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Opinion: Frontline workers bear the brunt of traumatic workplace experiences – but we can reduce the suffering

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Preventing traumatic injuries to frontline workers is possible by reducing stigma, providing pre-exposure psychoeducation and debriefing, and implementing support systems and programs for recovery.

As an industry group, frontline workers being exposed to difficult, and often life and death, situations as part of their work naturally lends itself to traumatic experiences in the workplace. There are other elements of exposure to occupational violence that can affect police, paramedics and hospital staff and perhaps — surprisingly — teachers!

Senior leaders of frontline workers are often surprised to hear me say that we can prevent traumatic injuries. In the defence and emergency services sectors, there has been a belief that post-traumatic stress disorder (PTSD) was just an unfortunate outcome of the job for some members. As a sector, the public safety area has started to change its language around the impact of traumatic exposure at work, but we have a long way to go from the standard ‘put some cement on your cornflakes’ attitudes of the past.

For the most part, these organisations are much more accepting of PTSD as a common consequence of their work. However, there is so much that can be done to improve the way that these organisations function that would reduce the occurrence of PTSD developing.

Responsibility

The biggest determining factor about whether a traumatic incident becomes a traumatic injury has to do with responsibility. In these industry groups, we have highly trained and specialised individuals and teams with particular skills that they must utilise under extremely stressful circumstances. They follow routines based on scenarios that they have trained for, and they have trained their body so well that their actions follow muscle memory. When they are in the thick of things, they are not thinking, they are responding and taking action.

Training allows them to complete their task and achieve an outcome, and they aim for the best possible outcome: the firefighter extinguishes the fire, the police officer catches the bad guy, and the paramedic saves a life. However, when the outcome isn't the best, these people do what all humans do naturally — we go over the story in our minds, and often out loud to others, enabling us to obtain confirmation that we took the right actions.

In public safety, certain circumstances will result in a higher level of arousal — when there has been a fatality or an issue involving a child, these things go against what we perceive to be 'right' in our world. These are the circumstances that will cause people to review the scenario in their mind, in their dreams and sometimes out loud. These are the situations that everyone would feel badly about, but they will affect a person more strongly if there is any similarity between the circumstances of the incident and the member's own life. In addition, the events will have a much stronger impact if the person believes that they did something wrong, or even has just a feeling that they could have tried something different. These two situations usually result in a higher level of recall of the event in our minds, but often not spoken about.

These are just some scenarios that we can provide pre-exposure psychoeducation about and should form part of the standard debrief. However, these sectors are often very technical areas and the debrief that occurs is usually unpacking the situation from a purely technical perspective. In many cases, when it is identified that someone did something in the field that may have made things worse, they are openly chastised in front of others. Many of these organisations will also rely on sarcasm and dark humour to try and deflect the discomfort of their situation.

Stigma

We often hear the word ‘stigma’ around mental healthcare, for frontline workers, we could reduce stigma if we change how a disclosure around mental health challenges affects career progression. Certainly, in defence circles, reporting a psychological challenge will potentially end your career. The frontline services sector must recognise that mental health is something that we all deal with and that we all experience challenges at different points. It shouldn’t be a career-ending disclosure, rather it should be an opportunity for the employer to be able to provide support. There are far too many examples of people disclosing their difficulties to their leaders, only to find themselves being removed from operational duty. As a result, we find that many members will fail to report on their challenges for fear of being ‘stood down’, and this removes them from the sense of camaraderie that may provide them with the impetus to recover.

We also don’t provide this sector with much education about the impact of traumatic experiences on our brains over time. The sector is full of examples of numbing avoidance to the impacts — for example, the police who head to the pub straight after work for a few beers. The tendency towards ‘black humour’ in these sectors is very strong — these are human responses to help our brains deal with the difficult reality of what we are seeing.

As an industry sector, they can support their members to recover. They can find injured members alternative employment, but they need to have the systems and programs in place to enable this in a supportive way.

This sector needs to be educated about a system of healthcare, a system of response, and a commitment to recovery. Without the certainty of process and impact, then what

we have is the unknown and that creates fear. That fear reinforces the stigma and stops people from declaring that they are unwell and need assistance.