

'They're too obsessed with due process and confidentiality and bureaucracy, and not enough with basic human decency.'

'Disheartening and cruel'

'Degrading to the individual where it makes you feel incompetent and just a number.'

'It is not unusual for graduates to wait years for a job... I find it very isolating.'

Rolling recruitment harms graduates

'The rolling recruitment system took a massive toll on my mental health and the uncertainty of it made me question if I was good enough.'

'Very anxiety inducing. The unknowing of when you'd receive an email regarding the next step in recruitment was overwhelming.'

'This is the first example of them not giving a shit about you.'

'The recruitment process seems to serve neither party well... provide a standardised, cross-jurisdictional application process.'

A prospective, uncontrolled before-after study with concurrent thematic analysis of the impact of rolling recruitment on graduate paramedic mental health

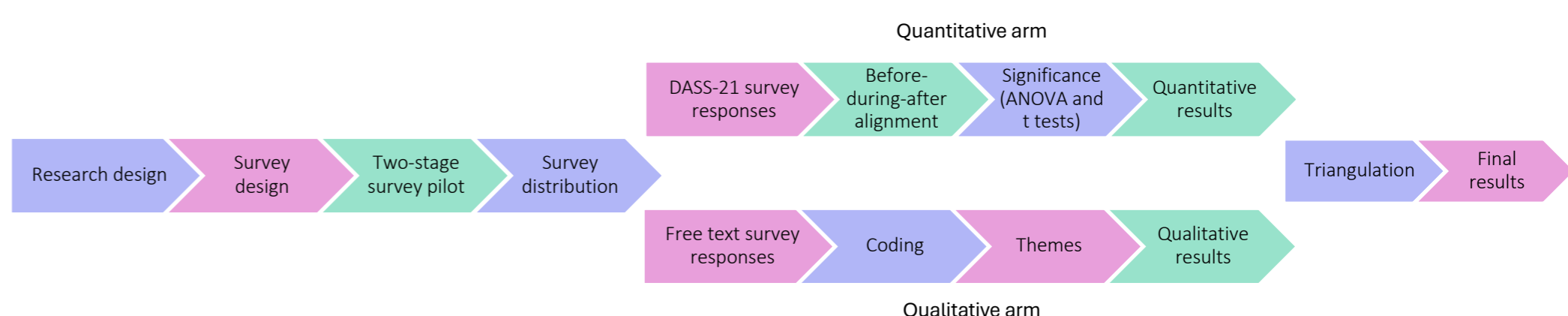
Background

Each year, over 2,000 Australian undergraduate paramedics are conferred their degrees and approximately 99% then apply through rolling recruitment when transitioning to clinical work. Under this model, applicants are assessed, ranked, and then remain on a waitlist for up to several years until either a position becomes available, the application expires, or they abandon their application.

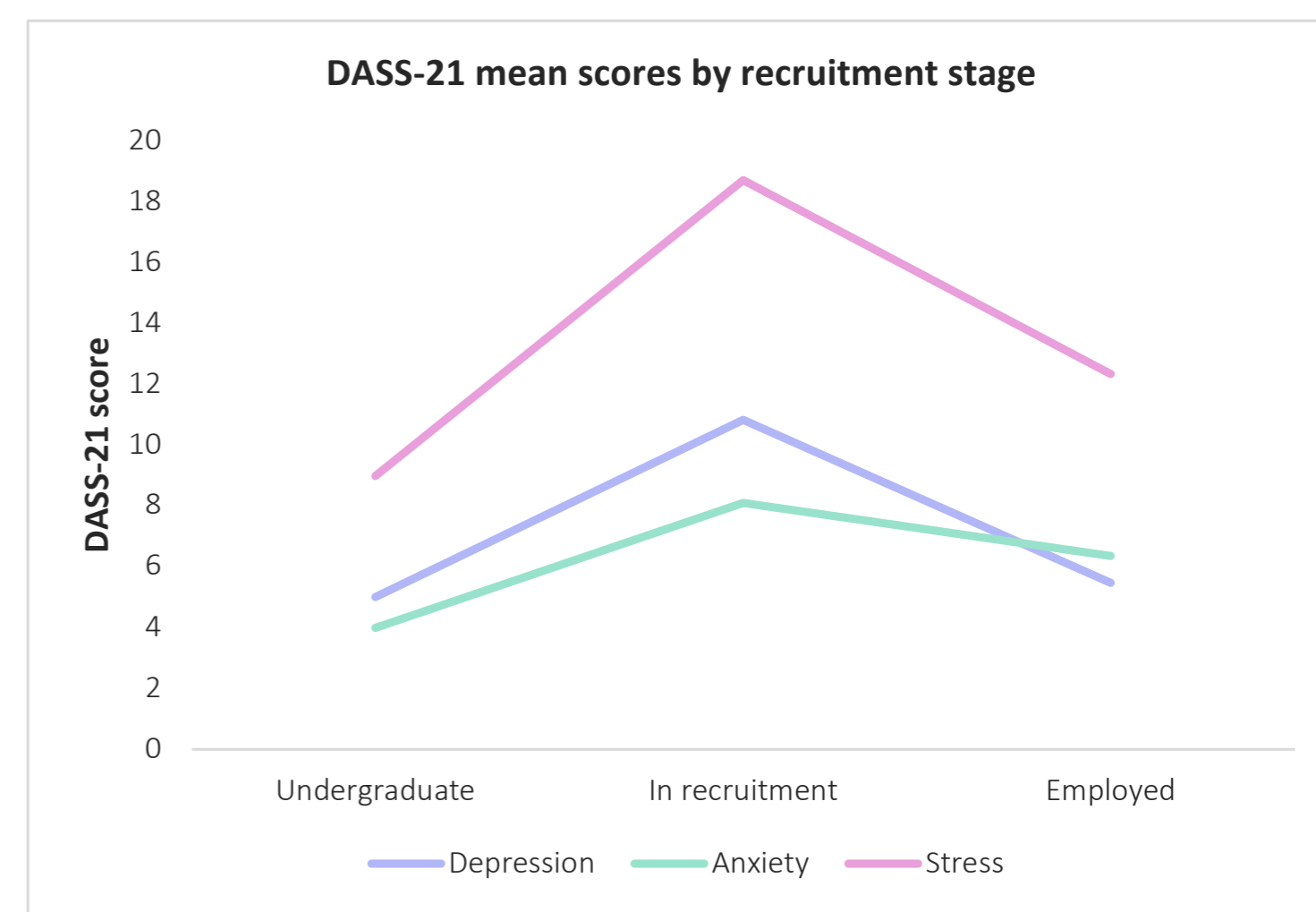
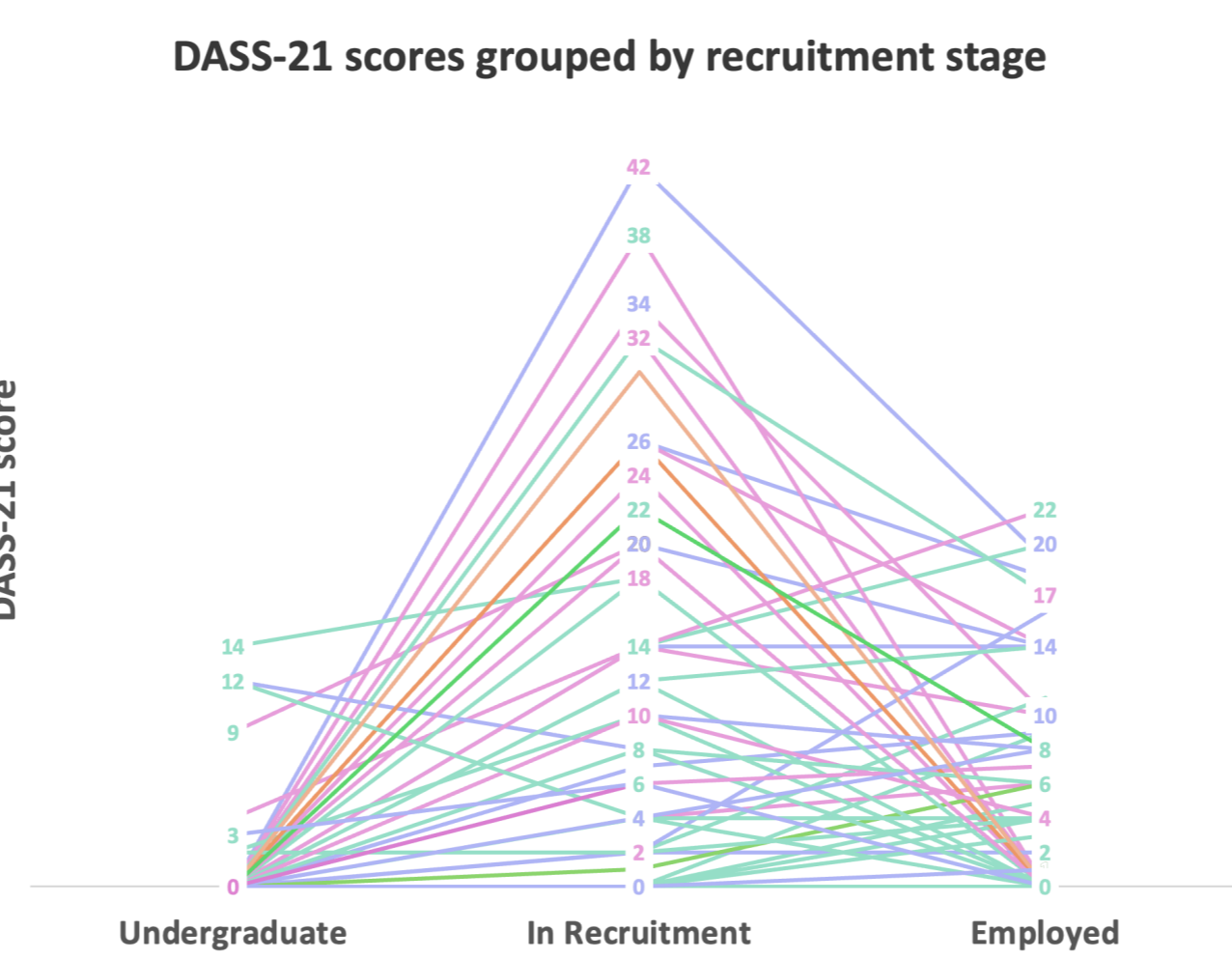
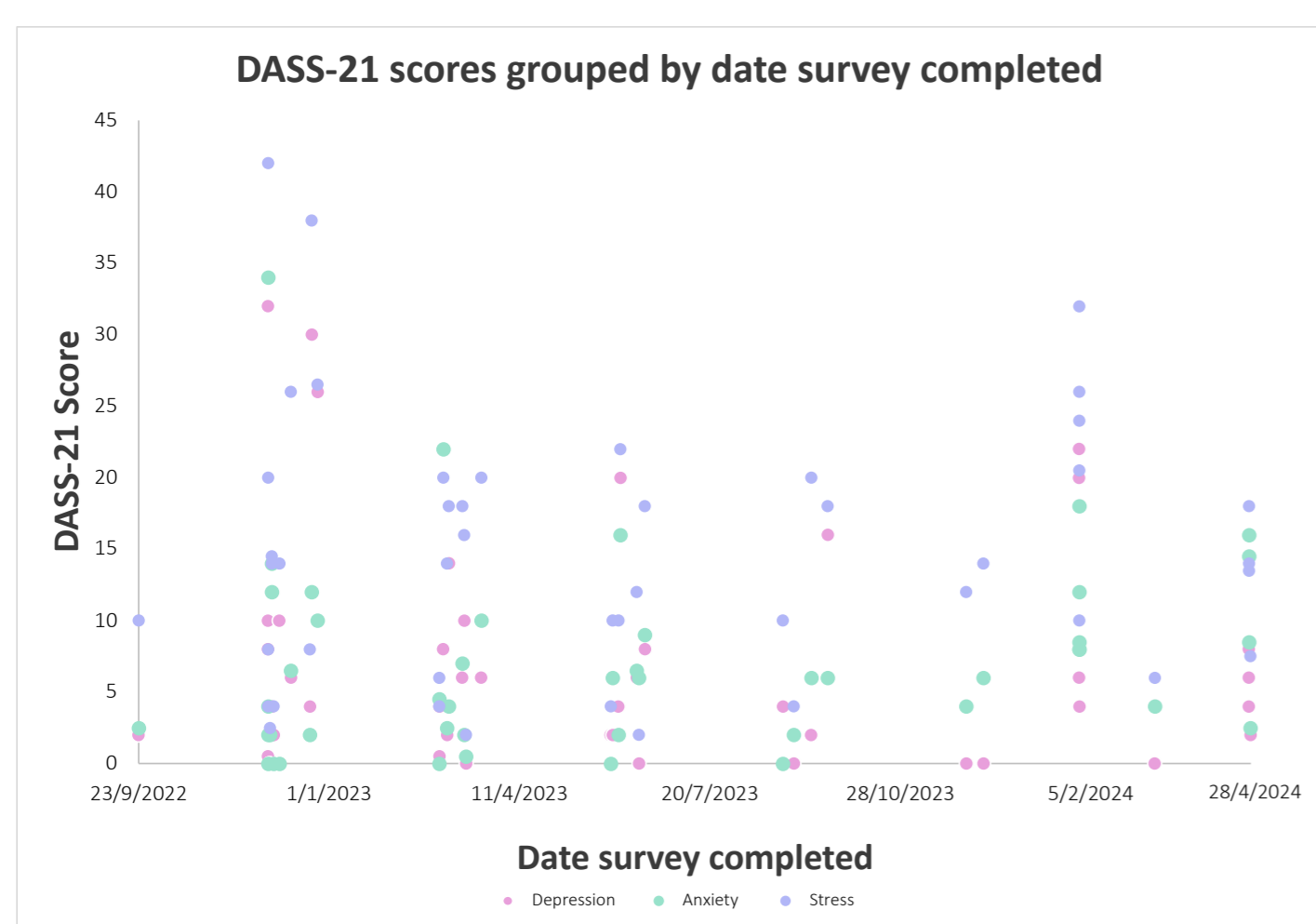
Over the last few decades, a dysfunctional system has emerged. Undergraduate paramedics apply to multiple services at an out-of-pocket cost of several thousand dollars, spend months or years waiting for a position. If offered a position, they are willing to readily abandon their employment for a perceived 'better' location. Ambulance services, meanwhile, struggle to sift through thousands of applications and balance oversupply in metropolitan areas with unmet demand in rural and remote locations. We hypothesised that prolonged employment uncertainty under a rolling recruitment model could lead to mental distress for applicants and set out to test this using a prospective mixed-methods approach.

Method

A sample size calculation was pre-performed, then an adequately powered cohort of final year undergraduate paramedicine students (n=18) prospectively enrolled over two academic years and followed for up to 19 months during university, graduation, rolling recruitment, and commencing clinical work.



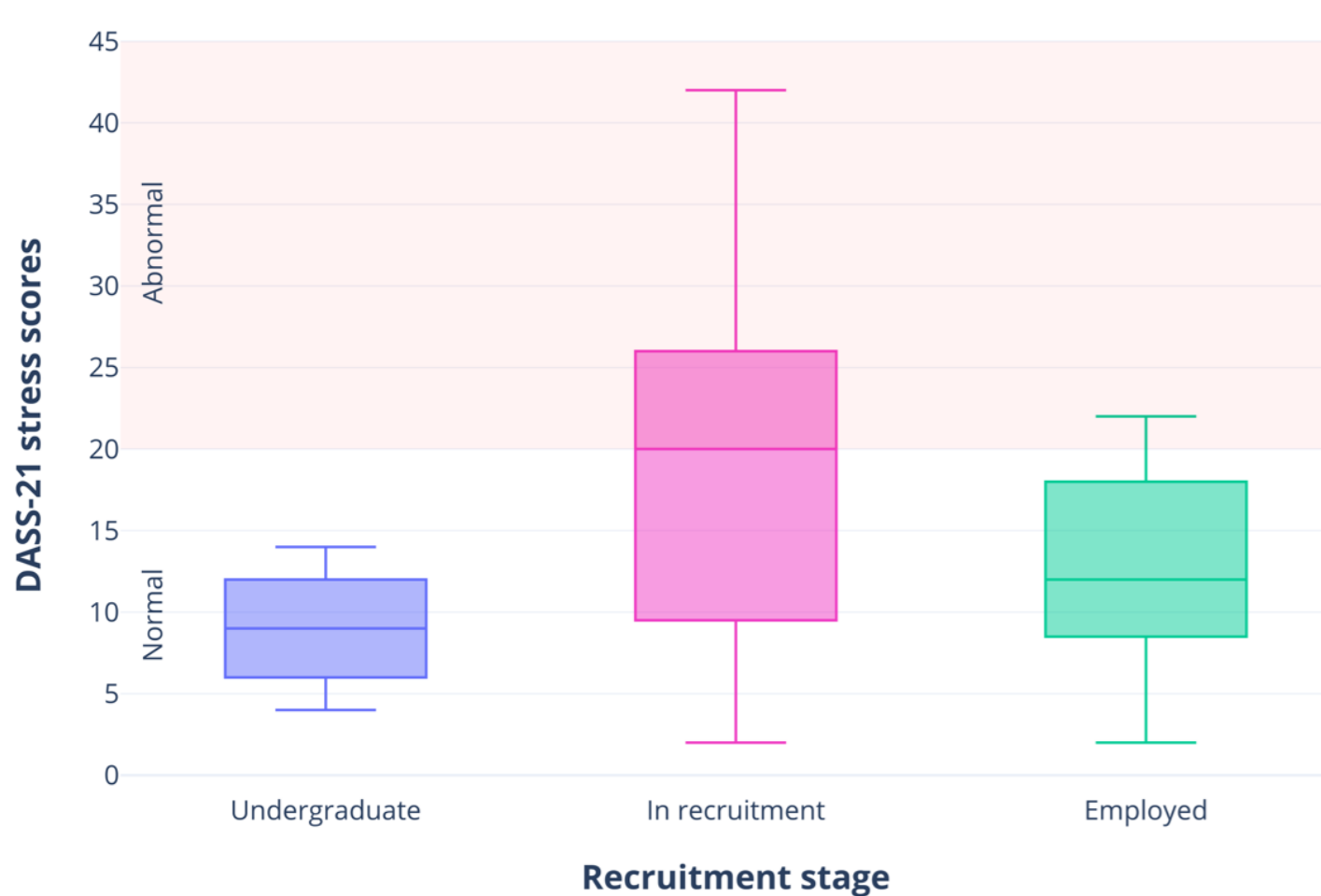
At three-month intervals, participants completed an anonymous online mixed-methods survey with both qualitative structured open-ended questioning and a quantitative stress, depression, and anxiety measurement tool. A total of 48 responses were received (52% response rate). Qualitative responses underwent thematic analysis, while quantitative responses were assessed with ANOVA and Student's t test.



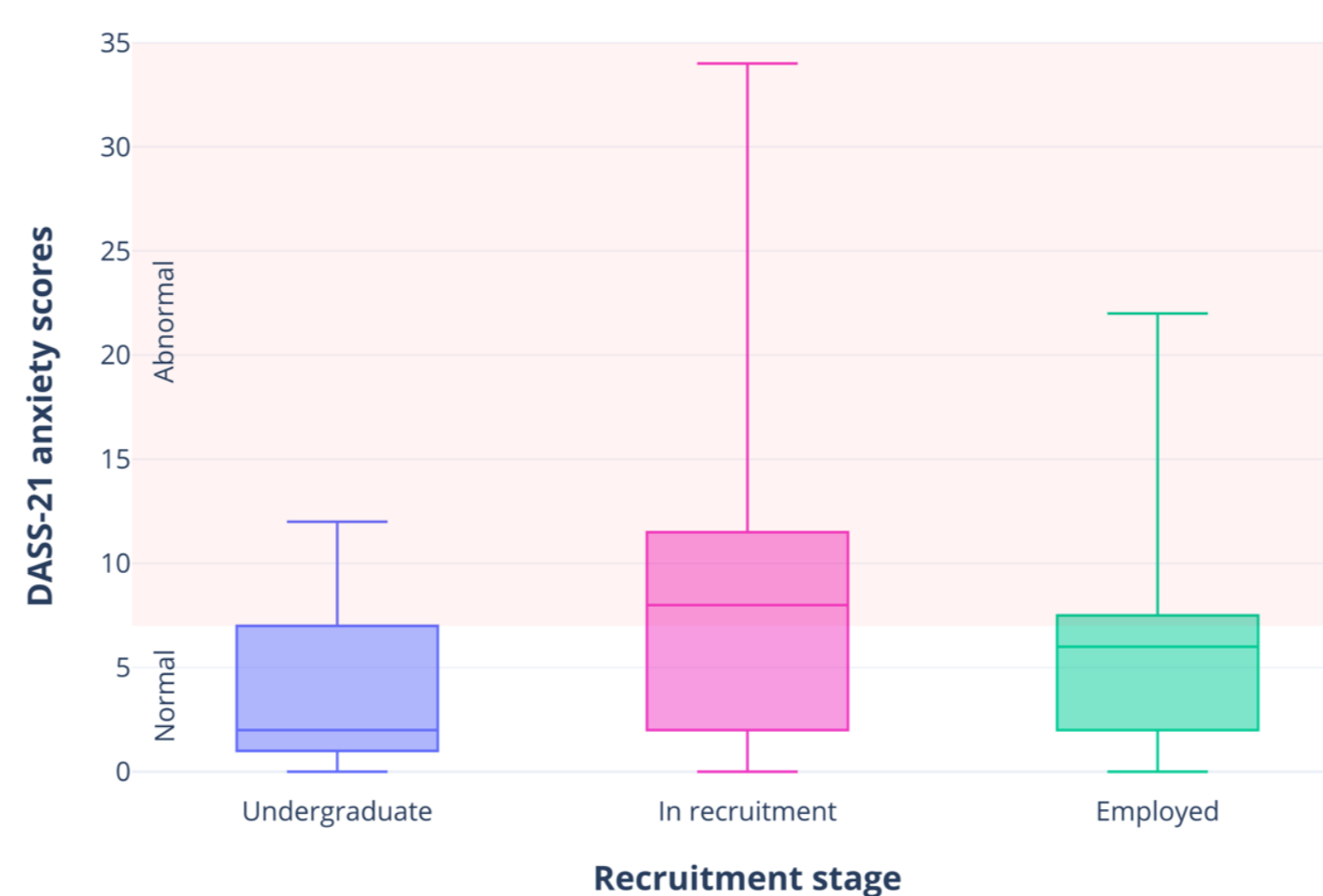
Results

Triangulation of results showed clear evidence of mental distress attributed to rolling recruitment. Qualitatively, participants stated that they felt helpless in an 'inhuman' system that 'reduced them to numbers' and 'strung them along' for between months and years. Quantitatively, participants had a statistically significant increase in the score for stress (108% increase when moving from undergraduate to in recruitment [$p=0.01$] followed by a 66% decrease on obtaining employment [$p=0.04$]), and statistically insignificant increases for depression ($p=0.09$; significant with an alpha of 10%) and anxiety ($p=0.48$).

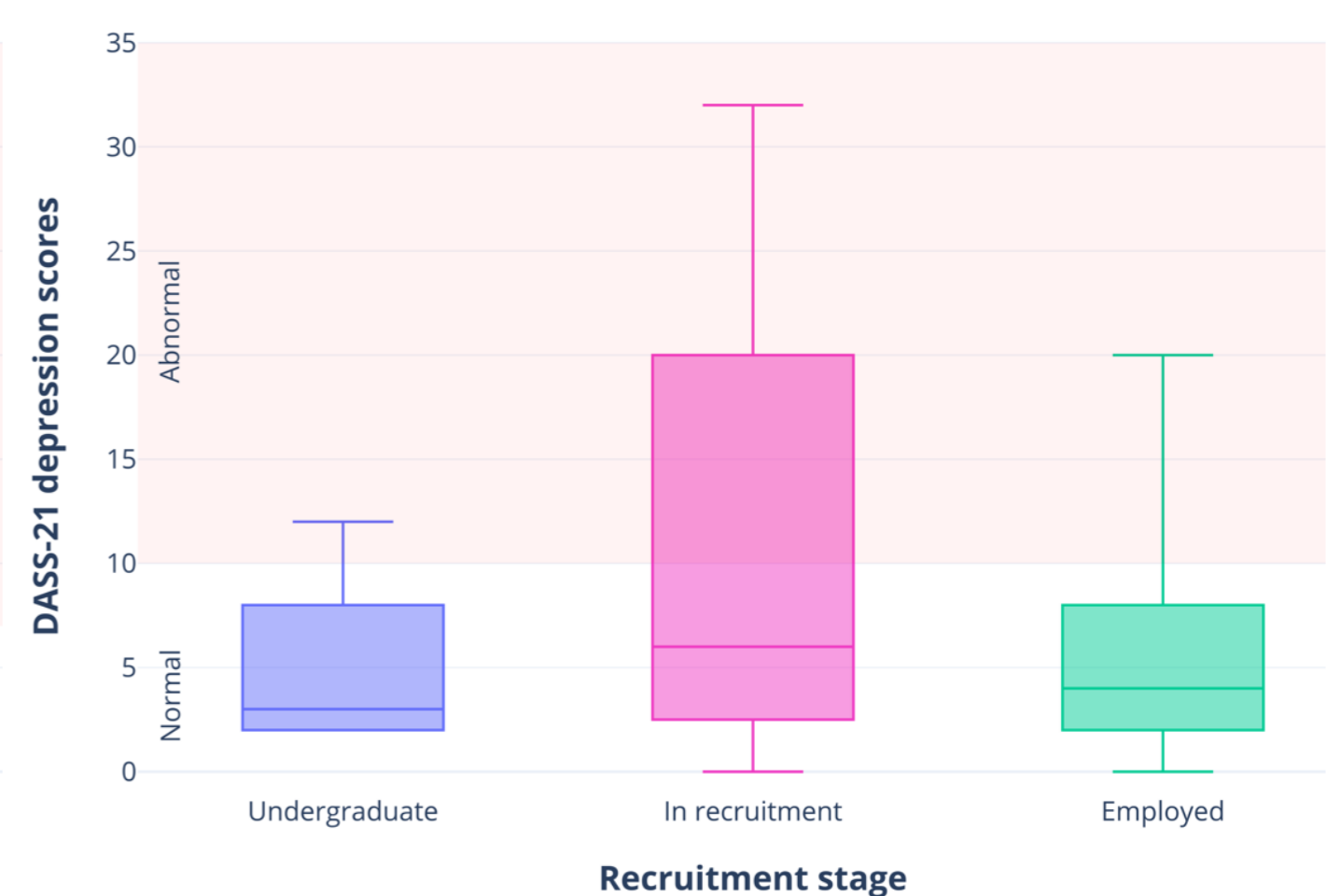
Stress



Anxiety



Depression



Recommendations for practice

1. A shared or co-ordinated recruitment process across all Australian jurisdictional ambulance services. Having applicants undertake, for example, a single medical test rather than eight different ones would remove a major financial barrier to less-wealthy graduates being able to apply. Additionally, having offers being made at a similar time will minimise the cannibalisation of graduates between services that the services themselves have been critical of.
2. Removal of rolling recruitment. Qualitatively, graduates attributed the negative effects primarily to uncertainty; this can be addressed by, at time of application, providing a clear timeline with a set date when results are provided. This can be further improved by, at time of offer, providing a set start date.
3. Commencement of the recruitment process during the final year of university to enable prompt transition to clinical work post-completion and minimise de-skilling delays.
4. Regular clear and candid communication from recruitment to applicants, including the number of positions available, how many applicants there are, how many positions are filled, when they will be provided with a definitive answer on if their application was successful, and start dates and locations. Communication should, from previous research, be personalised, be warm, and avoid bureaucratic or pre-written language.
5. Ambulances seeking feedback on their recruitment process from recent applicants (both successful and unsuccessful) to enable them to continually improve.