Why Senior Paramedics do not Seek EMS Supervisor Positions

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Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

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Abstract

The problem is the Fairfax County Fire and Rescue Department does not know why senior paramedics are not seeking the position of EMS Supervisor. The purpose of this research is to identify why senior paramedics do not want to become EMS supervisors. Descriptive research was used to complete this applied research paper (ARP). The research questions are: (a) What aspects of the EMS supervisor position are attractive to senior paramedics?, (b) What aspects of the EMS Supervisor position are not attractive to senior paramedics?, (c) What, if any, perspective difference exists between non-officer paramedics, Lieutenant paramedics, fill-in EMS supervisors, and existing EMS supervisors about the value of the position?, (d) What models of highly competitive fire-based EMS supervisor positions exist in other departments?, (e) What difference exists between the EMS supervisor position description and actual performance of the position?, and (f) Why do senior paramedics say they would not seek the position of EMS supervisor? Through the use of internal surveys of paramedics at all levels of the organization in comparison with departmental position descriptions and job aids characteristics of the position that are both attractive and unattractive were identified. These characteristics were then compared to those of other successful EMS Supervisor positions in other agencies. This research found the contributing factors to why senior paramedics did not want the EMS Supervisors position were as follows: inconsistencies with the division of EMS training, administration, and operations into three separate divisions; over burdensome administrative loads in comparison to peers; perception by field paramedics that the position did not add any additional resource/skill to an incident; and an organizational culture that views the positions with less respect than peers at the same rank. Based on the findings, the recommendations are to integrate the EMS system under one chain of command, increase the
administrative support for quality management, improve and expand training for the position, and further research the source of the negative organizational perception of EMS and the EMS Supervisor position.
Table of Contents

Certification Statement ........................................................................................................ 2
Abstract .............................................................................................................................. 3
Table of Contents ............................................................................................................... 5
Introduction ....................................................................................................................... 6
Background and Significance ............................................................................................. 7
Literature Review ............................................................................................................... 10
Procedures ......................................................................................................................... 15
Results ............................................................................................................................... 17
Discussion ......................................................................................................................... 27
Recommendation ............................................................................................................... 31
References ........................................................................................................................ 33
Appendix A – Fairfax County Chain of Command ............................................................ 35
Appendix B – Survey 1: Captains Who Dropped ALS Certification ............................... 36
Appendix C – Survey 2: Current EMS Supervisors or Fill-Ins .......................................... 37
Appendix D – Survey 3: ALS Providers Not EMS Supervisors ....................................... 38
Appendix E – Survey 4: Successful EMS Supervisor Models ......................................... 39
Appendix F – Solicitation for External Model Survey ..................................................... 40
Appendix G – EMS Supervisor Class Specification ......................................................... 41
Why Senior Paramedics do not Seek EMS Supervisor Positions

The Fairfax County Fire and Rescue Department (FCFRD) utilizes the position of Emergency Medical Services (EMS) Supervisor as a battalion level manager of EMS. This position is staffed by a Captain II paramedic and is a command level officer assisting the Battalion Chief in battalion management and incident command functions. The problem is the FCFRD does not know why senior paramedics are not seeking the position of EMS Supervisor. The lack of interest in the position creates discord as employees meeting the minimum qualifications are involuntary placed in the role based on organizational need. The loss of autonomy creates an environment where providers willingly give up their Advanced Life Support (ALS) certification, thus further depleting an essential pool of qualified employees.

The purpose of this research is to identify why senior paramedics do not want to become EMS Supervisors. Descriptive research will be used to complete this applied research paper (ARP). The research questions are: (a) What aspects of the EMS Supervisor position are attractive to senior paramedics?, (b) What aspects of the EMS Supervisor position are not attractive to senior paramedics?, (c) What, if any, perspective difference exists between non-officer paramedics, Lieutenant paramedics, fill-in EMS Supervisors, and existing EMS Supervisors about the value of the position?, (d) What models of highly competitive fire based EMS Supervisor positions exist in other departments?, (e) What difference exists between the EMS Supervisor position description and actual performance of the position?, and (f) Why do senior paramedics say they would not seek the position of EMS Supervisor?
Background and Significance

Fairfax County is a 391 square mile county located in northern Virginia, immediately south and west of Washington, DC. The FCFRD was established in 1949 to meet the increasing emergency service needs of a rapidly growing county. Today the department provides fire suppression, technical rescue, swift water rescue, hazardous materials management, emergency medical services, and other all hazard emergency services to the over 1,130,924 residents of Fairfax County (U.S. Census Bureau, 2013). Through established mutual and automatic aid agreements the FCFRD also routinely responds to provide emergency services to an additional 3 million residents of six adjacent jurisdictions (U.S. Census Bureau, 2013).

To provide these services the FCFRD is staffed by nearly 1,400 full-time, uniformed paid staff, 355 operational volunteers, and 180 civilian support staff. All uniformed paid staff are trained firefighters and at minimum, Emergency Medical Technicians - Basic Life Support (BLS). The department’s operations bureau operates with 39 fire stations. Each fire station staffs a minimum of one ALS ambulance and one ALS engine company. Strategically dispersed across the 39 station are also 14 areal units, 8 heavy rescue squads, and 2 hazardous material units. The department’s strategic plan includes transitioning all of these units to providing ALS first responder services, of which almost half are currently capable. Operations personnel are organized into three rotating 24 hour shifts, each lead by a Deputy Chief. Under the shift Deputy Chief there are 7 battalions, each lead by a Battalion Chief and an EMS Supervisor (FCFRD Rank Structure; see Figure 1).

The EMS Supervisor reports to the Battalion Chief and is assigned as part of the Battalion Management Team (BMT). While the primary responsibility of the EMS Supervisor
pertains to EMS matters, the position is designed to also assist in the planning and management of the battalion as a whole. By design and policy, the EMS Supervisor and Battalion Chief jointly handle all battalion level management issues to include but not limited to personnel transfers, commendations, and disciplinary actions. Based on the Fairfax County’s *Field EMS Supervisor Handbook* (2013) the supervisor’s primary responsibilities are to address and manage EMS related issues such as EMS incident management, logistics of malfunctioning and replacement EMS equipment, review of patient care reports, review of quality assurance items, monitoring for protocol compliance, training and issuance of new EMS equipment, and monitoring of the operational component of the ALS field internship.

The EMS Supervisor position is classified as a Captain II position and all full-time Supervisors hold this rank (See Figure 1). To increase flexibility with staffing needs, all officers are able to fill-in on a part-time bases one rank above his or her rank. This is routinely done to fill vacant staffing needs when operational personnel take leave for a scheduled work shift. In the instance of the EMS Supervisor, ALS Captain I’s and above assigned in other positions within the department are able to fill-in as overtime or as a temporary staffing relocation within a shift.

In the Operations Bureau the primary role of Captain’s are as shift leaders of individual stations. Of the three shifts (A, B, and C) two are staffed with Captain I’s and one is staffed with a Captain II as the shift leader, also serving as the Station Commander. The Station Commander has the additional responsibility of being the facility manager for the whole station and manages the station’s annual budget and maintenance. In comparison the EMS Supervisor is not the primary manager of anyone and has no budget management responsibilities. The EMS Supervisor position serves primarily as a quality management and support position.
The need for EMS quality review and logistical support has increased in recent years. To expand ALS transport ability, the EMS service model has dramatically changed within the FCFRD since 2008. At that time half of all transport units were BLS and half were ALS. All ALS transport units required two paramedics, one of which was an officer. In 2008 all BLS units were transitioned to ALS and all transport units, except 14 designated as Paramedic Training Units (PTU), changed their staffing model to one ALS provider and one BLS provider. In this model only the training units required an officer, typically a Lieutenant, to precept new providers. In 2014, based on service need, the training units were also converted to a single, non-officer ALS provider staffing model. With this transition the EMS Supervisor became the only ALS officer position in field operations. With the transition of heavy rescue squads and areal units to becoming ALS first responders, all front line units will be ALS. This represents a dramatic increase in the number of units providing advanced EMS skills and procedures.

With the increasing number of ALS providers, equipment, and units providing ALS service the need for the EMS Supervisor position has and will continue to increase. However, despite the service need many senior ALS providers within the FCFRD have taken action to avoid the role. In many instances, ALS providers avoid continuing with the ALS program by dropping their ALS certification and returning to a BLS status once they become promoted to Lieutenant. Some delay this action until they are promoted to Captain I and subject to fill-in as EMS Supervisors. This practice creates a significant shortage in the number of qualified employees for the position. Of the few Captain IIs who have retained their ALS certification there is a mixed level of receptiveness to becoming a full-time EMS Supervisor. Typically the group is divided between those who want to do it, those who will do it temporarily if asked, and those who do everything possible to avoid the position.
Problems arise when the number of willing Captains falls below the number of vacant positions. This creates a conflict when those who had agreed to fill the position temporarily to meet a department need feel they are now stuck because there is no one willing to take the position. This group eventually becomes disheartened and the level of commitment and motivation drops to that of providers who were forced against their will to take the position based on department need. This creates low productivity and fosters a level of poor attitude from those who seek help and support from their supervisor and find there is little due to an unmotivated occupant.

One of the goals of the Executive Development course is to develop and integrate management and leadership techniques necessary in complex organizations. Additionally, one of the goals of the United States Fire Administration is to improve fire and emergency services capability for response to and recovery from all hazards. This research will help to identify and resolve a staffing and leadership issue within the FCFRD EMS Supervisor position. This position has a direct impact on the department’s ability to deliver consistently high quality EMS care in a timely manner.

Literature Review

The existing body of knowledge has limited research on senior paramedics choosing to drop their certification and take a decrease in compensation to avoid a leadership role in EMS. For this reason, the bulk of literature review pertained to the retention of EMS personnel in general and the motivations of rising leaders in an organization to be engaged and seek leadership roles.
Emergency Medical Services Retention

When evaluating the reason why senior paramedics are not becoming EMS Supervisors, it is important to evaluate the problem of retention in the EMS industry as a whole. The topic of EMS retention has been well researched. In 2001 a declaration by a group of national EMS directors identified that recruitment and retention is a leading industry problem prompting the U.S. Fire Administration to conduct a study on specific barriers for recruitment and retention within EMS. The study found that the leading barriers are: inadequate emotional support after a critical incident, schedule conflicts, family commitments, fear of disease spread, and excessive training requirements (Patterson, Probst, Leith, Corwin, & Powell, 2005, p.153). The study also revealed that most individuals entering the EMS field are doing so as a career change. Many providers are leaving successful roles in other public safety services, such as the military and are in search of another career that will provide similar job satisfaction.

Unfortunately, many individuals in EMS become discouraged after entering the field. This is due to a feeling that industry education is unorganized and under developed. There is also an industry frustration that there is a general lack of respect and recognition, from the general public and other allied health fields, about the level of training and knowledge required to become and maintain ALS credentialing (Patterson et al., 2005, p.158). This discouragement is exacerbated when the camaraderie and sense of respect is also absent from coworkers within their own organization.

In a review of recent Executive Fire Officer applied research projects found two recent papers address topics pertaining to general ALS retention. William Perez (2010) in his applied research project researched the reasons veteran ALS providers both maintain and drop their
advanced provider status. When surveyed the top reasons for maintain ALS status were: salary (70.8%), job satisfaction (62.5%), EMS system design (50%), contractual obligation (41.7%), and overtime opportunities (37.5%). The primary reasons providers dropped their status were: call volumes (47.6%), other (40.5%), distribution of work (35.7%), job assignment (26.2%), EMS system design (21.4%), and salary (19%) (Perez, 2010, pp. 25-26). Similar findings were identified in a 2011 study showing the top reasons given for leaving EMS were for better pay and benefits, a desire to change careers, and dissatisfaction with their management (Blau & Chapman, 2011, p. 31).

Scott Boyd (2009) in his applied research paper surveyed the state and practice of ALS provider recruitment and retention in accredited fire departments from across the nation and specifically fire departments with Tennessee. Boyd found that over 65% of fire departments are only staffed with the minimum levels of ALS providers to maintain their systems and that 70% of departments have no formal plans to replace ALS providers as they leave the system. In order to retain ALS providers, 80% of departments use higher pay as an incentive and 50% use some form of promotional advantage. Furthermore, 60% of departments require providers who drop their ALS status to reimburse the organization for any tuition costs the department paid for initial ALS training (Boyd, 2009, pp. 27-29).

Changing Workforce

The uniformed personnel of the FCFRD are eligible for full defined benefit retirement after 25 years of service, regardless of age. Due to this, most personnel historically retire and leave the department after 25 years, with a very small portion who leave prior or significantly after this relative time period. Due to a rapid expansion in the early 1980’s the department had a
significant number of employees who began to become eligible for retirement starting in 2005. While programs have been implemented to incentivize employees to delay their retirement, nearly half the department has retired and been replaced with new employees since 2005.

Currently, 12 percent of the FCFRD are fully eligible to retire and are expected to do so within the next three years. Of these, half are required to leave based on a delayed retirement option plan (DROP) they are contracted into. The rising population within the department would be classified as members of the millennial generation, born around 1980 to 1999 (Kapoor & Solomon, 2011, p.310). Currently one third of the FCFRD are millennials with a significant increase expected within the next five years. The older members of this generation are now entering eligibility to take EMS Supervisors positions.

Recent research on generational workforce engagement has shown that the individual with the greatest impact on an employee’s job satisfaction and engagement is the immediate supervisor (Schullery, 2013, p. 256). As highly motivated, high achievers, millennials have high expectations of their managers. They expect their manager to be technically competent in their field, effective as a manager, and a general resource for the employee (Meier & Crocker, 2010, p.73). The manager is expected to guide the employee but not micro manage them, to treat them fairly, and admit when he or she doesn’t know or makes a mistake. Managers who cannot meet these requirements will lose legitimacy with the millennial and cause them to lose commitment and engagement in the organization.

In Suleman and Nelson’s (2011, p.43) research on harnessing the talents of the millennial generation they stress that it is nearly impossible to retain a millennial that has lost faith in the organization and is actively looking to leave. The goal of an organization is to never lose them to begin with. Suleman and Nelson (2011, p.42) identify five essential areas that have proven to
improve millennial motivation and engagement: work direction, personal development, social interaction, feedback, and meaningful reward. Work direction is described as creating and instilling the organizational big picture and the impact of an individual’s work to the organization’s overall mission and values. Personal development is defined as education, formal mentoring, coaching and career development. Social interaction is referring to the development of a team environment in the workplace. Feedback and meaningful reward have emerged as two of the most influential of these, both by Suleman and Nelson (2011, p.41) as well as most literature on motivating the millennial generation.

Generational implications aside, the internal social perception of the EMS Supervisors position also has a significant impact of its ability to be filled. A recent survey of students entering the workforce found that an astounding 96% of jobseekers view the reputation of a job as an important factor in job selection (Auger, Devinney, Dowling, Eckert, & Lin, 2013, p.79). The same study found that individuals in the medical and public-sector found job reputation more significant a factor than the average candidate (Auger et al., 2013, p. 85). Within fire department based EMS the distinction between organizational and occupational commitment can often be different. Employees often look to their organizational leaders to establish the sense of organizational or occupational justice (Alexander, Weiss, Braude, Ernst, & Fullerton-Gleason, 2008, p. 831). If organizational leaders project a low value on a position it will impact job satisfaction for those in the role and deter those who may seek it. Job satisfaction has been repeatedly found as a significant factor for EMS personnel to leave EMS (Blau, Chapman, Robert, & Lopez, 2009, p.183).
Procedures

To answer the research questions: (a) what aspects of the EMS Supervisor position are attractive to senior paramedics?, (b) what aspects of the EMS Supervisor position are not attractive to senior paramedics?, (c) what, if any, perspective difference exists between non-officer paramedics, Lieutenant paramedics, fill-in EMS Supervisors, and existing EMS Supervisors about the value of the position?, and (f) why do senior paramedics say they would not seek the position of EMS Supervisor? Surveys were crafted to individually target current and former ALS providers within the FCFRD. Surveys were created using Surveymonkey.com and disseminated to all ALS providers assigned to the Operations Bureau of the FCFRD via email invitation. Recipients were invited to take one of three surveys corresponding to their current association with the position as listed in the departments staffing database.

The first survey targeted Captains that dropped their ALS certification (Appendix B). The questions try to capture the perceived value of the position, why they dropped their ALS status, and the attractive and unattractive aspects of the EMS Supervisors position. The second survey targets current full time and fill in EMS Supervisors (Appendix C). This survey again captures the likes and dislikes of the position as well as the motivation for performing the role by individuals currently qualified as EMS Supervisors. Survey three targets ALS providers at or below the rank of Captain I, and not currently eligible to be an EMS Supervisor (Appendix D). This survey captures the perception of the EMS Supervisor position by ALS providers before they are qualified for the position. As with all three surveys the rank of the respondent, the time as an ALS provider and time as a provider in FCFRD are captured in each survey. This is done to evaluate if there is any correlation between these variables and the responses received.
To answer research question (d) - what models of highly competitive fire based EMS Supervisor positions exist? – a survey was drafted to assess the characteristics of other systems with successful EMS Supervisor positions. The survey questions were designed to capture the staffing model, qualifications, and utilization of EMS Supervisors in other fire-based EMS agencies (Appendix E). Solicitation of survey respondents was completed using the U.S. Fire Administration’s TRADENET system and the International Association of Fire Chief’s (IAFC) Emergency Medical Services community group. Solicitations were sent out through both systems twice, approximately a week apart. The solicitation was for fire based EMS systems that had successful EMS Supervisor positions (Appendix E).

To answer research question (e) – what difference exists between the EMS Supervisor position description and the actual performance of the position? – the researcher added a question to all three internal FCFRD surveys asking each respondent to describe the daily activities of the EMS Supervisor. Survey responses were compared to the Fairfax County human resource class specifications, a list of distinguishing characteristics from other Captain II positions, and the FCFRD Field EMS Supervisor Handbook (2013).

This research has limitations due to the use of custom surveys. The use of custom question that have not been tested has the possibility of misinterpretation or ambiguity with some respondents. The use of narrative responses on some survey questions also creates the possibility of error in interpretation by the researcher. Narrative responses are subjective and are difficult to consolidate and analyze with many respondents. The responses in general may also be skewed as the characteristics and bias of the individuals who choose to take the survey may be different than those who choose not to take the survey. The use of a third party web-based
survey allows respondents to respond anonymously, reducing but not eliminating the reluctance of respondents from answering fully and openly.

Results

Pre-Supervisor Survey

After utilizing the FCFRD’s staffing database 219 individuals were identified as meeting the criteria for the Pre-Supervisor Survey and all were emailed an invitation to take the survey (Appendix D). The Pre-Supervisor Survey received a response rate of 43.8% (n=96). Respondents represented each of the ranks in the group: FireMedic 14.58% (n=15), Technician 58.33% (n=55), Master Technician 10.42% (n=10), Lieutenant 13.54% (n=13), and Captain I not yet supervisor qualified 3.13% (n=3). The average respondent has 9.3 years as an ALS provider and 6.9 years as an ALS provider within the department.

Question 4 was designed to help answer research question (c) to compare the non-officer and Lieutenant paramedic’s perspective value of the position to those of fill-in and current EMS Supervisors (Appendix D). All respondents were asked to rate the value of the EMS Supervisor position and were given the option of selecting from one of five options ranging from No Value/Not Needed (1) to Strong Value/Essential (5). The average score given was 3.44 representing a perceived value between neutral and some value based on the survey category labels. When this question was stratified by rank there was no statistical difference between the ranks and their response. However, a trend did appear where the perceived value increased as the rank increased. Firefighters rated the position 3.1, technicians and master technicians rated the position 3.4, Lieutenants 3.8, and a few Captain Is who have not been trained and cleared as an EMS Supervisor rated the position a 4.
Research question (f) asks why senior paramedics say they would not seek the position of EMS Supervisor. When asked if the respondent intended to become an EMS Supervisor in their career, 35% (n=34) responded yes and 65% (n=62) responded no. Other than the FireMedic group who only had 1 of 15 respondents respond in the affirmative, there was no statistical significance between the other ranks (Appendix D).

Question 6 asked the respondents to describe why they would or would not seek the position. Of the population not intending to become an EMS Supervisor two top reasons were articulated, each by about one third of the population. The top reason was that the respondent did not like the roll of the supervisor. They felt it was too heavy on administrative work and provided no clinical incentives such as advanced skills or protocols beyond the average medic. The second top reason was that the respondent did not see the EMS Supervisor as a path to promotion and did not have it in their career plans. Other reasons given at a lower frequency indicate respondents did not want to be a suppression officer and others wanted to only be a suppression officer. However, these two reasons were given by less than ten percent of the respondents.

Of the group who answered that they intended to be EMS Supervisors in the future, two distinct reasons also emerged, each given by just over one third of all affirmative respondents. The first was to fix or improve the EMS Supervisor position and the way it impacts field providers. The second leading reason was to help and mentor junior paramedics. Two other reasons were given multiple times but less than ten percent of the respondents: want to remain in EMS and hold rank and want to be part of the battalion management team.
Aligned with research question (a), survey question 7 of the Pre-Supervisor survey asked what aspects of the position the respondents found attractive (Appendix D). This question was answered by 89 of the 96 respondents. The top attractive characteristic, given by 26% (n=23) of the respondents, was the autonomy of the position. Most articulated this as controlling ones daily routine, being independent in a chase vehicle, or autonomy specifically. The ability to mentor and help new medics was the second top reason (n=21) followed by the ability to run higher acuity calls (n=18). Other noted reasons were for the ability to promote, stay primarily in EMS (n=14) and to be able to participate in management at the battalion level (n=9).

Question 8 in contrast asked what characteristic of the EMS Supervisor position are not attractive. Survey question 8 is aligned with research question (b) asking what aspects of the EMS Supervisor position are not attractive to senior paramedics. This question was answered by 78 of the 96 respondents. This question received two major reasons given by over one third of all respondents: the negative stigma of the position (n=27) and the heavy administrative requirements (n=26). All other reasons given fell less than 10 percent of respondents. In descending order they were the lack of advanced protocols (n=7) and a perceived disconnect between EMS training, administration, and operation (n=7).

The ninth and final question of the Pre-Supervisor survey asked the respondent to list the normal daily activities and responsibilities of an EMS Supervisor (Appendix D). This question is aligned with research question (e) evaluating what differences exist between the EMS Supervisor position description and the actual performance of the position. The question was answered by 79 of the 96 respondents. The top two activities identified by over half the respondents were running emergency incidents (n=53) and reviewing electronic patient care reports as part of the QA/QI process (n=43). After these two tasks there was a significant drop to
the second grouping of items identified. Around one quarter of respondents identified training interns and mentoring new providers (n=29), participating in battalion management decisions (n=22), scheduling providers for continuing education (n=20), and visiting stations (n=18). The least frequently identified tasks were assisting providers and serving as a resource (n=14), dealing with EMS equipment problems and replacements (n=13), and following up on and investigating citizen complaints and protocol violations (n=11).

Current EMS Supervisors

The Current EMS Supervisor survey was designed to gather information from Captain I’s and Captain II’s that were fully qualified EMS Supervisors and either served in that role full time or routinely filled in. 40 individuals were identified to meet this demographic and all were emailed and invited to take the Current EMS Supervisor survey (Appendix C). After keeping the survey open for 30 days the survey received a response rate of 32.5% (n=13) and all respondents answered all questions. The respondent population was 23% (n=3) Captain I’s of which all were fill-in supervisors, and 77% (n=10) Captain II’s of which all were full time EMS Supervisors. The average time as an ALS provider was 22.1 years and the average time as an FCFRD ALS provider was 20.8 years. The average time as an EMS Supervisor was 5.3 years with a the fill in populations average time being 1.6 years and the full time EMS Supervisors average time 6.23 years.

In questions 6a through 6c the respondents were given a sliding scale to evaluate three different questions. The scale ranged from Strongly Disagree (1) to Strongly Agree (5) (Appendix C). The average respondent rated the value of the EMS Supervisors position to the department as a 4.5. However, there was a clear divide between the full time supervisors who all
rated the position a 5 (Strongly Agree), while the fill in supervisors gave an average response of 3 (Neither agree or disagree). Aligned with research question (c) the earlier average value perspectives of the non-officer and Lieutenant paramedics were more in line with the fill-in supervisors when they rated the position 3.44.

This divide did not continue into the remaining survey. When asked if the respondents wanted to be EMS Supervisors the average response was a 3.9, just below a 4 (Agree). When asked if they would continue to be an EMS Supervisor if ALS provider incentive pay was removed the average response was 4.0 (Agree). Despite this average response indicating they want to be an EMS Supervisor regardless of compensation when asked if they initially became an EMS Supervisor by choice or by organizational directive due to department need only 61.5% (n=8) indicated they initially wanted to be a supervisor.

Question 8 of the Current Supervisor survey was a mirror of the Pre-Supervisor survey and research question (a) asking what aspects of the position are attractive (Appendix C). The top reason given by over half the respondents (n=7) was the higher severity or significance of the incidents run by EMS Supervisors. Other characteristic given by around one third of the respondents was the ability to mentor and help new providers (n=5), the autonomy (n=5), and to be part of the battalion management team (n=4). Unlike the pre-supervisory respondents the current supervisors make no mention of remaining in EMS as an attractive feature. All of the other top characteristics given are aligned between the two groups except the current supervisors give a stronger attraction to being able to respond to higher acuity incidents.

Question 9, again in contract and aligned with research question (b), asked what characteristics of the position were found unattractive. 39% (n=5) of respondents believed the
position was far too heavy on administrative work. Just under one third (n=4) believed there is a disconnect between EMS training, administration, and operations. Some respondents also felt they did not receive enough support from management (n=2) and the EMS Supervisor position was looked down upon and treated inferior to other officers of similar rank (n=3). This group makes no mention of lacking any advanced skills or protocol. Both the pre-supervisory and current supervisor group agree on the excessive administrative load, disconnect between EMS administration, EMS training, and EMS operations, as well as the negative stigma of the position.

The tenth and final question of the Current EMS Supervisor survey asked what the normal daily routine and responsibilities of the position were (Appendix C). This question is aligned with research question (e) asking what difference exists between the EMS Supervisor position description and actual performance of the position. All the fill-in and full-time supervisors identified checking electronic patient care reports as part of the QA/QI process as being a primary responsibility of the position. Five other items were identified, each by around half of the respondents: run emergency incidents (n=8), conduct training (n=7), visit stations to meet crews (n=7), handle EMS equipment problems (n=7), and help with battalion management duties (n=6). Unlike the pre-supervisory group the current supervisors do not mention handling public or citizen complaints as part of their routine. The current supervisor group also doesn’t specifically list scheduling of continuing education or serving as a resource. However, these two items could be included in training and incident response.
Captains Who Dropped ALS Certification

The Captains Who Dropped ALS Certification survey was designed to gather feedback from ALS Captain I’s and II’s who dropped their ALS status in order to stop being an EMS Supervisor (Appendix B). Only two individuals at the time of the survey were identified as meeting this criterion, both were emailed and both completed the survey. The two respondents were a Captain II and a Captain I and both were fill-in EMS Supervisors. The average time as both an ALS provider in and out of the department was 22 years, with only a 6 year difference between the two.

When asked to evaluate the EMS Supervisor position both respondents stated that their role as a fill-in supervisor was under the direction of the department and not by choice and both believe there is little value in the position, both rating the position a 1 out of 5. To answer research question (c), this is significantly lower than the non-officer and Lieutenant rating of 3.44, fill-ins of 3 and full time supervisors of 5. The only attractive features of the position was the relative autonomy, however this was only articulated by one of the respondents. The unattractive features and the reasons why the respondents stopped being EMS Supervisors were that they were used too often to fill-in and that they felt the protocol knowledge expectations were too demanding. As fill-in supervisors are often shift Captains at a station, the respondents felt that frequent use as an EMS Supervisor detracted from their ability to be an effective shift leader. One respondent also felt that the position came with the expectation of having superior protocol knowledge and that as a part-time fill-in it was difficult to maintain this knowledge base. Neither respondent made any mention of any of the unattractive characteristics listed by either the pre-supervisory or current supervisor groups.
The final survey question was what are the typical daily activities of the EMS Supervisor (Appendix B). Both respondents agreed that there is no typical day and that there was no established structure to any day. The only item listed as typical in the daily activities are the QA/QI reviews of the electronic patient care reports which was also noted by both the pre-supervisory and current supervisor groups.

Position Description Comparison

To answer research question (e) – what difference exists between the EMS Supervisor position description and the actual performance of the position? – the answers respondents provided to the daily activities of the EMS Supervisors questions in the three internal surveys are compared to the county’s human resource class specification and the department’s Field EMS Supervisor Handbook (2013). Both documents identified each of the common roles identified in both surveys: incident operations, patient care chart review, battalion level EMS training, assist with battalion management, visit stations, and logistical support of the departments EMS support and biomedical equipment. However, differences were found not only between the documents and the surveys but also between the class specifications and the department’s handbook.

In both documents the EMS Supervisor is charged with serving as a liaison between the department and receiving hospital. The Field EMS Supervisor Handbook (2013) even includes a list assigning specific facilities to specific supervisors as the primary liaison. Also specifically listed is that he or she is to ensure that quality medical care is provided by systematically inspecting personnel and apparatus within the battalion. These were the only common items that were not included in the surveys. The list of class specifications list three additional functions of
WHY SENIOR PARAMEDICS DO NOT SEEK EMS SUPERVISOR

the position: An EMS Supervisor is to ensure proper coverage of EMS units within their battalion, he or she is to ensure continuous quality improvement, and the supervisor is to assess the need for expanded EMS coverage in the battalion and make recommendations to superior officers (Appendix F).

The FCFRD’s Field EMS Supervisor Handbook had two additional items not listed in the class specifications or the surveys. Per the handbook the EMS Supervisor assist the Battalion Chief and the Safety Officer with employee injuries and infectious disease exposures. The handbook also has an extensive description and aids to assist supervisors with community outreach. Supervisors are to inspect and plan for battalion level target hazards and identify special needs and services within the battalion.

Successful EMS Supervisor Models

The Successful EMS Supervisor Models survey was designed to answer research question (d) what models of highly competitive fire based EMS Supervisor positions exist (Appendix E). After survey solicitations were sent out twice using the U.S. Fire Administration’s TRADENET system and the IAFC’s EMS community group the survey was left active for 30 days. At the end of the survey period 53 surveys had been submitted. However, seven of the returned surveys were excluded from the research as the respondents indicated in question 1 that their organization did not have a position of EMS Supervisor. After the excluded surveys 46 valid surveys remained for research.

Question 2 in the survey was broken into eight statements to evaluate the staffing and utilization of the position in each respondent’s organization (Appendix E). The respondents had the choice of answering yes, no, or other and leaving a comment. All 46 of the survey
respondents answered all eight parts of question 2. Based on the answers provided the majority of respondents staff their EMS Supervisor position with an ALS certified (n=41) officer (n=32). The supervisor’s role is in field operations assigned to the departments normal working shifts (n=35). Few of the respondents indicated that their department uses the EMS Supervisor only in an administrative role (n=11).

Most EMS Supervisors were found to operate as a lone provider in a chase vehicle (n=34) and are included in dispatch algorithms, typically for significant incidents (n=34). Most of the agencies also task their EMS Supervisors with reviewing patient care reports as part of their QA/QI process (n=38) and investigate citizen complaints (n=44). When the respondent was polled in question 3 about the primary responsibility of their supervisor over half indicated that QA/QI review of patient care reports (n=29) and to response to incidents as the 2nd ALS provider (n=23) were the top functions. A low number of respondents (n=13) indicated that their agency uses EMS Supervisors as an ALS intercept provider providing primary ALS care. A low number (n≥2) of respondents indicated other roles such as the shift safety officer, field training officer, or incident commander on large EMS scenes.

Survey question 4 asked for a categorical assessment of the number of applicants for vacant EMS Supervisor positions. Responses were nearly even across all three of the primary choices: More applicants than vacancies (n=16), Just enough applicants for the number of vacancies (n=13), and Not enough applicants for the number of vacancies (n=17). Question 5 surveyed how agencies selected staff to fill the EMS Supervisor position. Only 36 respondents gave a response to this question. The primary methods used when more applicants were present than vacancies were interviews or oral boards (n=15), formal testing (n=14), and/or a resume review (n=6). Respondents in all three applicant quantity groups indicated that selection was
made by choosing the top qualified candidate from a promotional process or list (n=11). Many respondents who indicated they receive less applicants than vacancies indicated the department placed personnel based on a seniority system (n=5).

Questions 6 and 7 asked respondents to list the characteristics of their EMS Supervisor position that are attractive and unattractive to the members of their organization (Appendix E). 43 respondents provided feedback to the attractive characteristic. Four characteristics stood out as primary characteristics. Staff found the increased salary (n=21), the autonomy (n=15), the increased influence on the department (n=8), and the ability to work a desired work schedule (n=8) as the most attractive characteristics. A very small number list higher acuity incidents (n=3) and special training and skills (n=3) as attractive characteristic of their system. Only 40 respondents completed question 7 listing unattractive characteristics. Of those who provided feedback, the most unattractive characteristic were working normal 40 hour a week day position (n=10), heavy administrative load (n=7), being part of management (n=7), insufficient compensation for the workload compared to peers (n=5), and the position slows or reduces the individual’s ability to be promoted due to a perceived low value in the position (n=5).

Question 8 of the survey asked respondents to provide any additional comments they felt pertinent to the topic. Very few respondents used this field and those that did used the field to provide minor clarifications to other questions in the survey. No new information was gleaned from question 8.

Discussion

Recruitment and retention at all levels of emergency medical services has been identified as an industry wide problem (Patterson et al., 2005, p.153). Through research and analysis of
current literature on the topic it was important to identify the barriers and contributors to senior paramedics not seeking EMS Supervisors positions within FCFRD. Through survey of paramedics at all levels of the organization, review of department the department’s own documents pertaining to the position, and a survey of other fire based EMS agencies with EMS Supervisors these contributing factors were identified.

Industry research has shown that EMS personnel become discouraged with disorganization and inconsistency within EMS. A study of individuals who entered EMS found that after entering the field they became frustrated by the fact EMS across the nation is generally underdeveloped and lacks true organization especially in training (Patterson, et al., 2005, p.158). This frustration was reflected in the surveys of FCFRD paramedics at all levels. Paramedics in both the pre-supervisory and the current supervisor groups expressed that disconnect between the department’s EMS administration, EMS operations, and EMS training within their top five reasons why the position is unattractive.

The disconnect between the three major sections of EMS is driven by the fact that each of these elements of EMS resides in different locations within the organization. All three sections reside on the same level of authority and they do not answer to the same senior management. Only at the Fire Chief level do their individual supervisory lines come together with a single overseeing authority. This creates a management that is slow to response and is inconsistent with its message. Dissatisfaction with management was identified in a 2011 study as a leading reason why people leave EMS (Blau et al., 2011, p.31). Within the FCFRD this sentiment is not only reflected in a frustration with a disconnect in the major components of EMS, it was also expressed by the current EMS Supervisors who listed a lack of support from top management as a top reason why they found their position undesirable.
The EMS Supervisors are an operational resource and are used daily on emergency incidents, they also assist as a member of field operations by visiting station, assisting the Battalion Chief with the management of their battalion, evaluate and optimize EMS coverage within their coverage area and make recommendations to improve coverage. Supervisors also assist the Battalion Chief and Safety officer with employee injuries. The position also supports EMS training. The supervisor is responsible for delivering EMS training within their battalion, managing field interns, and scheduling providers to go to their continuing medical education sessions. Lastly, they are the operational end of EMS administration. Supervisors perform quality assurance and improvement programs such as patient care report review and inspect personnel and units for state regulatory compliance. They also serve as liaison between EMS administration and facilities and providing logistical support by managing the field’s biomedical equipment.

A direct byproduct of the lack of coordination within the EMS sections is the amount of work and paperwork required within the position. While the Fire Chief may be the single common point of authority within EMS, the EMS Supervisor is the single common operational element. For this reason, it is no surprise that one of the top unattractive characteristics and reasons why respondents at all levels said they do not want to be an EMS Supervisor is the heavy administrative load. This characteristic was not just restricted to FCFRD, the model survey also found that heavy administrative loads and a work compensation imbalance was conveyed as a common barrier in other fire-based EMS systems. Industry research further supports this theme by identifying a disproportional distribution of work as a common reason why paramedics drop their certification in a fire based EMS system (Perez, 2010, pp.25-26).
If being overworked is not enough, lack of appreciation and a poor stigma was also a leading reason providers found the position unattractive and undesirable. This sentiment was within the top five unattractive characteristics expressed by both the pre-supervisory and current supervisor respondents. However, it was the number one reason for the pre-supervisory group and only the fifth for current supervisors. This is an important distinction when evaluating why individuals in the pre-supervisory group are not seeking the EMS Supervisors position. As an industry a common frustration is a perception of a lack of respect and recognition for the training and work requirements of EMS personnel (Patterson et al., 2005, p.158).

This poor perception of the position is not external but internal. The very population that is being used as the recruiting pool for EMS Supervisors is the group with the lowest regard for the position and for those in it. On many of the surveys submitted by the pre-supervisor group on the daily activities respondents put comments such as “I don’t know, I never see mine” or “avoid calls”. As the group, largely millennial based, it is important to note that they, along with other groups, have their job satisfaction significantly influenced by their supervisor (Schulley, 2013, p.256). As previously noted, millennials have high expectations of their supervisors. They expect individuals in that role to serve as a resource and to help support them by being equally or most technically competent than themselves (Meier et al., 2010, p. 73).

Those supervisors who fail to meet these expectations will lose credibility and legitimacy with their subordinates. Research by Suleman and Nelson (2011, p. 43) supported this idea and carried it forward pointing out that one the supervisor lost credibility it was difficult or impossible to regain it. This population, as high achievers, would begin to look for a new source to develop them. For the department, this often means losing paramedics to other specialty programs. Improving the image and credibility of individual supervisors is essential to
maintaining a high engagement level from paramedics within their individual battalion. Maintaining the image and reputation of the position is a key element in recruiting. Most individuals seeking jobs view reputation of the position as a primary decision making element. This trait was found to be more important to healthcare workers than the general population (Auger et al., 2013, p.85).

Recommendation

The purpose of this applied research project was to identify why senior paramedics do not want to become EMS Supervisors. With nearly two-thirds of the Fairfax County Fire and Rescue’s operational needs being EMS in nature the need for high quality and engaged EMS Supervisors is growing. After multiple targeted surveys to gather the perspective of paramedics at various levels within FCFRD the data was then compared with other industry models of EMS Supervisor positions and academic literature pertaining to employee retention and increasing the engagement of the next generation of paramedics. Based on this research the following recommendations were derived:

1. Integrate the three major sections of EMS into a single chain of command. EMS administration, EMS training, and EMS operations should streamline their processes and have a single point of supervision prior to reaching the level of the Fire Chief. This unified structure will improve communication and synergize the benefits of effort through coordination. This in turn will produce a single message and unified direction for EMS.

2. Increase administrative support in the EMS division for quality management. All three internal survey groups identified the administrative role of the position as an
unfavorable characteristic. By adding one or two day work positions to the current quality management staff a significant portion of the administrative load can be removed from the position. Furthermore, by reducing the number of individuals serving in the quality management role the message and efforts within quality management will become more consistent and focused. This will add the ability to improve the quality of data received, providing a better organizational view the current state and allow the projection of needs to be better focused.

3. Improve high quality training for the EMS Supervisors position. As a large department most of our EMS training is focused on general protocol compliance and maintaining minimum continuing education needs for provider certifications. With the EMS Supervisors position you have a smaller and more manageable cohort of experienced providers. This will allow for not only more detailed and complex training but the ability to maintain a higher skill set within this smaller group. With additional training and skills, this group can better serve the desired roll of the position as an added resource not currently present on incidents and in training.

4. A cultural change needs to occur within the organization to elevate the perception of EMS. While the method is beyond the scope of this applied research project, further research is recommended to identify the contributing factors for the negative perception of EMS. Respondents at all levels identified the negative stigma of EMS as top contributing factor to viewing the position unfavorably.
References


Blau, G. & Chapman, S. (2011). Retrospective exploring the importance of items in the decision to leave the emergency medical services (EMS) profession and their relationships to life satisfaction after leaving EMS and likelihood of returning to EMS. *Journal of Allied Health, 40*(2), 29-32.


Appendix A

Fairfax County Chain of Command

<table>
<thead>
<tr>
<th>Rank</th>
<th>Collar Pin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Chief</td>
<td>Five Trumpets</td>
</tr>
<tr>
<td>Assistant Chief of the Operations Bureau</td>
<td>Four Trumpets</td>
</tr>
<tr>
<td>Assistant Chief of the Business Services Bureau</td>
<td>Four Trumpets</td>
</tr>
<tr>
<td>Assistant Chief of the Personnel Services Bureau</td>
<td>Four Trumpets</td>
</tr>
<tr>
<td>Deputy Chief, Field Operations</td>
<td>Four Trumpets</td>
</tr>
<tr>
<td>Staff Duty Officer Deputy Chief</td>
<td>Four Trumpets</td>
</tr>
<tr>
<td>Deputy Chiefs, other</td>
<td>Four Trumpets</td>
</tr>
<tr>
<td>Battalion Chiefs, Field Operations</td>
<td>Three Trumpets</td>
</tr>
<tr>
<td>Battalion Chiefs, other</td>
<td>Three Trumpets</td>
</tr>
<tr>
<td>Certified Volunteer Chiefs/Command Officers</td>
<td>Two Crossed Trumpets</td>
</tr>
<tr>
<td>Captain II</td>
<td>Two Parallel Trumpets</td>
</tr>
<tr>
<td>Captain I</td>
<td>Two Parallel Trumpets</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>One Trumpet</td>
</tr>
<tr>
<td>Certified Volunteer Unit Officer</td>
<td></td>
</tr>
<tr>
<td>Master Technician</td>
<td>Fire Emblem with #1</td>
</tr>
<tr>
<td>Technician</td>
<td>Fire Engine</td>
</tr>
<tr>
<td>Firefighter, Volunteer Firefighter, and EMS-Only Volunteers</td>
<td>Fire Emblem</td>
</tr>
</tbody>
</table>

*Table 1.* Information based on Fairfax County Fire and Rescue Standard Operating Procedures 03.01.03 Uniforms and 01.01.01 Chain of Command for Field Operations as published December 19, 2014.
Appendix B

Survey 1: Captains Who Dropped ALS Certification

1. What is your rank?
   - □ Captain I
   - □ Captain II
   - □ BC or Higher

2. How long have you been an ALS provider, in any system? (In years)

3. How long were you an authorized ALS provider for Fairfax County Fire and Rescue? (In years)

4. At the time you dropped your ALS status were you a fill-in or full time EMS Supervisor?
   - □ Fill-in
   - □ Full Time

5. Did you become an EMS Supervisor by choice or by direction based on a department need?
   - □ Wanted to become an EMS Supervisor
   - □ Directed to become an EMS Supervisor

6. How would you rate the value of the EMS Supervisors position on the department?

<table>
<thead>
<tr>
<th>No Value (Don’t Need)</th>
<th>Little Value</th>
<th>Neutral</th>
<th>Some Value</th>
<th>Strong Value (Essential)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

7. What aspects of the EMS Supervisor position are attractive to you?

8. What aspects of the EMS Supervisor position are unattractive to you?

9. Why did you drop your ALS provider/EMS Supervisor status?

10. Please take a moment and list the typical daily activities of an EMS Supervisor:
Appendix C

Survey 2: Current EMS Supervisors or Fill-Ins

1. **What is your current rank?**
   - □ Captain I
   - □ Captain II
   - □ BC or Higher

2. **How long have you been an ALS provider, in any system? (In years)**

3. **How long have you been an authorized ALS provider for Fairfax County Fire and Rescue? (In years)**

4. **How long have you been an EMS Supervisor? (In years)**

5. **Are you a full time or fill-in EMS Supervisor?**
   - □ Full Time
   - □ Fill-in

6. **Please evaluate the EMS Supervisor position in your opinion:**

<table>
<thead>
<tr>
<th>The position is valuable to the department?</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree or Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to be an EMS Supervisor?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I would continue to be an EMS Supervisor even if there was no ALS incentive pay?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

7. **Did you become an EMS Supervisor by choice or directed to due department needs?**
   - □ Wanted to become an EMS Supervisor
   - □ Directed to become an EMS Supervisor

8. **What aspects of the position are attractive to you?**

9. **What aspects of the position are unattractive to you?**

10. **Please take a moment and list the typical daily activities of an EMS Supervisor:**


Appendix D

Survey 3: Pre-Supervisor Survey

1. What is your rank?
   - □ Firefighter
   - □ Lieutenant
   - □ Technician
   - □ Captain I
   - □ Master Technician

2. How long have you been an ALS provider, in any system? (In years)

3. How long have you been an authorized ALS provider for Fairfax County Fire and Rescue? (In years)

4. How would you rate the value of the EMS Supervisors position on the department?
   - □ No Value (Don’t Need)
   - □ Little Value
   - □ Neutral
   - □ Some Value
   - □ Strong Value (Essential)

5. Do you intent to become an EMS Supervisor?
   - □ Yes
   - □ No

6. In reference to question 5, why or why not?

7. What aspects of the position are attractive?

8. What aspects of the position are unattractive?

9. Please take a moment and list the typical daily activities of an EMS Supervisor:
Appendix E
Survey 4: Successful EMS Supervisor Models

1. Does your department have a position of EMS Supervisor?
   □ Yes □ No

2. Evaluate the following statements in regards to your EMS Supervisor position:
   a. Staffed with a line officer?
      □ No □ Yes Other:
   b. Required to be ALS?
      □ No □ Yes Other:
   c. Is a staffed operations position assigned to a regular shift?
      □ No □ Yes Other:
   d. Is administrative only?
      □ No □ Yes Other:
   e. Operates alone in a chase vehicle?
      □ No □ Yes Other:
   f. Is included in dispatch algorithms?
      □ No □ Yes Other:
   g. Reviews EMS charts for QA/QI?
      □ No □ Yes Other:
   h. Investigates patient complaint?
      □ No □ Yes Other:

3. What are the primary responsibilities of the position?
   □ Report Review
   □ ALS Support Provider (ie 2\textsuperscript{nd} ALS Provider)
   □ ALS Intercept
   □ Advances Skills (ie RSI)
   □ Other:

4. When you have a vacancy for an EMS Supervisor position would you say your department has:
   □ More applicants than vacancies
   □ Just enough applicants for the vacancies
   □ Not enough applicants for the vacancies
   □ Other:

5. In regard to question 4, if you have more or less applicants than positions available what is your selection process?

6. What aspects of your EMS Supervisor position are attractive to your employees?

7. What aspects of your EMS Supervisor position are unattractive to your employees?

8. Thank you for completing this survey. Any additional comments you wish to include regarding the EMS Supervisor position:
Appendix F

Solicitation for External Model Survey

I am working on an applied research project with the NFA Executive Fire Officer Program evaluating reasons why senior paramedics do not seek EMS supervisor positions in a fire department based EMS system. I am looking for systems that are fire department based and have a successful EMS Supervisor position. This survey is relatively short and should take less than 5 minutes to complete. Any and all information or comments you wish to include in the survey or via email are welcomed. Thank you in advance for completing the survey.

Survey: https://www.surveymonkey.com/s/BH3MHX2

David Winter
Lieutenant
Fairfax County Fire and Rescue
Appendix G

Fairfax County HR Class Specification

Emergency Medical Service Supervisor

- Oversees the operations of the emergency medical service in his/her assigned battalion
- Provides proper coverage of EMS units throughout the battalion
- Ensures continuous quality improvement of assigned battalion
- Reviews incident reports for completeness and accuracy
- Evaluates initial field training provided to EMS interns
- Evaluates and performs remedial training
- Conducts investigative review boards for non-compliance of protocols
- Responds to EMS emergencies within assigned battalion to evaluate and monitor medical treatment
- Maintains contact with the medical facilities in his/her assigned battalion
- In conjunction with hospital staff, performs chart audits of incidents
- Ensures that quality medical care is provided by systematically inspecting personnel and apparatus in his/her assigned battalion
- Schedules and critiques provider training and/or drills that test the ability of emergency medical services personnel and equipment to meet agency standards and goals
- Coordinates and attends unit case reviews, unit trauma case reviews, and multi-casualty incident drills
- Assesses the need for expanded emergency medical service in his/her assigned battalion and makes recommendations to superior officers