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Abstract

Cases of stress, poor mental health and post-traumatic stress disorder (PTSD) are on the rise in the emergency service workers. Instances of harassment and bullying instances are getting more common and now are part of official reports. This paper analyses the evidence on the health and wellbeing of staff in the ambulance, police and fire services in the UK. It highlights the implications of work pressure on the frontline staff and argues whether work intensification is becoming a new normal? The paper provides avenues for further research on a topic area with a massive knowledge gap.

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Context and background

A diverse, modern and health work force is critical for effective working of the emergency services around the world and the importance of workforce wellbeing and organisational resilience is argued increasingly more in the context of the ambulance, police and fire & rescue services (see Wankhade et al., 2019; Wankhade et al., 2018; Murphy and Greenhalgh, 2018; McCann et al., 2015; Skogstad et al., 2013; Williams et al., 2010; Sterud et al., 2011; Brough, 2005). Emergency services are witnessing a period of unprecedented changes with massive budgetary cuts, (National Audit Office NAO, 2017; NAO, 2015a; NAO, 2015b) accompanied by significant legislative changes in the context of the Policing and Crime Act, 2017, necessitating a more joined-up working between the three emergency services. These changes are putting further pressures on the emergency service workers since they require the police, paramedics and the firefighters to take over aspects of each-other's roles/functions (Tehrani and Hesketh, 2018). According to the mental health charity *MIND*, "one in four emergency services workers has thought about ending their lives" (2016). The scale of the problem highlights the importance to talk and provide more support to staff with PTSD and mental health issues while recognising the need for wellbeing of the emergency service workforce.

Management literature on 'work intensity' covering different organisational settings is quite well-developed (Lyng, 2005; Green, 2004; Burke, et al., 2010; Felstead et al., 2013) but specific accounts of work intensity in the emergency services and the 'extreme' nature of such work are slowly emerging (Granter et al., 2018; Wankhade et al., 2018; Granter et al., 2015; Turnbull and Wass, 2015). Hewlett and Luce (2006) classify any work as 'extreme' which is in the excess of 60 hours per week and which are high- intense and high-risk roles. Work done by the emergency services can be characterised as 'extreme' or even a 'dangerous occupation' (Maguire et al., 2014) and can result in perverse consequences. For instance, Turnbull and Wass (2015) highlighted long working hours for the inspectors by almost every police force in the UK in excess of the maximum of 48 hours per week regulation. Similarly, Granter et al., (2018) identified four distinct but overlapping dimensions of work intensity, namely: temporal, emotional, organisational and physical, in English ambulance services. The above discussion support our argument that the psychological wellbeing of emergency service staff significantly affects their functionality, organisational productivity while also having an effect on families.

Extent of the problem

In the paper, we focus on the problem of sickness absence, which is of major concern for the three emergency services and pervades across the police, ambulance and fire & rescue services. Recent evidence supports our hypothesis. For example, a recently published survey by the Police Federation of England and Wales (2019) has reported high levels of under-staffing in the forces which is resulting into continued cases of stress and PTSD. The survey reported that almost eighty percent officers have experienced feelings of stress and anxiety in the previous twelve months with more than ninety percent respondents said that their job made it worse with the experience of traumatic experience in their careers reported by almost every officer (Elliot-Davis, 2019). Sickness absence rates in the ambulance services are highest within the National Health Service (NHS) organisations in the UK. Over a seven year period, data published from 2009-10 shows average absence rates of around 6% against the national average of 4.2%, which is the highest for the entire NHS workforce (Wankhade, 2018; 2016). Sickness absence data in the fire services, monitored locally suggest that sickness absence in on the rise (Cleveland Fire Brigade, 2015). There were 2,362 full-time equivalent police officers on long-term sick leave in March 2018 in the 43 forces in England

and Wales, accounting for 1.9% of police officers in England and Wales, with more female officers on sick leave than their male counterparts (Home Office, 2018).

In the backdrop of such high sickness absence rates, research to examine the link between work-related stress and other determinants of high sickness absence rates in the blue light organisations provide a fruitful research agenda. Further empirical work will help to address this knowledge and research gap and the need for greater management and policy attention (CIPD, 2018). If a greater understanding of resilience and the relationship between resilience and stress can be achieved, we will be better able to proactively implement and support interventions to assist employees to cope more effectively with the stress that is inherent in today's workplaces. There has never been a greater need to support the workforce in preparing them for these very uncertain and challenging times (Cooper and Hesketh, 2017).

The paper also explores the links between stress and the issue of bullying and harassment in emergency services and draws upon the evidence from the ambulance service staff which continues to face high levels of discrimination from their peer, managers and the public. In a study conducted by the King's Fund (2015), the 2014 NHS Staff Survey data was analysed looking at the reported discrimination within the NHS, between managers and staff, between colleagues, but also from patients and members of the public on grounds of age, gender, religion, sexual orientation, disability and ethnicity. The latest 2017 staff survey highlights the problem and demonstrates that ambulance services are "far worse than other NHS organisations for discrimination and equal opportunities, worst for illness due to work-related stress, worst for organisational and management interest in their health and wellbeing" (Vaze, 2018). Many recent Care Quality Commission (CQC) inspection reports have highlighted the problem of harassment and bullying in the highly publicised case of the London ambulance service (CQC, 2015). More recently, the South East Coast Ambulance Service (CQC, 2018) was reported to exhibit continuing perceptions of bullying and harassment in some areas across the trust.

The paper argues that problem of harassment and bullying are not unique to the ambulance services and pervades across the sector. Lack of diversity in the fire services and presence of 'toxic and corrosive' attitudes have been raised by the Ministers (Drury, 2016). Such cases are also being dealt by the police service and instances of 'macho, arrogant, bullying culture' in which whistleblowing has never been fully embedded have been reported (Williams, 2015). The College of has highlighted a 'bullying' culture that prevents junior staff to confront their seniors over misconduct (Hales et al., 2015).

Further development of the paper
The paper analyses the implications of mental health, stress, sickness absence and discrimination and bullying in emergency services, while assessing the impact on staff and organisation and implications for organisational productivity. Further development will involve gathering additional evidence about the issues raised in the paper including examining the health implications of work intensity in these organisations. We would also be keen to explore developments of strategies to prevent significant levels of sickness and occupational health issues, to combat prevalence of general and specific stress factors.

The issues raised in this paper have significant implications for the employment practice in so far as raising questions about whether it is possible to design jobs which are positively extreme and whether it is sustainable to motivate staff or retain and recruit new members while moderating these negative influences. Issues raised in the paper have implications for

the service leaders and policy makers to consider providing adequate training and support to staff as an organisational priority over operational exigencies.

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