

Psychosocial workload of Swedish ambulance and emergency room personnel with high prevalence of dying, death and grieving relatives - A descriptive and comparison study

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Background: Frequent caretaking of severely ill, dying, and dead people as well as bereaved close relatives could involve too much stress for emergency personnel to be satisfied with the job situation. Screening for critical aspects for work satisfaction and endurance at ambulance and emergency rooms would provide useful information to the workers themselves, their management, and for pre-hospital acute routines/programs.

Methods: Two hundred and forty-item job-related, postal enquiries on demographical, as psychological, social, economical, and existential work aspects were sent to 26 clinical directors to be assessed by personnel at the ambulance and emergency rooms in Sweden.

Results: The response rate was 64%, the majority being nurses and nurse assistants, experiencing a very high, high, or rather high prevalence of severely ill or dead patients at their work place. The hospitals' frequency of severely ill or dead patients predicted a higher mental workload experience in both ambulance and emergency room personnel. More personnel at the emergency rooms compared with ambulance workers expressed time pressure and were less satisfied with their caretaking, two of three reporting their job to be mentally straining as compared with one of three among the ambulance personnel. Change of work due to heavy workload was reported by one in three. The majority thought they could get used to a job with death and grieving, wellbeing however negatively affected. Still, the majority reported good health and little sick leave due to excessive workload.

Conclusions: Several critical factors seemed important for job satisfaction among Swedish ambulance workers and personnel at the emergency rooms. Complaints about psychological stress, physically high workload, physical damage, many working hours, low salary, much shift- and night work, better vacation leave, more resources, too little time for recovery, crisis support and guidance, better routines, more explicit care programs including improved bereavement support for relatives, better possibilities for job control, self-efficacy, unit efficiency, and clearer work duties, and a family-non-conflicting job situation could favor work performance in both groups.

Keywords: Psychosocial workload, ambulance personnel, emergency room personnel, trauma, dying and death, and bereaved relatives

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