

The physical challenges increase extrinsic demands – for younger and older	
A1	<p>“You know there comes a point where you just, you just can’t do it. You know, I struggle getting off the floor and I spend all of the time---most of the time on my knees? I am six foot six. I have already got chronic back problems. I can’t bend over and keep that position. I end up on my knees and now my knees hurt”.</p> <p>“I used to think, “Oh, that’s my whole day for one job. Somebody’s fallen over and banged their head” and then you’d go in the next Saturday and hopefully, you’d see something or get some experience and you’d do two jobs but now, we are routinely doing eight, nine, ten jobs a shift. You know, it’s changed massively, I mean horrendously”.</p> <p>“When we first started there was one vehicle doing an eight hour shift around the clock, now we’ve got 3 vehicles doing 12 hour shifts, days and nights - we’re being hammered into the ground”.</p> <p>“You’ll do a cardiac arrest, you’ll clean the vehicle and as soon as you’re available you’ll get another job. As soon as we are out of the hospital, we get another one”.</p> <p>“I think everybody needs to realise the wears and tears that this job takes on body and mind. And ask really is it feasible to expect people to carry on working to extend working lives. Because the people I’ve talked have said it’s ridiculous, everybody’s looking to go early because they want a life. Because we’re not going to be physically able to do this job which is why the fire brigade go at fifty. They think they’re not going to be fit enough to do it at fifty-five, yes they do the heavy hard work, you know heavy hard work when they go out, but that might be a couple of times a week, sometimes never. So the wear and tear that shift work, that the jobs what we have, the wear and tear it takes on us physically and mentally. I think it’s unreasonable to expect us to work on, I really do think it is”.</p> <p>“The sort of things that I find stressful, are attending an incident and then having to wait several hours for an ambulance to come and take the patient to hospital, and that isn’t necessarily due to the clinical priority of the patient, very often it’s fending off the sort of anger and frustration of relatives or bystanders, who simply can’t understand”</p>

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A2

“I mean, it’s not just turning up at the side of the road and doing all the kind of glamorous dramatic stuff that you see on Casualty, there’s a lot of carrying people downstairs, resuscitation in itself is almost exhausting, and that takes it out of you, and the the training, crawling through confined spaces wearing breathing apparatus, things like that, you know, but it’s the physical side of it is more difficult, but also absorbing all the additional sort of knowledge and information that we’re supposed to have nowadays.

I mean, my memory’s never been great anyway, even when I was at school I used to struggle, you know. I’ve always found quite tough, and, again, there’s considerable evidence to suggest that that process isn’t helped by aging, and certainly I find now that my memory isn’t what it was, and they’ve almost, I think, doubled the number of drugs that we had 20 odd years ago, all sorts of other procedures, and things like that, that, in some cases, you may only need to carry out on very rare occasions, but when you do it tends to be an emergency and you’ve got to be on the ball then, really, so that can be quite pressurised”.

“This job always had to be a little bit of everything, you know we’ve been a little bit of a policeman, you know little bit of a fireman, little bit of a social worker, little bit of a mental health nurse, all these things bits of everything, little bit of a doctor, little bit of a nurse and you know that’s always been known. Erm, but sometimes I think it does feel, I’m speaking on behalf of my colleagues as well, is we’re the only people left caring because if the general public can’t get anybody else they ring us. So there is you know that expectation which is one of the reasons why we look forward to retirement”

”There just isn’t enough of us, we are doing too many hours, um there is never really a lull in the work. And in the A&E departments it’s even worse, you see that when you walk in and it’s just corridors full of people”.

“The demand has gone up, the hours are getting longer, the jobs are more. Whereas you were doing a twelve hour night shift um five years ago you might do four or five jobs, you would get a lot of down time where you can have a cup of tea. Not sleeping or anything but it wasn’t running here there and everywhere. Whereas now you are doing sort of ten to fifteen jobs a night, there is a lot of difference. Erm and then you are finishing late and you are getting home and you are absolutely knackered and you get into bed and you sleep for your eight hours or whatever if you are lucky”

“You know, we want to work. People aren’t scared of work. People enjoy fundamentally what we do but it’s not fair the way that things have been, — you know, to be working at sixty eight is absolutely ridiculous. I can’t imagine what it’s going to look like. I can’t imagine the sickness. You know, the stress and the hassle and people’s families. I don’t want my,—we’ve got a kid due in November and I don’t want to see him, them, watching me lumber out the door, come back this horrible, hollow shell of a ridiculous, feeble man who used to, you know, it’s going to drag you down”.

**A3**

“I don’t think physically we can do it. I have known only a few people who have retired at the full retirement age and have lived beyond five years. In fact I know two that have gone at sixty five, most people have gone early because they want to enjoy retirement age. You know another chap recently, same age as me joined when I did, he’s dead, he died, alright he died of cancer but he didn’t have a retirement and that brings us all up and the thought of working on. You see the look of horror on some of these youngsters faces now. I mean our boss that’s on today, he’s got another thirty eight years to go and it’s a long time and he’s not planning on staying on for that long. It’s too much, it’s too heavy a job both physically and mentally to actually go on beyond 60, it’s ridiculous it really is, and we all think that”.

“There is a gentleman we work with he has just done that at 57, um he was supposed to work until he was 68 and he said the demands that are getting put on us all the time, and the new protocols and erm and new skills and things they are bringing in all the time. He knows physically he can’t keep up with it. He said I feel like I am not fulfilling my role as they now want me to fulfil it. So he actually jumped before he was pushed really”.

“Actually getting true results of ill health statistically is, is almost impossible, because people don’t usually follow things through to the end and get sacked because of ill health. They’ll normally leave or get pressured to leave before that point. So true statistics on people retiring, retiring with ill health are never gonna be accurate”.

**B: Increases in intrinsic demands – increases in clinical specialisation****B1**

“Years ago we had quite simple, what are three lead ECG machines. We have now got the hospital grade 12 lead ECG machines. We have to be able to interpret the results and make diagnostic decisions that we never used to have to do and it is exactly the same members of staff”.

“A lot of them are – I think have had enough of the fact that there’s so many changes and there’s so much they need to be keeping up with and everything like that. I qualified from university three or four years’ ago, and still things are changing. And I’m finding it difficult to keep on top of all the new policies and changes that come out”.

“We have got a clinical guidelines book which changes every fifteen minutes or so [laughs]. But we don’t get any training on the new changes we are expected to know that they are online. I am still early forties, and I am struggling to keep up with the amount of documents that we are expected to know”.

“Recently we got what we call IO as well which is intravenous O, where you drill through a bone in a leg or an arm if you can’t get access in vein. Sometimes you have to do that on newborn babies and things like that if they are not breathing. Urm that can be pretty taxing. So all stuff like that is all new relatively new in the last five years. Our equipment is constantly changing so you are having to learn how to use that equipment urm we have just had an upgrade on that machinery that I was telling you about with the cardiac thing urm. So yes the demands of the job has gone up with how many jobs you do in a shift, the treatments are changing all the time urm. Your drug administration is changing all the time. But there is only so much you can take, if they keep piling it on. It’s almost like Buckaroo, you are playing Buckaroo with all the staff, bit by bit one of them is going to ping. That’s the easiest way to describe it [laughs]”

“There’s a lot of the new things that are brought in are brought in to paramedics. I mean, the heart thrombolising, you know? The clot busting drugs that you used to give”.

**B2**

“A lot of them are going, they’re saying well, we’ll move out of the Ambulance Service but go into, say, the doctors’ surgeries, get a promotion, They lose their unsocial hours and things like that”.

“I say, the paramedic qualification is degree based, people have more options. I mean the days when an NHS paramedic, or a paramedic, could only earn his or her salary by working for an NHS Ambulance Service are gone now. There are other options out there, so I’m hopeful that that may a force for some good, that perhaps they may start looking at us more as a valuable resource than just kind of something they have to have”.

“It’s because the job has changed so much over the years that people just don’t see it as sustainable, but now the paramedic qualification’s degree based, which it wasn’t when I joined, and I guess having a degree does mean more doors for you in terms of being able to do things with it, kind of bolt on and top ups and things like that”.

“We’ve just recently gone through a whole training package to sort of upgrade our skills and our knowledge. No more money, it has to be said, they expect you to take it all on for the same salary. Opportunities are opening up. The police have recently been recruiting custody paramedics to go and work in police stations, basically to sort of medically supervise prisoners and people who have been detained. Most of the jobs outside of the Ambulance Service for paramedics, I mean there are one or two where the extended skills would come into it, but you tend to be looking at private organisations who provide services to places like Afghanistan and things like that, oil rigs, that kind of thing, which is great if you’re young and unattached, but when you’ve got a family, it kind of throws up a whole other set of issues because it means extended periods away. So that would be sort of prohibitive in my case, really, plus I’m not getting any younger, although I’m sort of relatively fit and active, there are certain aspects of the job that I find quite tricky now”.

“The hospitals, in departments like endoscopy, recovery, are actively recruiting paramedics, I think because of the management skills and techniques that we’ve got and the fact that they’re so adaptable. We seem to be quite sought after. So there’s more and more people leaving now and taking up other jobs within the Health Service. The older ones, that is. Who can then protect their pension. They’re not doing the lifting. They’re not doing the shift work. They’re not doing the rest of it”.

<b>B3</b>	<p>“I find now that my memory isn’t what it was, and they’ve almost, I think, doubled the number of drugs that we had 20 odd years ago, all sorts of other procedures, and things like that, that, in some cases, you may only need to carry out on very rare occasions, but when you do it tends to be an emergency and you’ve got to be on the ball then, really, so that can be quite pressurised”. “And those that have been out of education for a long, long, long, long, long time, I think they’re the ones that are finding it harder and – I can completely – completely see why”.</p> <p>“I think most people in their 50s have sort of gone “Actually, do we need to go forward or do we actually say, actually five years down the line we’re looking at moving out”?. And we’ve had both, we’ve got some people who are moving forward and graft it and we’ve got others who’ve actually sort of said “No actually, we’re quite happy to stay where we are and just bide our time”.</p> <p>“We’ve got a huge amount to carry about. You know, we’ve got a first response bag, oxygen, defib, drugs, now this tablet because we’ve gone paperless, you’ve got to have, you know, all these different things. You know, you’ve got to have an asthma kit with you if it’s an asthmatic. You know, all these different things you have hauling around so yeah, absolutely, and you’re finding a lot of the older lot aren’t enjoying it. I know two people who’ve left because they’re seeing the technological advances and thinking, “I can’t do this” and of course, it’s not going to stop there, is it? It’s going to get more and more”.</p>
<b>C -Increased intrinsic demands – patient are getting heavier</b>	
<b>C1</b>	<p>“I think you’ll find most of us got back pain because we do because we are the only people left lifting, nobody does it, nobody else can do it, nobody else wants to do it, nobody else wants to train their staff to do it. So we’re lifting even more people now and I seem to get a lot of the fall non injuries when we’re heaving people, heaving people up and things like that. I get the occasional it’s like a migraine but that sort of thing but that’s invariably with lack of sleep and an excess of stress at some particular time”.</p>
<b>C2</b>	<p>“You can be under extreme duress at times and also you’re dealing with patient size, that is, that is always a big issue. It’s getting a bigger issue, cos people are increasing in size still, and where we were thinking 18 stone was a heavy patient, that was, that’s not, that’s not the boundary anymore, no, it’s, it’s quite astounding people in the mid-20 stone that you’re having to get out of places that you can barely move yourself, two of you lifting with all your might, sometimes can barely stand anyone up with that weight, cos [sic] that’s a lot of weight to carry. I mean, if they’re 24 stone, that’s 12 stone each. Sometimes there’s no room to manoeuvre, so you put extreme force into certain things, you use whatever’s around, you call out extra help, sometimes that can help, sometimes it doesn’t”.</p>

	<p>“The manual handling - we do most of it and it is deemed as illegal, even in the hospital; sliding someone across from the ambulance trolley to the hospital bed is supposed to be a three person task using a pat slide”.</p>
<b>C3</b>	<p>“I have worked with people who are older than me and they struggle lifting someone 15 stone down their stairs who has had a stroke...There is no handling and moving equipment apart from a carry chair, which you have got to manually do that.”</p> <p>“One of my friends here, who’s a paramedic, qualified about the same time as me, and he’s just had an opportunity to go on a specialist paramedic course, so an emergency care practitioner type course, and he very much sees it as a way of extending his career within the NHS. Realising that he’s not going to be able to lift people down the stairs at three in the morning forever “.</p> <p>“I don’t want to be sixty - you know I’m lucky I can go at sixty, I took the choice of sixty or sixty-five and it was the difference in the money, there was hardly any difference in the money. I’m not going to spend another five years doing this job because I won’t be able to do it. I want to enjoy my life and you know a lot of the time at the moment you exist and the only time you can I think you can really enjoy your life is when you’re on holiday, when you’re out the way of it”.</p>



<b>D - Intrinsic rewards – satisfaction from caring for patients</b>	
	<p>“I like dealing with different situations, having an effect if I can on the patients, although we can’t always have an effect.. but we can at least try and stabilise them during that period of time and sometimes we can have an absolutely massive effect just by being there and doing absolutely nothing, just talking, that’s sometimes all you need to do”.</p> <p>“And that sort of always gives you a bit of a buzz, really, especially elderly people, you know, when you can go in and sort of pick someone up off the floor and dust them off, and, sometimes, it’s not necessarily the whole kind of paramedic stuff, it’s just, I think they just appreciate having a chat to someone, and just kind of passing the time of day, almost. That aspect of it is still good”.</p> <p>“I think, the perception of people is that they love the National Health Service. The vast majority of people are very appreciative of us turning up and doing things for them and they think we do a wonderful job”.</p> <p>“I mean you do obviously, we meet some wonderful people, some great characters and we do help in little ways, big ways, etc. and that never ever, we don’t ever lose that, which is why I’m going to work tonight. You know, it doesn’t seem a lot to me to fall out of bed but when you’re so vulnerable and helpless and you’ve just helped them back in the bed, reassured them, made them a cup of tea or whatever, that’s great and being able to help somebody who’s having a stroke. I mean we’re taking people to hospitals now within the hour, with a stroke and they’re being thrombolysed and a couple of days later, they’re going home. That’s why we do it, that’s why I do it”.</p> <p>“I love dealing with elderly people. They genuinely need us and they’re usually very grateful that we’ve turned up”.</p> <p>“I still love it, I still love the job and I don’t get involved in the politics apart from our union stuff as I like to see that we’re fairly treated”.</p>
<b>D2</b>	<p>“The social interaction is one particularly satisfying aspect of the job, both with patients and also other health care professionals; being part of a multi-disciplinary effort”.</p>

	<p>“I enjoy the interaction with all the patients, that’s nice. Interaction with different sorts of agencies, doctors, nurses, trying to do what’s best for the people. Because I do a lot of referrals and its working with those teams to avoid admissions if we can”.</p> <p>“And I think if I can keep as many people at home as possible I have done my job, you know, and that’s what I enjoy, joint working and doing what is best for the patients”.</p>
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	<b>E - Loss of extrinsic rewards – occupational pension</b>
<b>E1</b>	<p>“I think it’s dangerous. Really, because some people are not – the pension – I think it’s 5% a year. So even if you want to retire at 60, which is beyond my outlook of that being a sensible age to retire. I know people are living longer. But to carry on with the nature of this job, I just don’t think it’s feasible. And you’re talking about those people having a smaller pension anyway and losing potentially 40% of that. They’re going to be forced to stay on. It’s like a chain gang”.</p>
<b>E2</b>	<p>“There’s going to be probably more people dying in service, or suffering catastrophic events like strokes and things. I just think they’re pushing the boundaries too, too far, and the ones that are sort of in their mid to late 40s are the ones who’ve been hit hardest”.</p> <p>“The pension pot in the Ambulance Service, well probably in the National Health generally, is in a pretty healthy state, is in surplus. And we feel that those pensions are under threat even though there’s this big pot of money to pay for them. I mean because of the work we do and, the relative shifts and what have you, it’s not good for longevity, so people who have worked in the Ambulance Service a long time, don’t really see old bones”.</p>
<b>E3</b>	<p>“The reason we joined this job in the first place was to serve the public, our reward from that was always that you got a good pension. So you put in all the years of hard toil and working for the public and their reward to you, their thank you to you, was that you got a good pension so you could enjoy your retirement, and that’s gone, um. They have put the final nail in it, what is there</p>

	<p>to stay for. You don't often get thanked for what you do, you do get worked disproportionately hard for what you earn".</p> <p>"People having —and of course now with pensions being changed so much and being eradicated and sort of like eroded away, as they have done, you would almost stick it out and say, "Well you know what, it's going to be a tough five years here but you know what, I'm going to get my pension at the end of it". Well, you're not going to get that any more. You're going to get the derisory amount of money for, you know, caring for people, your career and then, you know, almost being let down at the end".</p> <p>"Instead of thinking about a target of 60 when you're younger, you think well, 60 is ages away. But as you get to 50 you start thinking and all of a sudden - that's been extended to bloody, what? By 70% you know. An extra 7 years and you think, one minute I have got 10 years to work and the next I've got 17 to work, and I'm not going to do that".</p> <p>"It's not popular, but then it never is, is it? If you're suddenly going to work—I feel sorry for the young ones, no these guys coming in in their 20s, they're going to be working until their 70 at this rate aren't they? And they can see that, sort of thin edge to the wedge and they all say "Well, I won't be here, I won't be here in 40 years' time". I think the—it was often looked upon as a vocation and that's gone, it's looked upon more as a job. It used to be, I don't think people necessarily do it for the love of people anymore".</p> <p>"They've change the pension and so if I go at 60 I take a 35% hit, and this obviously try and force me to work later in my life in the ambulance service, but that is not going to happen, I'm not going to do that, so I have to take the financial hit, you know?"</p> <p>"And then they can say "Oh by the way, we might not be paying you your unsocial allowance here, oh by the way, your pension's been eradicated, oh by the way, you've got to work more weekends, oh by the way...". So morale isn't low, it's actually non-existent".</p>
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	<b>F - Loss of social support and camaraderie is gone</b>
<b>F1</b>	<p>“I’m fortunate enough to work within a team. I start and finish work with the same people every day, which the rest of the Ambulance Service don’t do, so it does give you an opportunity to form relationships and sort of informal support networks without even realising, for a lot of the time. You go out and you come back in, and the first thing everybody says is, “Oh, you wouldn’t believe what I’d gone to,” and some of it’s just inappropriate or... and you kind of work off your anger and your frustrations, and it’s a bit of a safety valve, really, you don’t realise you’re doing it, but, yeah”.</p> <p>“Yep, there’s no banter anymore. There used to be banter, it used to, you know, there used to be camaraderie and teamwork and—but that’s not there anymore at all”.</p> <p>“It’s your colleagues that get you through the job really. Um and then obviously being able to talk about it that’s the most important We have got a lot of colleagues that have been away they will go off sick after a job um won’t talk about it... You need to let it out as soon as the job is done so we do try and do a little debrief after the job - if control can let you”.</p> <p>“You know we come back here and we try to have a cup of tea and say right is everybody alright. But it doesn’t always happen you know sometimes you clear from that job and before you even get chance to restock you are sent on another cardiac arrest.”</p>
<b>F2</b>	<p>“We are human we are not computers”.</p> <p>“Hmm, maybe a general feeling, you know, I think everyone feels like they are just being treated like a number, they do, we are just a number. All they want is bottoms on seats so they can send an ambulance out, you know.”</p> <p>“There has this been a policy change to start calling people numbers, or is it because it comes up on their screen, do you know what, I can’t think it’s a good thing. Whether it is something that has just crept in, because people are more and more disengaged and they did not know who was out on the roads so they found it easier to call them by a number. I am addressed as the car number, the resource so, for example I hear (four numbers). They maybe give me details and, er, I’d go back to them and then, they’d still refer to me as (four numbers)”.</p>