

EMPLOYEE SATISFACTION SURVEY 2024

Executive Summary

CUPE 1842

Introduction

In the spring of 2024, Hastings County administered an anonymous Employee Satisfaction Survey to its paramedics. Despite repeated requests from CUPE 1842 to have the results shared with our members, the employer refused.

On June 10, 2025, CUPE 1842 filed a Freedom of Information (FOI) request on behalf of the membership. That request was granted on August 11, 2025, at a total cost of **\$335** — comprised of a \$5 filing fee and \$7.50 per ¼ hour for 11 hours of research time. Through this process, CUPE 1842 obtained the documents that paramedics were entitled to see but were denied by their employer.

Documents Released

- **Article 1:** *The Measure of Job Satisfaction* (January 2011) — outlining the metrics used to design the 2024 survey.
- **Article 2:** *Measure of Job Satisfaction* (Royal College of Nursing, UK) — providing interpretation metrics used in the analysis.
- **Article 3:** Raw survey dataset, with confidential details redacted — representing the unfiltered feedback of members.
- **Article 4:** Memo (Ref. No. 2024-013) from Chief Carl Bowker (June 4, 2024) summarizing early survey themes, including concerns with pay, professional support, training opportunities, scheduling, and mental health.
- **Article 5:** Memo (Ref. No. 2024-019) from Chief Bowker (August 9, 2024) addressing recognition programs and peer-nominated awards.
- **Article 6:** Labour Management Committee Minutes (November 12, 2024), noting only a brief synopsis of survey results had been shared at that time, with promises of future updates.

Key Themes Identified

- **Transparency Issues:** The employer refused to release the results voluntarily, requiring CUPE 1842 to obtain them through FOI legislation.
- **Wages & Benefits:** Membership overwhelmingly identified wages and mental health benefits as lagging and in urgent need of improvement.
- **Support & Training:** Lack of professional development opportunities and insufficient mentorship were repeatedly flagged.
- **Disconnect with Leadership:** Even management acknowledged “a growing disconnect between management and frontline staff.”
- **Mental Health:** Members consistently reported inadequate supports and poor access to timely psychological care following traumatic calls.
- **Recognition & Equity:** Awards and recognition programs had been inconsistent, though steps are now being taken to correct this.

This report presents the full findings of the 2024 Employee Satisfaction Survey, obtained through the Freedom of Information process. **The results are as follows.**

Demographics

Disclaimer

All results were interpreted using the exclusive data released through the Freedom of Information (FOI) request. Data was compiled and formulated by the CUPE 1842 Executive Team. Any errors in reporting are unintentional and the result of human error.

A total of **87 members completed demographic information**; however, only **83 members completed the full survey**. To ensure consistency, the following demographic data reflects **only the 83 full respondents**. The 4 incomplete responses have been **redacted from the main data set** and are listed separately in Appendix A.

Demographics Summary

Of the **83 full respondents**, the majority (76%) are employed full-time, with part-time staff making up the remaining 24%. The largest age group is **25–34 years (35%)**, followed closely by **35–44 years (29%)**. Most respondents are **Primary Care Paramedics (75%)**, with **22% Advanced Care Paramedics** and a small number of **Community Paramedics (4%)**.

Work location is fairly balanced, with **43% primarily urban, 25% rural, and 31% working across both**. Gender distribution is nearly even, with **47% male and 43% female**, while 9% identified as non-binary or other. Years of service vary widely: while over a quarter (29%) have between **1–5 years of service**, significant experience remains represented, with **13% reporting more than 25 years** in the profession.

Together, this demographic snapshot reflects a **diverse and multi-generational workforce** that blends early-career medics with seasoned practitioners across both urban and rural settings.

Demographics Breakdown (n=83 Full Respondents)

Employment Status

- Full-Time: 63 (75.9%)
- Part-Time: 20 (24.1%)

Age Group

- 18–24: 7 (8.4%)
- 25–34: 29 (34.9%)
- 35–44: 24 (28.9%)

- 45–54: 18 (21.7%)
- 55–64: 4 (4.8%)
- 65+: 1 (1.2%)

Level of Practice

- Primary Care Paramedic (PCP): 62 (74.7%)
- Advanced Care Paramedic (ACP): 18 (21.7%)
- Community Paramedic: 3 (3.6%)

Primary Work Location

- Urban (Belleville/Quinte West): 36 (43.4%)
- Rural (Madoc/Picton/Bancroft): 21 (25.3%)
- Both: 26 (31.3%)

Gender Identity

- Female: 36 (43.4%)
- Male: 39 (47.0%)
- Non-Binary: 2 (2.4%)
- Other: 6 (7.2%)

Years of Service

- Less than 1 year: 1 (1.2%)
 - 1–5 years: 24 (28.9%)
 - 6–10 years: 18 (21.7%)
 - 11–15 years: 10 (12.0%)
 - 16–20 years: 13 (15.7%)
 - 21–25 years: 6 (7.2%)
 - More than 25 years: 11 (13.3%)
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Infographic

Demographics Overview (n=83 Full Respondents)



Demographics Analysis

The demographic results highlight both opportunities and challenges within our workforce. The **strong younger cohort** (43% under age 35) shows promising renewal and long-term sustainability of our service, while the **significant number of mid- and late-career paramedics** (25% with more than 16 years of service) underscores the importance of supporting retention, wellness, and succession planning as experienced members approach retirement.

The balance between **urban and rural postings** reflects the unique geographic challenges of Hastings and Prince Edward Counties, requiring staffing strategies that meet the needs of both dense urban centres and remote rural communities. The nearly equal gender distribution, alongside representation from non-binary and other identities, demonstrates a **diverse and evolving workforce**.

Taken together, these demographics emphasize the need for policies and supports that not only **recruit and train new paramedics**, but also **retain and value experienced practitioners**, ensuring stability and resilience in our service.

Appendix A: Redacted Demographic Responses (n=4)

The following four entries were removed from the main demographic analysis to ensure consistency across the survey data. These members completed only demographic information and did not complete the remainder of the survey.

- **Respondent 1:** Part-Time, Age 35–44, ACP, Both, Male, 11–15 years of service
 - **Respondent 2:** Full-Time, Age 35–44, PCP, Rural, Female, 16–20 years of service
 - **Respondent 3:** Full-Time, Age 35–44, PCP, Both, Male, 16–20 years of service
 - **Respondent 4:** Part-Time, Age 18–24, PCP, Both, Female, <1 year of service
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Section 1: Satisfaction with Professional Support

Overview

Respondents were asked about their sense of teamwork, opportunities for communication, levels of support, fairness from leadership, and quality of supervision. The results reveal a **mixed picture**, with some areas showing strong collegial relationships while others highlight **serious concerns with support and management structures**.

Statement 1: *The degree to which I feel part of a team.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	11	13.3%
Neither	14	16.9%
Dissatisfied	34	41.0%
Very Dissatisfied	24	28.9%

Interpretation: Nearly 70% reported dissatisfaction with feeling part of a team, suggesting issues of workplace cohesion and morale.

Statement 2: *The opportunities I have to discuss my concerns.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	4	4.8%
Neither	10	12.0%
Dissatisfied	33	39.8%
Very Dissatisfied	36	43.4%

Interpretation: Over 83% expressed dissatisfaction with opportunities to voice concerns, indicating a breakdown in communication channels.

Statement 3: *The amount of support and guidance I receive.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	2	2.4%
Neither	10	12.0%
Dissatisfied	28	33.7%
Very Dissatisfied	42	50.6%

Interpretation: More than 84% feel they lack sufficient support or guidance, one of the most critical negative findings in this section.

Statement 4: *The people I talk to and work with.*

Response	Count	%
Very Satisfied	9	10.8%
Satisfied	37	44.6%
Neither	21	25.3%
Dissatisfied	10	12.0%
Very Dissatisfied	6	7.2%

Interpretation: In contrast, 55% reported satisfaction with colleagues, showing **peer-to-peer relationships are a key strength** even amid broader dissatisfaction.

Statement 5: *The degree of respect and fair treatment I receive from my boss.*

Response	Count	%
Very Satisfied	9	10.8%
Satisfied	21	25.3%
Neither	16	19.3%
Dissatisfied	20	24.1%
Very Dissatisfied	17	20.5%

Interpretation: Perceptions of fairness are split: 36% satisfied, 44% dissatisfied, 19% neutral. Leadership treatment is seen as inconsistent.

Statement 6: *The support available to me in my job.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	7	8.4%
Neither	10	12.0%
Dissatisfied	28	33.7%
Very Dissatisfied	37	44.6%

Interpretation: 78% feel dissatisfied with job support, reinforcing concerns of inadequate resources and assistance.

Statement 7: *The overall quality of the supervisions I receive in my work.*

Response	Count	%
Very Satisfied	4	4.8%
Satisfied	14	16.9%
Neither	33	39.8%
Dissatisfied	19	22.9%
Very Dissatisfied	13	15.7%

Interpretation: Neutral responses dominate (40%), but nearly the same number (39%) expressed dissatisfaction. This suggests **supervision quality is inconsistent and unreliable**.

Statement 8: *The contact I have with colleagues.*

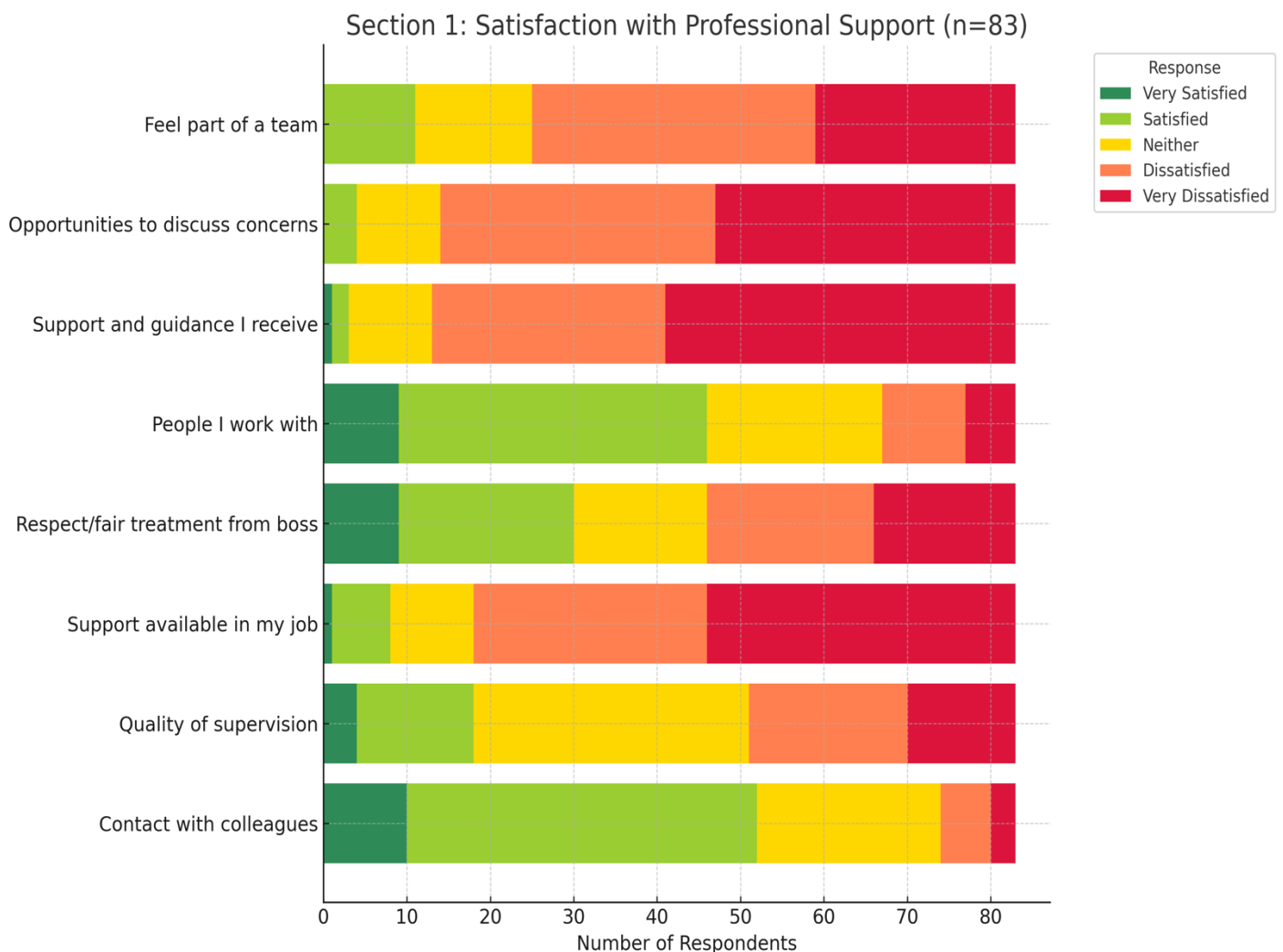
Response	Count	%
Very Satisfied	10	12.0%
Satisfied	42	50.6%
Neither	22	26.5%
Dissatisfied	6	7.2%
Very Dissatisfied	3	3.6%

Interpretation: Nearly two-thirds (63%) are satisfied with colleague contact, reinforcing earlier findings that **peer support is the strongest positive theme** in this section.

Section 1 Key Takeaways

- **Strengths:** Positive relationships among peers (Statements 4 & 8).
- **Weaknesses:** Widespread dissatisfaction with **support, guidance, communication, and management respect** (Statements 1–3, 5–7).
- **Overall Theme:** Members trust and value one another, but feel let down by leadership structures and support systems.

Section 1 Graphic



Section 2: Satisfaction with Pay

Overview

Respondents were asked about their satisfaction with pay in terms of hours worked, hourly rate, and fairness of compensation for their contributions. Results show **overwhelming dissatisfaction**, with very few members reporting satisfaction across any measure of pay.

Statement 1: *Payment for the hours I work.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	11	13.3%
Neither	8	9.6%
Dissatisfied	38	45.8%
Very Dissatisfied	26	31.3%

Interpretation: More than three-quarters (77%) expressed dissatisfaction, showing deep concerns about pay relative to hours worked.

Statement 2: *My hourly rate of pay.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	9	10.8%
Neither	8	9.6%
Dissatisfied	38	45.8%
Very Dissatisfied	27	32.5%

Interpretation: Nearly 79% expressed dissatisfaction with their hourly rate. Satisfaction levels (12%) were extremely low, making this a clear area of discontent.

Statement 3: *The degree to which I am fairly paid for what I contribute to this organization.*

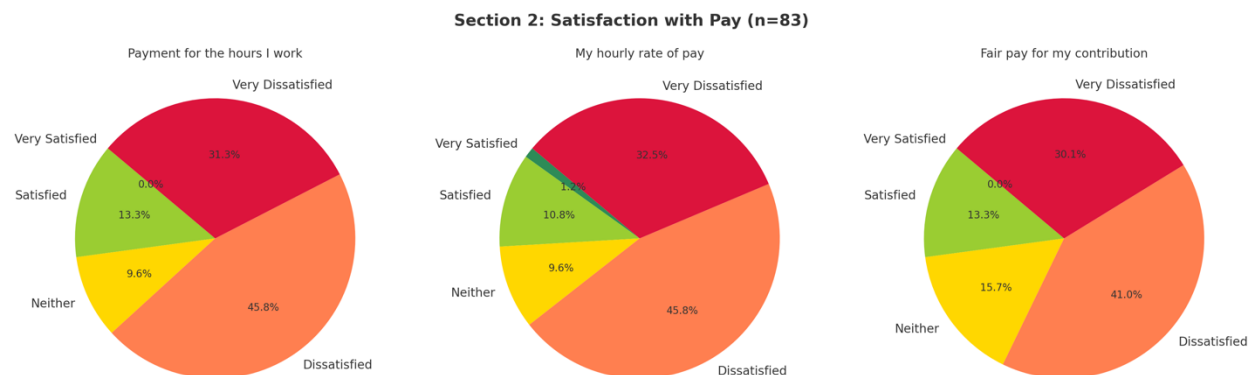
Response	Count	%
Very Satisfied	0	0%
Satisfied	11	13.3%
Neither	13	15.7%
Dissatisfied	34	41.0%
Very Dissatisfied	25	30.1%

Interpretation: 71% of respondents feel unfairly paid for their contributions. The strong dissatisfaction signals widespread concerns about compensation not reflecting the workload or responsibility.

Section 2 Key Takeaways

- **Satisfaction is extremely low** across all pay-related questions.
- Between **71% and 79%** of respondents reported dissatisfaction.
- This section reflects a **clear and consistent theme of pay dissatisfaction** across the workforce.

Section 2 Graphics



Section 3: Satisfaction with Training

Overview

Respondents were asked about satisfaction with training, including funding, opportunities for career advancement, adequacy of training, time off for in-service training, and the opportunity to attend courses. The results show **widespread dissatisfaction with funding and advancement**, while views on adequacy of training are more positive.

Statement 1: *Being funded for courses.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	9	10.8%
Neither	13	15.7%
Dissatisfied	17	20.5%
Very Dissatisfied	44	53.0%

Interpretation: Over 73% reported dissatisfaction, highlighting major concerns with lack of financial support for training.

Statement 2: *The opportunities I have to advance my career.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	5	6.0%
Neither	20	24.1%
Dissatisfied	34	41.0%
Very Dissatisfied	23	27.7%

Interpretation: Nearly 69% feel dissatisfied with career advancement opportunities, showing a clear barrier to professional growth.

Statement 3: *The extent to which I have adequate training for what I do.*

Response	Count	%
Very Satisfied	4	4.8%
Satisfied	27	32.5%
Neither	26	31.3%
Dissatisfied	19	22.9%
Very Dissatisfied	7	8.4%

Interpretation: This was the most balanced question: 37% satisfied, 31% neutral, and 31% dissatisfied. Unlike other areas, members generally feel training adequacy is more acceptable.

Statement 4: *Time off for in-service training.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	15	18.1%
Neither	33	39.8%
Dissatisfied	23	27.7%
Very Dissatisfied	12	14.5%

Interpretation: Responses were mixed, with nearly 40% neutral. Dissatisfaction (42%) still outweighed satisfaction (18%).

Statement 5: *The opportunity to attend courses.*

Response	Count	%
Very Satisfied	3	3.6%
Satisfied	8	9.6%
Neither	27	32.5%
Dissatisfied	25	30.1%
Very Dissatisfied	20	24.1%

Interpretation: More than half (54%) reported dissatisfaction with opportunities to attend courses, while only 13% were satisfied.

Section 3 Key Takeaways

- **Strong dissatisfaction** with training **funding** and **career advancement**.
- **Mixed perceptions** of adequacy of training and in-service training time.
- **Majority dissatisfaction** with opportunities to attend courses.
- Overall, members report **serious barriers to professional development**, even though many feel adequately trained for current roles.

Section 3 Graphic



Section 4: Personal Satisfaction

Overview

This section explored how members feel about their personal satisfaction at work, including accomplishment, growth, variety, independence, skill use, and challenge. Results show **strong positive satisfaction with job variety, independence, skill use, and challenge**, but much more mixed results when it comes to feelings of accomplishment and personal growth.

Statement 1: *The feeling of worthwhile accomplishment I get from my work.*

Response	Count	%
Very Satisfied	6	7.2%
Satisfied	24	28.9%
Neither	15	18.1%
Dissatisfied	20	24.1%
Very Dissatisfied	18	21.7%

Interpretation: Only 36% feel satisfied with accomplishment, while 46% feel dissatisfied. This shows a troubling split on whether members feel their work is worthwhile.

Statement 2: *The amount of personal growth and development I get from my work.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	16	19.3%
Neither	24	28.9%
Dissatisfied	24	28.9%
Very Dissatisfied	18	21.7%

Interpretation: Only 20% are satisfied, while just over 50% report dissatisfaction. Growth and development are clearly lacking.

Statement 3: *The extent to which my job is varied and interesting.*

Response	Count	%
Very Satisfied	10	12.0%
Satisfied	43	51.8%
Neither	20	24.1%
Dissatisfied	5	6.0%
Very Dissatisfied	5	6.0%

Interpretation: 64% are satisfied, making job variety one of the strongest positives in the survey.

Statement 4: *The amount of independent thought and action I can exercise in my work.*

Response	Count	%
Very Satisfied	15	18.1%
Satisfied	31	37.3%
Neither	20	24.1%
Dissatisfied	12	14.5%
Very Dissatisfied	5	6.0%

Interpretation: A majority (55%) feel positively about independence in their work, with only 20% dissatisfied.

Statement 5: *The extent to which I can use my skills.*

Response	Count	%
Very Satisfied	8	9.6%
Satisfied	45	54.2%
Neither	16	19.3%
Dissatisfied	10	12.0%
Very Dissatisfied	4	4.8%

Interpretation: 64% are satisfied, showing that most respondents feel their skills are well utilized.

Statement 6: *The amount of challenge in my job.*

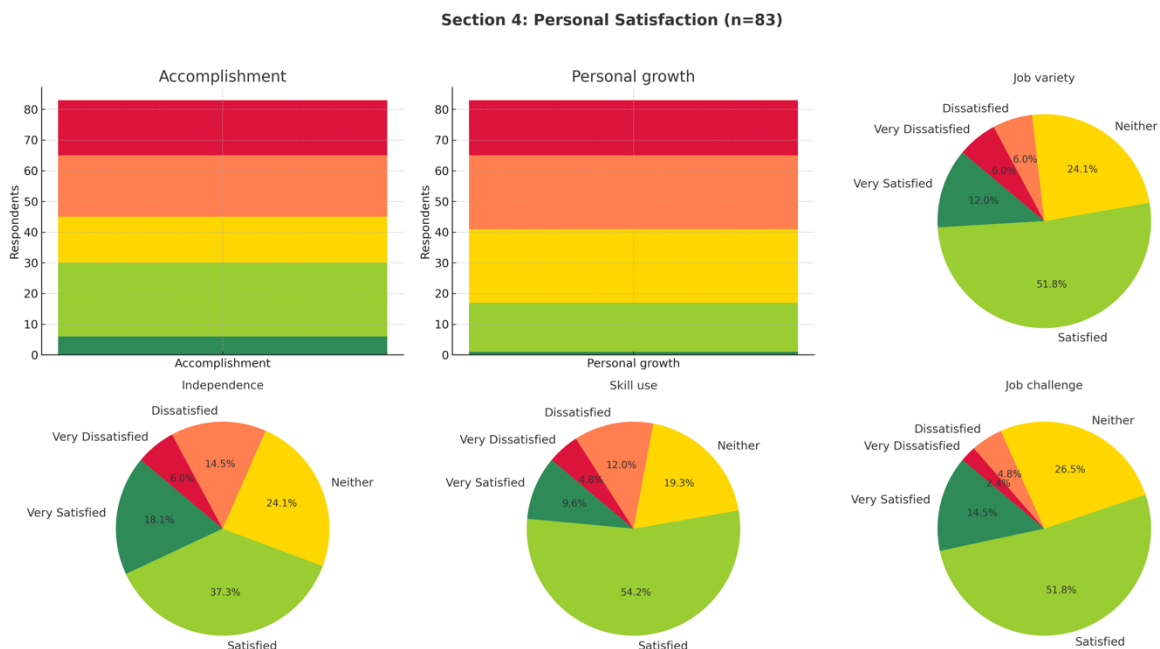
Response	Count	%
Very Satisfied	12	14.5%
Satisfied	43	51.8%
Neither	22	26.5%
Dissatisfied	4	4.8%
Very Dissatisfied	2	2.4%

Interpretation: Over two-thirds (66%) are satisfied, making job challenge another strong positive theme.

Section 4 Key Takeaways

- **Strengths:** Variety, independence, skill use, and job challenge are strong positives (all over 60% satisfied).
- **Weaknesses:** Accomplishment and personal growth show significant dissatisfaction, with many members feeling undervalued or stagnant.
- **Overall Theme:** While members enjoy the **day-to-day nature of the work itself**, many feel their broader contributions and development are overlooked.

Section 4 Graphics



Section 5: Satisfaction with Workload

Overview

This section asked members about their workload, including time management, administrative burden, staffing levels, and ability to provide patient care. Results show **serious concerns with time pressures, workload, and staffing**, while patient care remains the one area where members reported positive satisfaction.

Statement 1: *The time available to get through my work.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	10	12.0%
Neither	18	21.7%
Dissatisfied	29	34.9%
Very Dissatisfied	26	31.3%

Interpretation: 66% dissatisfied, showing strong concerns with workload time pressures.

Statement 2: *The amount of time spent on administration.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	11	13.3%
Neither	42	50.6%
Dissatisfied	21	25.3%
Very Dissatisfied	9	10.8%

Interpretation: Most respondents (51%) were neutral. Dissatisfaction (36%) still outweighed satisfaction (13%), suggesting frustration with administrative duties.

Statement 3: *My workload.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	14	16.9%
Neither	23	27.7%
Dissatisfied	31	37.3%
Very Dissatisfied	14	16.9%

Interpretation: 54% dissatisfied, confirming concerns about overall workload intensity.

Statement 4: *Overall staffing levels.*

Response	Count	%
Very Satisfied	0	0%
Satisfied	3	3.6%
Neither	6	7.2%
Dissatisfied	30	36.1%
Very Dissatisfied	44	53.0%

Interpretation: This is the most critical finding: **89% dissatisfied** with staffing levels, showing a severe concern among members.

Statement 5: *The amount of time available to finish everything that I have to do.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	9	10.8%
Neither	24	28.9%
Dissatisfied	26	31.3%
Very Dissatisfied	23	27.7%

Interpretation: Nearly 60% dissatisfied, with only 12% satisfied.

Statement 6: *What I have accomplished when I go home at the end of the day.*

Response	Count	%
Very Satisfied	2	2.4%
Satisfied	24	28.9%
Neither	35	42.2%
Dissatisfied	12	14.5%
Very Dissatisfied	10	12.0%

Interpretation: The majority (42%) were neutral, with slightly more satisfaction (31%) than dissatisfaction (27%).

Statement 7: *The hours I work.*

Response	Count	%
Very Satisfied	2	2.4%
Satisfied	31	37.3%
Neither	21	25.3%
Dissatisfied	15	18.1%
Very Dissatisfied	14	16.9%

Interpretation: Mixed results, with 40% satisfied and 35% dissatisfied.

Statement 8: *The time available for patient/client care.*

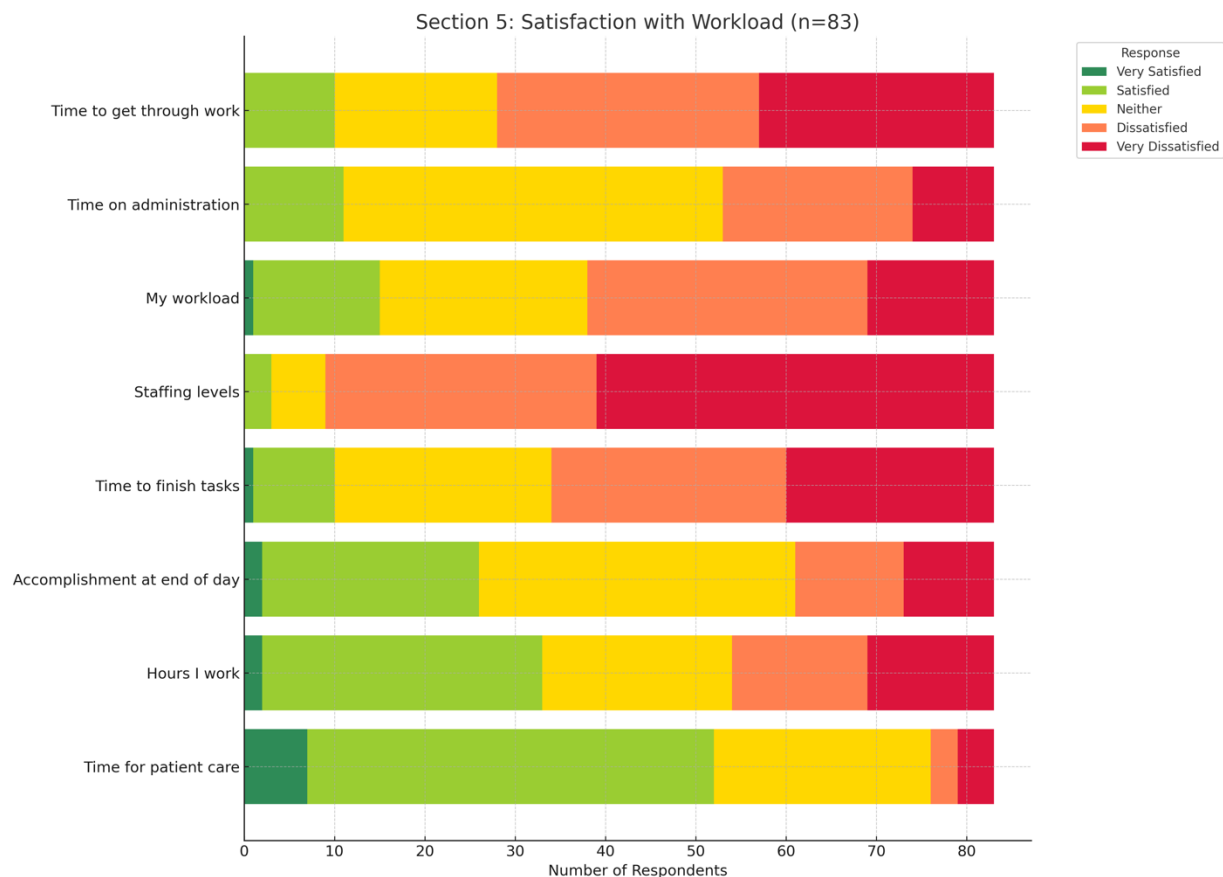
Response	Count	%
Very Satisfied	7	8.4%
Satisfied	45	54.2%
Neither	24	28.9%
Dissatisfied	3	3.6%
Very Dissatisfied	4	4.8%

Interpretation: Strong positive finding: 63% satisfied, showing members feel they have adequate time for patient care despite workload challenges.

Section 5 Key Takeaways

- **Critical Concern:** Overall staffing levels (89% dissatisfied).
- **Widespread Dissatisfaction:** Time to complete work, workload, and ability to finish tasks.
- **Mixed Results:** Hours worked and sense of accomplishment are split.
- **Positive Theme:** Most members feel they still have time for **patient care**, reflecting professional dedication despite systemic issues.

Section 5 Graphic



Section 6: Satisfaction with Prospects

Overview

This section explored how members view their career prospects, job security, and the future of paramedicine. Results show **very low satisfaction with promotion opportunities**, moderate satisfaction with job security and continued employment, and mixed feelings about the future direction of paramedicine.

Statement 1: *My prospects for promotion.*

Response	Count	%
Very Satisfied	1	1.2%
Satisfied	1	1.2%
Neither	26	31.3%
Dissatisfied	20	24.1%
Very Dissatisfied	35	42.2%

Interpretation: 66% dissatisfied, showing little confidence in promotion opportunities.

Statement 2: *My prospects for continued employment.*

Response	Count	%
Very Satisfied	4	4.8%
Satisfied	29	34.9%
Neither	23	27.7%
Dissatisfied	15	18.1%
Very Dissatisfied	12	14.5%

Interpretation: 40% satisfied, 33% dissatisfied, with many (28%) neutral. Views on continued employment are split but lean slightly positive.

Statement 3: *The amount of job security I have.*

Response	Count	%
Very Satisfied	7	8.4%
Satisfied	35	42.2%
Neither	27	32.5%
Dissatisfied	8	9.6%
Very Dissatisfied	6	7.2%

Interpretation: Majority (51%) feel satisfied with job security, making this one of the stronger positives in the survey.

Statement 4: *The possibilities for a career in paramedicine.*

Response	Count	%
Very Satisfied	4	4.8%
Satisfied	14	16.9%
Neither	32	38.6%
Dissatisfied	24	28.9%
Very Dissatisfied	9	10.8%

Interpretation: Majority (50%) were neutral or dissatisfied, with only 22% satisfied, reflecting limited optimism about career pathways.

Statement 5: *The overall direction paramedicine is going in.*

Response	Count	%
Very Satisfied	5	6.0%
Satisfied	22	26.5%
Neither	30	36.1%
Dissatisfied	12	14.5%
Very Dissatisfied	14	16.9%

Interpretation: Neutral responses (36%) dominate, with only 33% satisfied and 31% dissatisfied — showing uncertainty about the future direction of paramedicine.

Statement 6: *How secure things look for me in the future of this organization.*

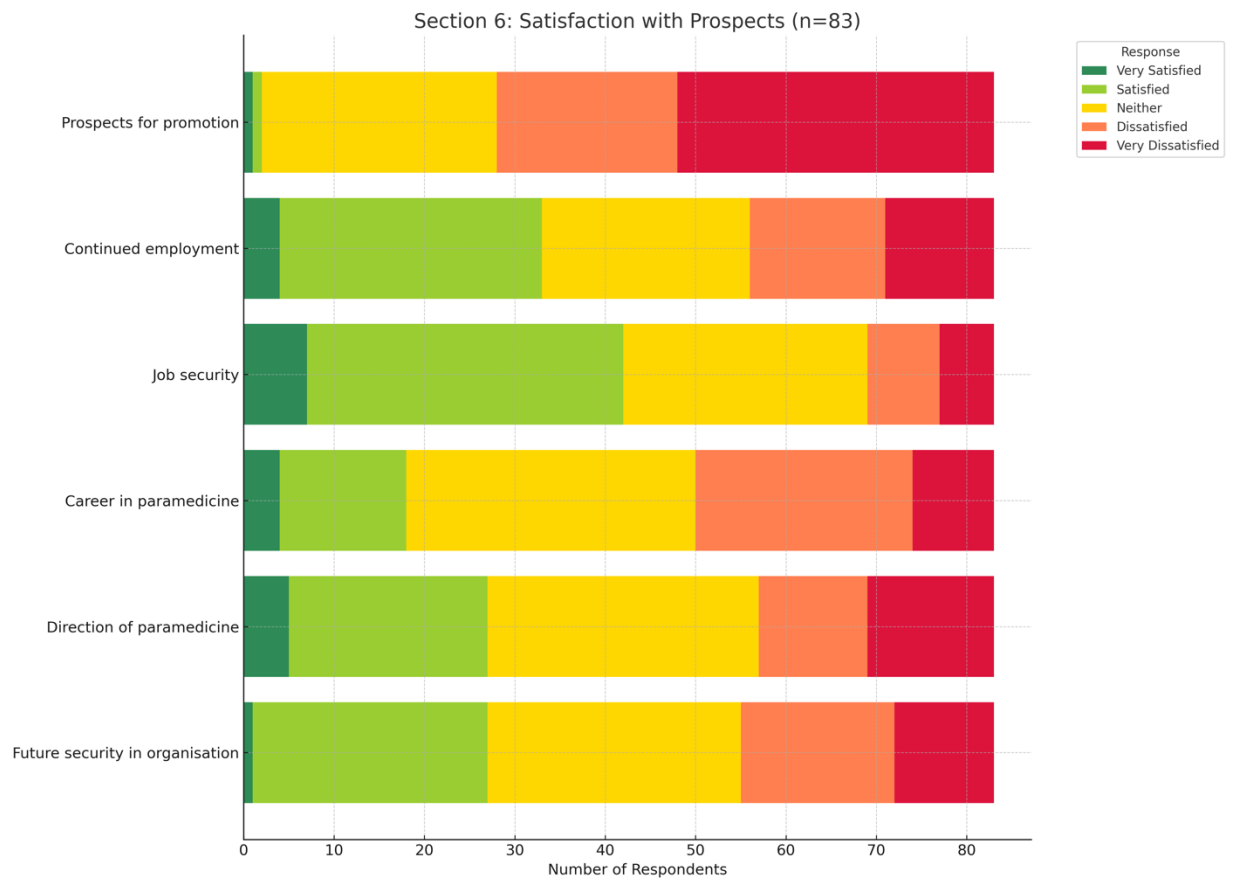
Response	Count	%
Very Satisfied	1	1.2%
Satisfied	26	31.3%
Neither	28	33.7%
Dissatisfied	17	20.5%
Very Dissatisfied	11	13.3%

Interpretation: Results are mixed — 32% satisfied, 34% neutral, 34% dissatisfied. Confidence in long-term security is highly divided.

Section 6 Key Takeaways

- **Promotion opportunities:** Overwhelming dissatisfaction (66%).
 - **Job security:** One of the few stronger positives, with 51% satisfied.
 - **Career and future direction:** Mixed results, with many neutral responses showing uncertainty.
 - **Overall theme:** Members feel stable in their current employment but lack confidence in **career progression and the future of paramedicine.**
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Section 6 Graphic



Section 7: Satisfaction with Standards of Care

Overview

This section measured satisfaction with the quality and standards of patient care. Results show **strong confidence in the care paramedics provide directly** but concerns about the overall system and service-level standards.

Statement 1: *The quality of work with patients.*

Response	Count	%
Very Satisfied	11	13.3%
Satisfied	34	41.0%
Neither	22	26.5%
Dissatisfied	11	13.3%
Very Dissatisfied	5	6.0%

Interpretation: Over half (54%) expressed satisfaction, with only 19% dissatisfied.

Statement 2: *The standard of care given to patients.*

Response	Count	%
Very Satisfied	11	13.3%
Satisfied	48	57.8%
Neither	11	13.3%
Dissatisfied	9	10.8%
Very Dissatisfied	4	4.8%

Interpretation: This is one of the strongest positives: 71% satisfied with the standard of care provided.

Statement 3: *The way that patients are cared for.*

Response	Count	%
Very Satisfied	11	13.3%
Satisfied	45	54.2%

Response	Count	%
Neither	13	15.7%
Dissatisfied	10	12.0%
Very Dissatisfied	4	4.8%

Interpretation: Nearly 68% satisfied, reinforcing confidence in paramedic care.

Statement 4: *The standard of care that I am currently able to provide.*

Response	Count	%
Very Satisfied	10	12.0%
Satisfied	39	47.0%
Neither	17	20.5%
Dissatisfied	14	16.9%
Very Dissatisfied	3	3.6%

Interpretation: 59% satisfied, but 21% dissatisfied, suggesting workload and staffing pressures may affect how supported medics feel in delivering care.

Statement 5: *The general standard of care given in this service.*

Response	Count	%
Very Satisfied	2	2.4%
Satisfied	21	25.3%
Neither	20	24.1%
Dissatisfied	26	31.3%
Very Dissatisfied	14	16.9%

Interpretation: Only 28% satisfied; nearly half (48%) dissatisfied. Members distinguish between the quality of care they provide individually and broader **system-level standards**.

Statement 6: *Patients are receiving the care that they need.*

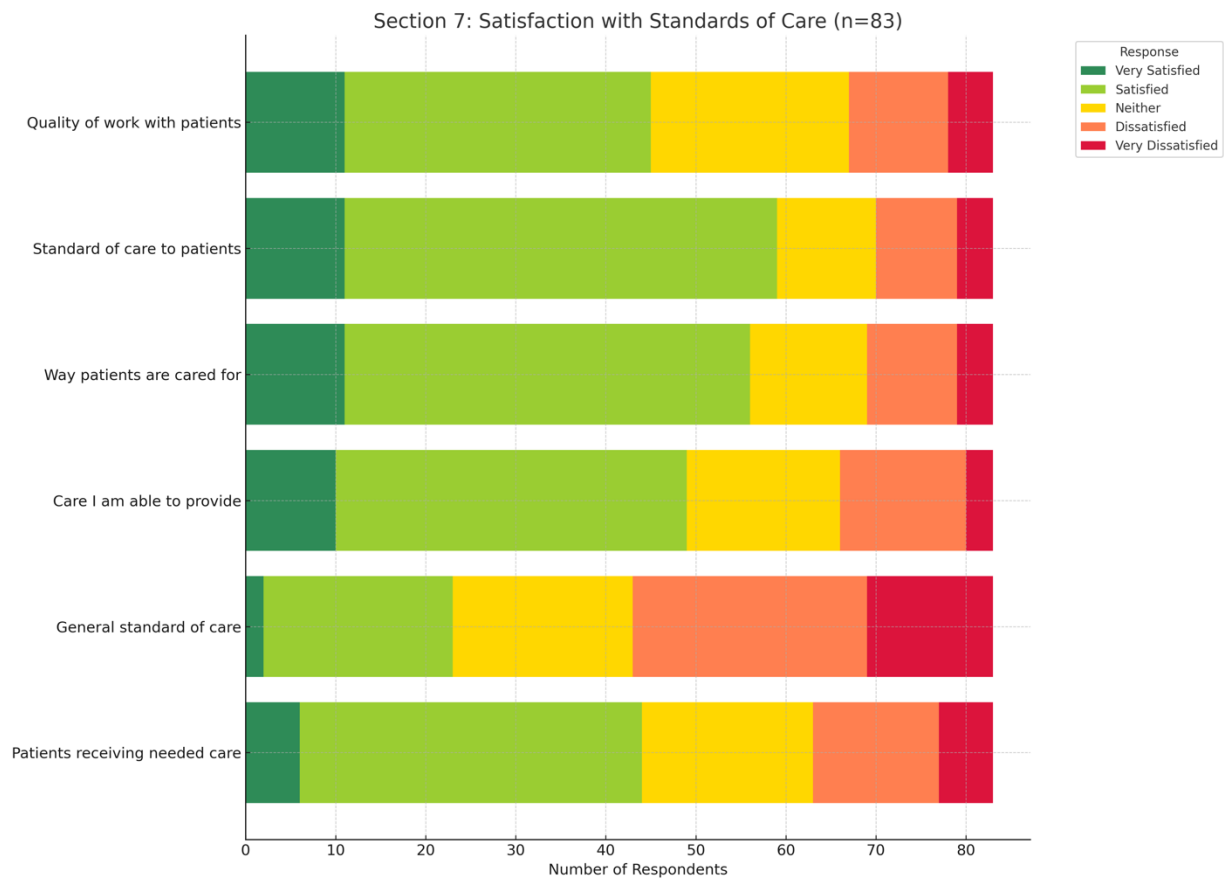
Response	Count	%
Very Satisfied	6	7.2%
Satisfied	38	45.8%
Neither	19	22.9%
Dissatisfied	14	16.9%
Very Dissatisfied	6	7.2%

Interpretation: 53% satisfied, but 24% dissatisfied, showing concern that systemic barriers may affect patient outcomes.

Section 7 Key Takeaways

- **Strong positives:** Medics feel confident in the **care they personally provide** (Statements 1–4).
 - **Concerns:** When asked about **system-level standards and whether patients receive the care they need**, dissatisfaction rises.
 - **Overall theme:** Paramedics take pride in their own work but are deeply concerned about **resource limitations** and how these affect the general standard of care across the service.
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Section 7 Graphic



Section 8: Employer-Added Questions

Overview

The employer added two scheduling-related questions to the survey that were not part of the MJS tool. Results show a **divided opinion on the current full-time schedule**, but a clear majority supporting exploration of alternative scheduling options.

Statement 1: *I like our current full-time schedule.*

Response	Count	%
Very Satisfied	15	18.1%
Satisfied	16	19.3%
Neither	13	15.7%
Dissatisfied	16	19.3%
Very Dissatisfied	18	21.7%
Not Applicable	4	4.8%
No Response	1	1.2%

Interpretation: The membership is **sharply divided**. Satisfaction (37%) and dissatisfaction (41%) are nearly balanced, while 16% remain neutral. No clear consensus emerged on the current schedule.

Statement 2: *I would like our service to explore other scheduling.*

Response	Count	%
Yes	54	65.1%
No	28	33.7%
No Response	1	1.2%

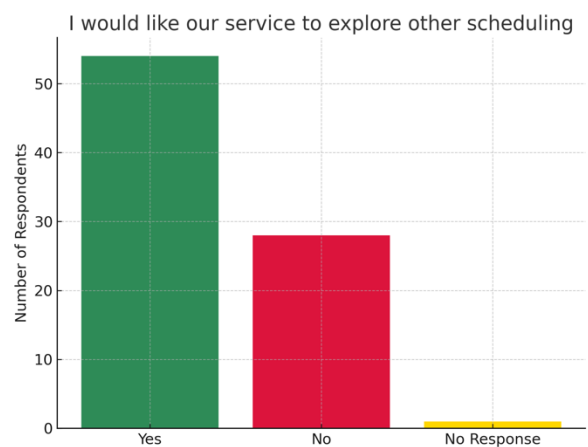
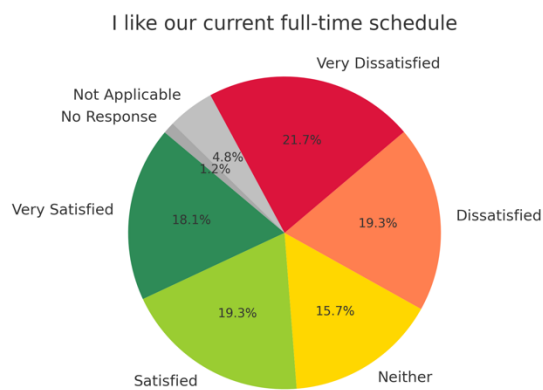
Interpretation: A strong majority (65%) support exploring alternative scheduling models, while one-third prefer the status quo.

Section 8 Key Takeaways

- **Current schedule:** The membership is **split**, with no strong majority either way.
 - **Future scheduling:** Clear support (two-thirds) for exploring other models.
 - **Overall theme:** While opinions differ on the current system, members show significant interest in discussing and testing alternatives.
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Section 8 Graphics

Section 8: Employer-Added Scheduling Questions (n=83)



Section 9: Open-Ended Questions

Overview

As part of the employee satisfaction survey, Hastings-Quinte Paramedic Services (HQPS) paramedics were asked a series of open-ended questions designed to capture their unfiltered perspectives on scheduling, workplace culture, recognition, and mental health supports.

Unlike rating scales or multiple-choice responses, these questions allowed paramedics to speak in their own words about what is working, what is failing, and what needs to change. The feedback was raw, direct, and often emotional — reflecting both pride in their colleagues and deep frustration with systemic issues.

A total of seven open-ended questions were asked:

1. What do you like or dislike about our current schedule?
2. I would like to nominate [a peer for a Leadership award].
3. Please take a moment to describe why the candidate is deserving of the award.
4. What do you like *most* about working for Hastings County?
5. What do you like *least* about working for Hastings County?
6. What do you feel the organization should START doing to support your mental health?
7. What do you feel the organization should STOP doing to support your mental health?

This section summarizes the responses to those questions. It highlights the mixed but honest feedback on scheduling, the serious concerns about leadership and mental health supports, and the immense pride staff feel in their coworkers and profession.

Mental Health

1. Current Supports Are Failing

The overwhelming feedback is that the mental health supports offered by Hastings County are **grossly inadequate**. Programs like EAP and peer support were widely dismissed as ineffective, and the funding for professional care was described as insulting.

Employees highlighted that Hastings County paramedics receive **only \$500 per year for mental health coverage**. This is so limited that it often doesn't cover even a few sessions of therapy.

One paramedic compared it bluntly:

“Starbucks employees get 10 times the amount we do — and we are the ones dealing with life and death trauma every single day.”

The perception is that leadership has chosen the cheapest possible option, leaving staff to shoulder the burden of their trauma with no real support.

2. Demand for Professional, Trauma-Informed Care

Employees are demanding **real, professional care**. They want licensed psychologists with trauma and first responder expertise, not generic counseling or EAP call lines.

“Provide us with psychological help. Not counselling. REAL help, like licensed therapists with paramedic and trauma experience.”

The current benefits system is seen as a barrier, not a support — and proof that the County does not take mental health seriously.

3. Peer Support Needs Real Training and Resources

Many employees said peer support has potential, but only if it is properly invested in. Staff want it to be credible and structured, not a token gesture.

Feedback called for:

- **Formal, standardized training** for peer supporters.
- Clear guidelines and accountability.
- Ongoing resources so the program does not rely on volunteer goodwill alone.

Without these, peer support risks being dismissed as another “cheap replacement” for professional therapy.

4. Workplace Practices Are Harming Mental Health

Beyond formal supports, the **structure of the job itself** is damaging paramedics’ well-being. Employees cited unsafe scheduling, no guaranteed breaks, chronic downstaffing, and the absence of formal debriefs after traumatic calls.

“Employees want to feel supported... stop putting the community first over the well-being of staff.”

Another stressed:

“Wages. Meal breaks. Educational opportunities. That’s what we need.”

5. What Staff Are Asking For

The demands were consistent and urgent:

- Substantially **better benefits**, with coverage that reflects the realities of trauma work.
- **Specialized trauma care** from licensed professionals.
- **Protected breaks** during shifts.
- **Formal debrief and follow-up** after critical incidents.
- **Reduced workload** through more staffing.
- **Regular wellness check-ins** that are genuine.
- **Proper training and recognition for peer support.**

Conclusion

The message is stark: **Hastings County’s mental health supports are failing its paramedics.** A yearly cap of \$500 is viewed as insulting when stacked against the intensity of the work — especially when compared to corporate employers like Starbucks, who provide ten times the coverage for baristas.

Employees are clear: what is in place now is not enough to keep them healthy, safe, or on the job. They want **serious investment** in both professional care and peer support, backed by structural changes to reduce the daily harm caused by scheduling and understaffing.

Without immediate action, burnout, attrition, and long-term trauma will only worsen — and the community will pay the price.

Management Overhaul

1. Complete Breakdown of Trust

The feedback shows a total collapse of trust in upper management. Employees no longer believe current leadership is capable of steering the service in a fair, supportive, or competent way. The perception is that management does not understand frontline realities and, worse, actively contributes to unsafe working conditions.

One paramedic described it bluntly: *“The massive void of leadership [has] led to a toxic, cancerous culture that is adversarial between leaders and employees.”*

2. Toxic Culture and Poor Communication

Employees consistently describe the workplace culture as toxic, with supervisors showing favoritism, punishing some while protecting others, and failing to communicate with staff. The sense is that decisions are made behind closed doors and then imposed without discussion.

As one member put it: *“No communication from the management. Supervisors treating employees unfairly and showing favoritism towards certain employees.”*

This has left frontline staff feeling unheard, unsupported, and devalued.

3. Lack of Accountability

Another central criticism is that management faces no accountability for poor decisions, harassment, or bullying. Staff feel there are different sets of rules for employees versus managers, and that toxic behaviours at the top are left unchecked.

As one respondent said: *“Some management being toxic and not held accountable at all.”*

Employees are calling not just for improvements, but for a system of checks, balances, and consequences that does not currently exist.

4. Disconnect from Operations and Patient Care

Members overwhelmingly believe leadership is disconnected from the realities of paramedic work. Strategic and operational decisions are viewed as out of touch, prioritizing optics or budgets over safety and care.

Examples include staffing cuts, shifting resources away from busy areas, and refusing to acknowledge the workload placed on crews.

This disconnect has left employees feeling invisible, overworked, and undervalued.

5. Consensus for Overhaul

The tone of the feedback makes clear that incremental reforms will not rebuild morale. Many employees believe nothing will improve until there is a complete rehaul of upper management.

The sentiment was expressed plainly in multiple responses:

- *“This organization will never change until there is new leadership.”*
- *“You cannot fix morale until you fix the people at the top.”*

The workforce is not asking for tweaks — they are demanding replacement.

Conclusion

The feedback paints a stark picture: Hastings County Paramedic Service employees see their leadership as toxic, unaccountable, and disconnected. The workforce does not trust current management to fix the problems, because they see management itself as the problem.

Key themes:

- Trust in leadership has collapsed.
- Culture is toxic, with favoritism and poor communication.
- Accountability is absent, allowing poor behaviours to continue unchecked.
- Decisions are disconnected from operational realities and patient care.
- The workforce is united in demanding a complete rehaul of upper management.

This is not about small reforms — it is a vote of no confidence. Employees are calling for a structural overhaul of leadership as the only viable path forward.

Scheduling

1. Mixed but Clear Themes

Feedback on the Hastings County paramedic schedule shows a **mixed response**. Staff recognized positives, particularly the structured time off, but also voiced strong concerns that the **5-day blocks — especially three nights in a row — are no longer sustainable**.

2. The Positives

Employees consistently valued certain features of the schedule:

- **Two weekends on, two weekends off.** Many said this rotation provides fairness and predictability.
- **Large blocks of time off (4–5 days).** These stretches are important for rest, family, or travel.
- **Platoon stability.** Staff appreciated being able to plan life around predictable shifts.

As one member said:

“Like that we get our off days together. Having 4 off and 5 off are great.”

3. The Problems

The strongest negative feedback focused on the **five consecutive 12-hour shifts**, particularly the **three consecutive night shifts**.

Concerns included:

- **Exhaustion and safety risks.** Many said the third night was impossible to complete safely.
- **Poor recovery time.** The 4-day break often became 2–3 days once recovery from nights was factored in.
- **Unequal impact.** Rural bases could sometimes manage the schedule, but in the **urban core** the workload made it unbearable.

One paramedic put it bluntly:

“Three night shifts in a row on the full time schedule is horrendous.”

Another said:

“Working 60 hours in a week is outlandish.”

4. Rising Call Volumes Have Changed the Reality

Several responses pointed out that this schedule was voted in many years ago, **before today’s call volumes and workloads**. What might have been tolerable then is now overwhelming.

As one member noted:

“This shift pattern was voted in many years ago before all of these changes. The call volume has increased significantly in the core over recent years.”

Another wrote:

“It’s not the same service it was when this schedule started — the workload has tripled, and the schedule no longer works.”

The message is clear: **the schedule has not adapted to the changing demands of the job.**

5. Calls for Change

While recognizing the positives, many employees pushed for a shift to **4-on / 4-off or 4-on / 5-off rotations**. These are viewed as healthier, safer, and more sustainable given today's workloads.

"I wrote a huge e-mail when we switched to this schedule, it's too many hours in a row, 60 hours and always over a weekend... I prefer 4 on 4 off."

Conclusion

The schedule received **mixed reviews**: employees value the **two weekends on/two weekends off rotation and extended time off**, but overwhelmingly agree that **five shifts in a row — especially three consecutive nights — are too much in today's environment**.

What might have been workable years ago is now **unsustainable under higher call volumes and heavier workloads**. The consensus is that a move to **4-on / 4-off or 4-on / 5-off models** is necessary to protect staff health, safety, and patient care.

Pride in Coworkers

1. Light in a Difficult Workplace

While much of the feedback was critical of scheduling, leadership, and supports, there was one area of near-universal positivity: **coworkers**.

Employees described their colleagues as the reason they keep showing up despite systemic failures. The camaraderie, professionalism, and compassion shared among frontline staff stand in stark contrast to how they feel about management.

"My coworkers are some of the best people in paramedicine."

"The other road working paramedics are the reason I continue my employment here."

This pride is not just about liking colleagues — it reflects a sense of **shared resilience and mutual support** that keeps Hastings-Quinte Paramedic Services functioning when everything else feels broken.

2. Strength in Solidarity

Coworkers were consistently described as **the true support system** within HQPS. Staff rely on each other for encouragement, debriefing after hard calls, and even basic morale.

“Having amazing colleagues and friends in the workplace makes the tough calls easier.”

“The people I work with day to day are what keep me here. Without them, I would have left long ago.”

The language here shows that paramedics don’t just see each other as colleagues — they see each other as family, bound together by shared hardship and purpose.

3. Pride in Peer Nominations

Although the peer nomination responses were redacted for privacy, what remained revealed a deep culture of **admiration and respect among staff**. Many nominations spoke passionately about colleagues who consistently go above and beyond, not just for patients but also for their peers.

Examples included nominations for those who:

- Showed unwavering compassion to patients.
- Supported colleagues through personal struggles or difficult shifts.
- Brought positivity and encouragement to the workplace.

One nomination described a colleague as:

“Always supportive to her peers as well as patients, and always providing caring and compassionate care.”

Another wrote:

“He is someone who lifts up others and makes the job a little easier on the hardest days.”

These nominations make clear that, even without formal recognition from leadership, **paramedics recognize and celebrate each other**.

4. Pride in the Profession, Carried by Each Other

There is also pride in serving the community as paramedics. But repeatedly, staff tied that pride to their **connection with their coworkers**.

“The only reason I am still here is the incredible people I work beside.”

This shows that the pride staff feel is not because of systems, schedules, or management — it is because of the people they share the road with.

Conclusion

The feedback makes one truth clear: **coworkers are the heart of Hastings-Quinte Paramedic Services.**

While leadership is seen as toxic, schedules as unsustainable, and mental health supports as inadequate, staff consistently identified **each other** as their source of pride, strength, and resilience. Peer nominations further reinforce this, painting a picture of a workforce that **honours, supports, and lifts one another up** even when management does not.

The pride in coworkers is not a small positive — it is the single most powerful factor keeping paramedics in Hastings-Quinte Paramedic Services. Without that solidarity, the service would be at risk of collapse.

Section 10: Conclusion and Summary

The results of Hastings-Quinte Paramedic Services' own Employee Satisfaction Survey, obtained through Freedom of Information, paint a clear and sobering picture. Paramedics are proud of the work they do, of the care they provide to their communities, and of the strength of their colleagues. However, this pride stands in stark contrast to the deep frustrations and systemic challenges they face within the organization.

Workplace Culture

A recurring theme throughout the survey is the description of management culture as toxic, inequitable, and hostile. Staff repeatedly identified favoritism, a lack of transparency, and inconsistent disciplinary practices as barriers to a safe and supportive workplace. Concerns of misogyny within leadership were also raised, contributing to an environment many employees describe as discriminatory and unsafe.

Mental Health and Wellness

The overwhelming consensus is that the mental health supports provided by Hastings County are failing. The current system of Employee Assistance Programs, peer support, and minimal benefit coverage is regarded as grossly inadequate. Employees emphasized that the \$500 annual coverage for professional care is insulting and does not begin to address the scale of the psychological toll their work demands. The message is clear: meaningful investment in mental health resources is urgently needed.

Workload and Scheduling

Paramedics expressed mixed feelings regarding the existing schedule. While some aspects provide stability, many highlighted ongoing strain from excessive workload, long shifts, and the inability to adequately balance personal and family responsibilities. The staffing crisis, compounded by increasing call volumes, has placed unrelenting pressure on frontline medics.

Pride in the Profession

Despite these challenges, paramedics remain steadfast in their dedication to their patients and their peers. The survey responses highlight admiration for coworkers, a strong sense of teamwork, and deep pride in serving the public. This commitment is the foundation that sustains HQPS through difficult circumstances—but it is not limitless.

The Current Situation

Taken together, the results show a workforce that is deeply committed yet profoundly strained. Paramedics at Hastings-Quinte are operating under conditions that compromise both their mental health and their trust in leadership. The service is being sustained not by the supports of the employer, but by the resilience and professionalism of the paramedics themselves. This situation is not sustainable. Unless meaningful changes are made—addressing mental health supports, workplace culture, staffing, and fair treatment—HQPS risks not only the well-being of its employees, but the quality and safety of care provided to the community.