible for every one of them 24/7. What they don’t realize is that I also have a family that needs me too.” (Participant 008)*
- ◇ *Let’s face it women have – and probably always will be – the ones to look after our aging parents....and we will still come to work everyday and do our jobs because that’s what we do – we can’t take a day off when we’re tired because that would be a sign of weakness.” (Participant 014)*

The Call To Duty

“So, we talk a lot about work life balance and preach it to our staff, and then we don’t follow any of those rules – they’re not applicable to the Chief, right?”

(Participant 011)

“...there is a burden of leadership, but we maybe don’t talk about it much, but it is definitely there for sure.”

(Participant 005)

A close-up, black and white photograph of a dandelion seed head. The seed head is composed of numerous small, feathery seeds that radiate outwards, creating a spherical shape. The background is a solid, dark grey or black, which makes the lighter-colored seed head stand out. The lighting is soft, highlighting the delicate structure of the seeds.

...and the beauty

do it all again
fortunate
grateful
no regrets
collaborative
satisfying
loyalty
dependability
trust
visible
keeps me going
pride
thankful
patience
family
rewarding
open
tell me about it
ah-hah moments
appreciative
energized
inspiring
friendships
colleagues

Supporting Paramedic Leaders

What do you need? What do you want?

- ◆ Chief 101
- ◆ Breathing 101
- ◆ Peer support team (sort of)
- ◆ 5-year coach / mentor
- ◆ Eating right for the Job
- ◆ Getting your steps in...
- ◆ Stress management
- ◆ 1-800-Call-A-Retired-Chief (...or a Senator!)
- ◆ How to set boundaries and work within them
- ◆ Awareness training...for the bosses' boss
- ◆ Invest in the future – mentorship programs

What do you need? What do you want?



CIPSRT

<https://www.cipsrt-icrtsp.ca/>



Self-monitoring

Paying attention matters

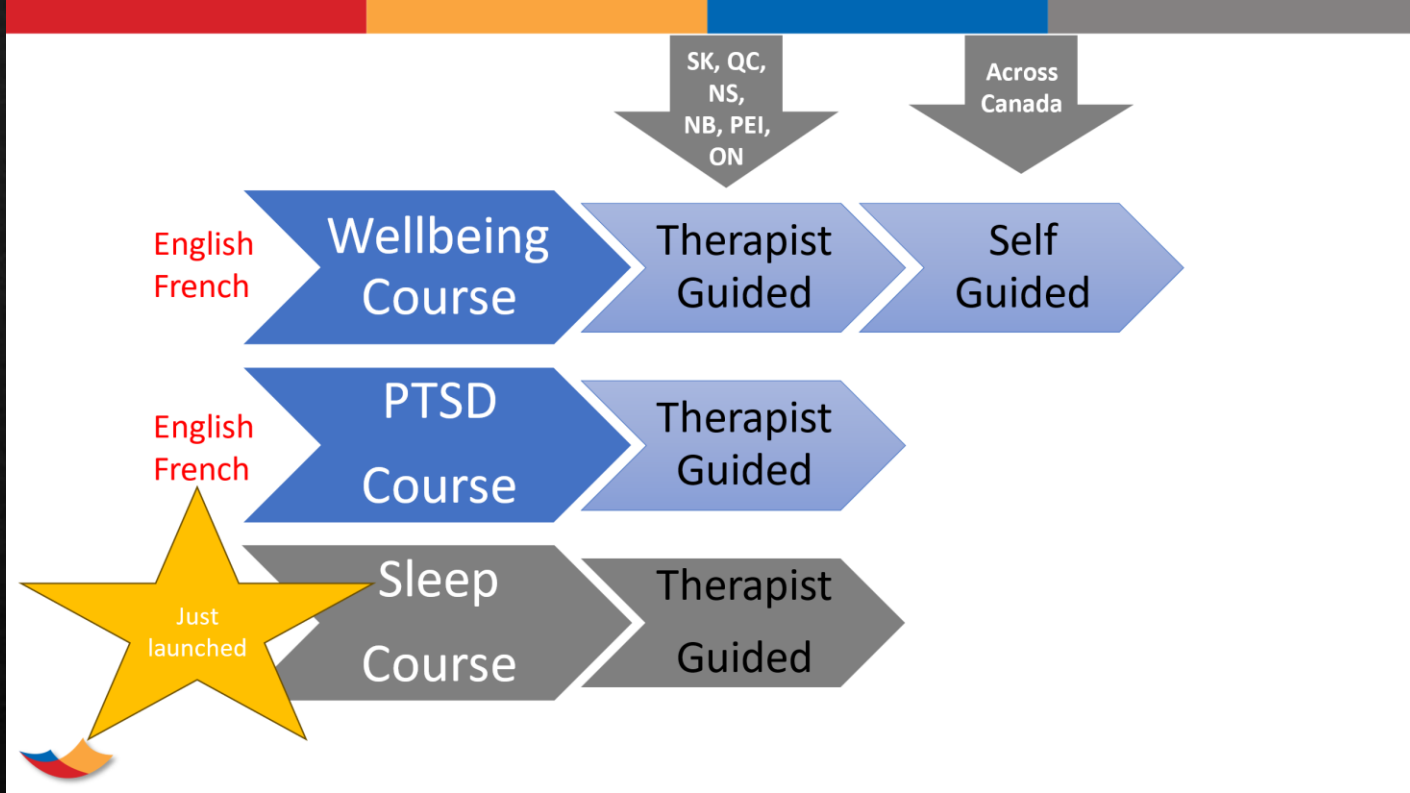
<https://ax1.cipsrt-icrtsp.ca>



Being proactive



www.PSPNET.ca



www.PSPNET.ca

PSPNET Leadership Modules

<https://www.pspnet.ca>



Support for your family



<https://www.pspnet.ca/en/for-families-of-bsp>

Next steps

- ◆ expanding the study across Ontario
- ◆ additional data will help to broaden some emerging concepts from the work so far ('diamonds in the rough'), and will bring to light additional concepts and themes
- ◆ results from the provincial study will be used to inform the national study
- ◆ explore existing partnerships to create a “wrap around” program for Paramedic leaders

A smile for the day...

Congratulations you made it!!

Exciting news to share...

Coming to Wilfrid Laurier University – Fall 2025!

◆ *Bachelor of Science (BSc) in Paramedicine*

- ◆ degree completion pathway (2 + 2 program design)
- ◆ online
- ◆ part-time
- ◆ intended for experienced paramedics
 - ◆ minimum of 6,700 hours (~ 5 years) of paramedic work experience
- ◆ application portal open
- ◆ please email paramedicdegree@wlu.ca if you would like to be added to our mailing list for additional information and updates

Canadian Study of Violence Against Paramedics (CSVAP)



funded through a Targeted Initiative (TI)



22-month project duration



collaboration between:

CSS - DRDC

Paramedic Chiefs of Canada
(PCC)

Wilfrid Laurier University
(WLU)



in-kind support

Paramedic Association of
Canada (PAC)

Canadian Study of Violence Against Paramedics (CSVAP)

Principal Investigator:

- Dr. Renée MacPhee (Wilfrid Laurier University)

Research Team (alphabetical order)

- Dr. R. Nicholas Carleton (University of Regina)
- Ms. Thérèse Choisi (Urgences-Santé)
- Dr. Todd Coleman (Wilfrid Laurier University)
- Dr. Judah Goldstein (Dalhousie University)
- Dr. Jolan Nesbit (University of Regina)
- Mr. John Prno (Wilfrid Laurier University)
- Deputy Chief Carla Roy (Medavie Health Services West)

Research Questions

- What is the frequency, type, and severity of violence (including but not limited to physical, verbal, and sexual harassment and assault, bullying, and discrimination)
 - from the public (including other healthcare workers and emergency responders) towards paramedics?
 - experienced by paramedics within their workplace (i.e., paramedic-to-paramedic violence)?
- How are paramedics psychologically and physically impacted by their exposure to, and/or experiences of, violent acts by the public and within their workplace?
- What is the impact of violence experienced by paramedics on their families, including the quality of relationships, general family welfare and day-to-day lived experiences?
- What, if any, violence prevention training do paramedics receive during their training prior to entry into practice after onboarding, and to what extent does this training sufficiently equip them to deal with violence on the job?

Study Design

- ◆ mixed-methods approach (numbers + words)
- ◆ conducted in three (3) phases:
 - ◆ Phase 1) the development and implementation of an in-depth, comprehensive survey;
 - ◆ Phase 2) personal interviews with paramedics to explore the lived experience of violence; and,
 - ◆ Phase 3) personal interviews with family members of paramedics who have experienced violence.

Study Design

- ◆ survey

- ◆ comprehensive

- ◆ sociodemographics / skill level & employment status / workforce trends / workplace violence training & education / violence against paramedics by the public (external) / violence against paramedics by paramedics (internal) / physical and mental health & wellness / participant comments

- ◆ start / stop / start

- ◆ format = online / hard-copy

- ◆ English / French

Who can participate?

- ◆ all paramedics – working, on leave, retired
 - ◆ for the purposes of this study, the term “paramedic” is inclusive of all: Emergency Medical Responders (EMR); Paramedics (e.g., Primary, Advanced, Critical Care); and Emergency Medical Attendants (EMA)
- ◆ all workplace settings (e.g., Paramedic / Emergency Medical Service, oil sands, private service, government, education, etc.)
- ◆ all positions (e.g., frontline role providing pre-hospital emergency care, community paramedic, tactical unit, supervisor, management, senior leadership)
- ◆ all provinces and territories



Questions?

Thank you for your time
today!

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