Occupational Medicine
doi:10.1093/occmed/kqx138

The psychological health of remote area medics in Iraq

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Background	Remote area medics (RAMs) may be at increased risk of mental health difficulties.
Aims	To explore the occupational experiences of RAMs to identify stressors and the mental health impact.
Methods	Semi-structured interviews were conducted with six RAMs working in Iraq to gather data, which was explored using interpretative phenomenological analysis.
Results	Three key themes emerged from the data (i) the experience of being remote, (ii) cultural shock and (iii) social support. A number of key stressors were identified, including loneliness and boredom, associated with being remote, and the loss of professional identity due to the occupational role. Three out of the six participants reported substantial depressive symptoms. A number of positive coping strategies were identified, particularly relationships with other RAMs, via instant messaging forums.
Conclusions:	RAMs experience a number of particular stressors that could put them at risk of depression. Adaptive coping strategies were identified; in particular, virtual social support. These findings should be of interest to companies which employ RAMs.
Key words:	Boredom; depression; occupational stressors; remote area medicine; remote area medics; social support.

Introduction

Remote area medics (RAMs) provide primary and emergency care to individuals who live and work in remote and often extreme environments. RAMS can serve on land or off-shore locations and aim to prevent illness and/or injury or mitigate the impact of such events when they do occur as often definitive medical care is not accessible. In the event of an emergency, RAMs must single-handedly respond to the event with the equipment they have available. In most cases, responses to RAMs calls for back-up or assistance can take several hours. Their occupational experiences are similar to both paramedics and military personnel, with both groups at heightened risk of mental health difficulties [1–4]. In addition, a challenging occupational characteristic of RAMs is their professional and social isolation. There is a considerable body of research that evidences the link between social support and reduced risk of mental health difficulties in the context of stressful occupational experiences [2,5–12]. Therefore, RAMs may be exposed to experiences associated with increased risk for mental health difficulties. However, to date, there is no research that identifies what stressors RAMs are exposed to and the impact on RAMs' mental health. This study aimed to address this gap.

Methods

Ethical approval was granted by the Psychology Department at Royal Holloway, University of London.

Semi-structured interviews were conducted with male RAMs employed by a private company providing medical, safety and security services globally and were the sole medical practitioners for Iraqi staff on oil platforms in Iraq. Their deployment schedule was 3 months full-time work, living and working on the platforms, and 1 month off. To be eligible for inclusion the participant had to have completed at least one full deployment and be fluent in English.

The sample was recruited through a private worldwide medical, safety and security solutions company. The project managers within the company identified RAMs eligible to take part in the research, and they were sent a research invitation via email from their project manager that briefly outlined the nature of the research and participant information.

If the RAM wished to participate, they were asked to either email the researcher or their project manager who would contact the researcher on their behalf. The researcher contacted all volunteering RAMs via email to arrange suitable dates and times for the interviews. Informed consent was obtained electronically via email at this stage.

Qualitative interviews were conducted by one of the authors (S.W.-H.) whilst the participants were in Iraq via Skype and lasted between 40 and 60 min. The interviews explored the participants' experiences during deployment and their psychological well-being. Interviews were recorded, transcribed verbatim and analysed in accordance with interpretative phenomenological analysis guidelines [13]. Interpretative phenomenological analysis was chosen as it is a methodology suited to providing an in-depth understanding of participants lived experiences, particularly useful when exploring novel research topics [14]. This number of interviews allowed thematic saturation to be reached.

Results

Six male RAMs participated in the interviews. They were all South African and aged between 28 and 41 years. They had spent between 5 months and 4 years in Basra. Two

Table 1. Master themes and comprising subthemes

Themes	Subthemes
The experience of being remote	Loneliness and boredom
	The psychological impact of being remote
	Coping with being remote
Cultural shock	Loss of professional identity
	The challenge of a Western approach to care in the deployed role
	Developing cultural awareness
Social support	Communication as a life line
	Virtual support

Box 1. Loneliness and boredom

Any person that tells you they don't get lonely is bullshitting you. (RAM1)

A lot of days you sit here and do nothing. (RAM2)

All you feel is boredom […] because sometimes there is really nothing to do. (RAM3)

I get lonely quite often because I don't have anyone to communicate with. (RAM4)

Box 2. The psychological impact of being remote

There are some mornings when you would prefer to switch off the light and pull the blanket over your head […] I would say it would almost be like having depression. You're always tired, but you can't fall asleep. Then also you become very unsociable, so whenever someone knocks on your door because they need something you feel annoyed. (John)

Your mind wanders and then […] the devil likes to plant a little seed in your mind that breaks you down. Previous relationships, mistakes you've made in the past, and then you start replaying the whole thing and drive yourself crazy thinking too much. (John)

When you're into 60 or 80 days, you're feeling emotionally tired. You can feel as if time goes on and on. You struggle to get up in the mornings. I'm down. It's like I need some happiness in my life again. (Simon)

You get crap days […] and you just want to break down in tears. It happens to a lot of the guys [RAMs], but a lot probably won't admit it. (James).

Box 3. Coping with being remote

I try and keep busy. Keep my mind of it [being remote]. I watch movies as much as I can. I play a lot of [computer] games for hours. (James)

If you don't have a good routine, otherwise I believe the guys [RAMs] will have a big problem. You've got to figure out a way to deal with time. (Simon)

I just grab the weights and give it 20 minutes of exercise and then I'm calm again. (Joseph)

Exercise certainly helps. (Peter)

The reason we're here is basically for the money. That's why sometimes we don't complain about the 12-week rotation. The money is a great relief on my family because in South Africa it is a strain to get the money … I don't want them to suffer, so that is the reason I am here. (Joseph)

We're here for one reason; we earn good money. You're saving up for your future; it's a sacrifice I'm willing to take. (Simon)

Box 4. Theme two—culture shock, with comprising subthemes

Loss of professional identity

If I'm lucky [I see] one patient a week and that's usually for something like a headache or a stomach cramp. It gets frustrating because I'm a paramedic. (Thomas)

They just come to you for the smallest things, like a pimple in the nose, and they want you to squeeze it. I'm here as a professional, a professional trauma practitioner, and he comes and asks me to squeeze a pimple out. Erm, HELLO. It's frustrating, really frustrating. (Joseph)

It's challenging in the respect that the remote site acts more like a family practice. It's boring because I don't see a lot of volume. (Peter)

I haven't had one trauma case, but I catch up when I go to South Africa and work in a hospital for a weekend. (Thomas)

I do more medical stuff when I go home. I work shifts to keep my skills up. (James)

The challenge of a Western approach to care in the deployed role

Challenging, always challenging, because they will come to the clinic with a normal headache and we will try to explain to them 'dehydration';

the water intake level needs to be 6 to 8 litres per day. Every time they come to the clinic and tell you they've got a headache, and you ask how many litres of water did they drink today, they'll say two bottles, and I'll say, there's your answer, you must drink more. Then they get 'all the doctor ever says is drink water, drink water'. You tell them you can't keep giving medicine for headaches or because you're dehydrated, but they don't listen. (Joseph)

The problem was, even though the patient was doing better, they don't always understand Western medicine. They're used to the type of medicine, medical attention, they get in Iraq. According to the patient and his colleagues things were happening too slowly so they became angry and upset. In the end, I didn't just have the patient to look after, but also, what do you call it, I had to do some riot control. (John)

Developing cultural awareness

You must understand them [Iraqis on the rig]. That is the most important thing about Iraq. You must understand their culture and understand them and then it won't be a problem for you … I normally sit down and talk to them, ask how home is, how's the family … erm, try to learn their language … and I try and learn more about their culture. (Joseph)

I usually make it my duty to get to know the locals. This helps a lot with how things progress for the duration of your time on that specific rig […] I've started learning Arabic. I can sort of communicate with them now in my own broken Arabic way. (Simon).

had previously worked as paramedics in South Africa, two as RAMs (one in Quatar and one in Iran), and one as a navy medic and one as a combat medic in Afghanistan.

Three major themes emerged: (i) the experience of being remote, (ii) cultural shock and (iii) social support. Each major theme is discussed with reference to the contributing subthemes of which they comprise (Table 1) and illustrative quotes from the RAMs (pseudonyms were assigned to all participants to ensure confidentiality).

All of the RAMs described the experience of being remote as lonely and boring. They each discussed the lack of activity and relationships to fill the time (Box 1).

Half of the RAMs described characteristic features of depression, including low mood, sleep difficulties, loss of energy, irritability and rumination when discussing the psychological impact of being remote (Box 2).

The RAMs described a number of coping strategies to manage boredom and the psychological impact of being remote. Each RAM highlighted the importance of routine, activity and exercise (Box 3). Some also discussed the benefit of the salary as a motivating factor to endure the impact of their occupational experiences (Box 3).

Theme two, *cultural shock*, comprised a number of challenges that RAMs are exposed to in the context of working and living in different medical and cultural contexts, respectively, to their own. This included what could be considered a loss of professional identity as a trauma practitioner. Most of the RAMs described an absence of both medical emergencies and a need for their expertise, and that the occupational role was more akin to a family practitioner. This was frustrating and professionally unfulfilling (Box 4) and likely contributed to their boredom earlier described. Some RAMs highlighted that they worked in emergency medical settings during their rest periods, which could be considered a coping strategy in response to their perceived loss of professional identity (Box 4).

The RAMs were also challenged by implementing Western medical approaches to health care in an Iraqi culture. Their patients' focus on pharmaceutical treatment and resistance to preventative strategies was

Box 5. Theme three—social support, with comprising subthemes

Communication as a life line

It's frustrating when you are having a good conversation with someone and then all of a sudden the lifeline goes … it cuts off … what can I say … that lifeline, that lifeline that is available to communicate with the people you love back home and other medics. It gets taken away, so you feel even more isolated in the end. (John)

Virtual support

It makes me feel good to know that I'm not the only one out here feeling this way … that I'm actually not insane … I sometimes feel like I'm the only one that is feeling like a pussy, but then you hear your friend two days later and he's actually feeling worse than you and then you think 'Oh good, it's cool, you're not the only one'. (Simon)

Without the other medics, it would be more than I could cope with. I would end up having a meltdown. (James)

It's the reassurance that someone else knows how you feel and there is someone you can turn to. Someone that can understand the environment and the pressure that you work under. It's the moral support and just to have someone there gives you a false sense of illusion that you're not going through this alone. (John)

It's just like it would be if the guys were sitting together. The only difference is everybody is sitting on their own rigs. (Thomas)

particularly highlighted, which has led to difficult relationships with their patients (Box 4).

Some of the RAMs spoke about developing cultural awareness as a means of coping with the challenges of working and living in a different cultural context. This included learning about the local culture, learning to speak Arabic and building relationships with the local Iraqis (Box 4).

The experience of social support via the internet was important for all the RAMs during deployment. One RAM provided a particularly illustrative description of his experience of the internet preventing social support, which vividly demonstrated its importance; his description of communication as a lifeline was used three times (Box 5). Traditionally, lifelines are used to rescue someone in trouble or to signal for help, and in the most extreme scenarios are intended to prevent death. This metaphor, therefore, was striking, highlighting how the vital connection with others is during deployment. It was unsurprising, therefore, that all the RAMs spoke about their need for better internet connection.

Social support also included relationships with other RAMs via instant messaging forums. These relationships were richly described by all the RAMs, in particular, their shared occupational experiences and identity, which served to normalize and reduce the shame of difficult thoughts and emotions. In the context of professional and social isolation, these relationships provided a sense of belonging and have seemingly become necessary for coping with occupational experiences (Box 5).

Discussion

The findings of this study suggest that RAMs are exposed to a number of stressors that could increase the risk of mental health difficulties. A key stressor was the remote environment, as it was experienced as particularly boring and lonely. Other stressors were associated with medical and cultural differences. This included the loss of professional identity due to the occupational role being akin to a family practitioner, not a trauma practitioner, and the challenge of implementing western-based approaches to medicine within an Iraqi culture.

The stressors experienced by participants were found to contribute to the reporting of symptoms consistent with depression in several cases, including low mood, sleep difficulties, loss of energy, irritability and rumination. These results highlight the negative impact of certain environmental stressors on psychological wellbeing, particularly for those who work in remote locations. These results are consistent with previous research which has found professional isolation to be a significant stressor in other occupational groups, including offshore workers and rural mental health professionals [15–17]. These results suggest a need for future employers to regularly monitor job satisfaction and workload as well as wellbeing of staff who work in remote locations to ensure their needs are adequately met.

A number of strategies were found to be useful in coping with these occupational stressors and their psychological impact. These included routine activity available in a remote context (e.g. watching television programmes, films and playing computer games), exercising and reminding oneself of the salary. The effectiveness of these coping strategies is supported by previous research that demonstrates increased activity [18], exercising [19] and cognitive strategies [20] may decrease the severity of depression. Developing cultural awareness, for example by learning about the local culture and language, and building relationships with the local people, was a strategy used by RAMs to cope with the challenges of working and living in a different cultural context. This is consistent with the literature on cultural shock [21] which highlights that accepting other's

cultural values and behaviours are associated with finding new cultures more manageable and minimizing psychological distress.

The study also found that social connection with others via the internet and instant messaging forums was an important coping strategy for RAMs during deployment. The data suggested that relationships with other RAMs, in particular, may potentially increase coping due to their shared occupational experience and identity. This seemed to enhance a process of normalizing, validating and reducing the shame of difficult thoughts and emotions. Research has previously documented that within other occupational groups, social support from colleagues increases coping with stressful occupational experiences [2,8,22,23]. The results of this study suggest that accessing social support virtually may be an effective way to engage in relationships that increase coping in the context of professional and social isolation.

There are limitations to this study. The sample size was small and homogeneous and, therefore, the findings cannot be generalized to the wider population of RAMs without additional research. In addition, the self-selection method may have resulted in a bias towards recruiting participants with lower levels of psychological distress who were willing to speak about their experiences. Therefore, it is possible that individuals experiencing higher levels of psychological distress may not be represented. Finally, assessing the presence of clinically significant mental health problems was beyond the scope of this study and additional research is needed to determine whether the stressors experienced by RAMs puts them at increased risk of poor adjustment.

Several implications can be drawn for service provision within the field of remote medicine. Whilst further research is required to investigate this topic in more detail, the findings suggest that RAMs could potentially be at risk of mental health difficulties, consistent with previous studies [15–17], thus companies utilizing RAMs should consider how best to remain alert for signs of poor adjustment. The findings also suggest that providing information on self-help coping strategies in a remote context, for example, routine activity and exercise, may be beneficial. Further to this, given the protective effect of social support on well-being, employers should be aware of the value of promoting and facilitating access to social support and ensuring telephone and internet connections are reliable. Employers could consider creating a professional network for RAMs to connect to each other as social support from colleagues has been found to enhance job performance and decrease job-related stress [24]. Finally, this study highlighted the frustration many of the participants described associated with the job role being more akin to a family practitioner, rather than a trauma practitioner. None of the participants had experienced a medical emergency. It is recommended that employers are more transparent about the job role so RAMs can make informed choices and have realistic expectations about the types of care they will be providing.

In conclusion, this study highlights a number of occupational stressors experienced by RAMs, which include the experience of boredom and loneliness, as a result of being remote, their role being akin to a family practitioner, rather than a trauma practitioner, and challenges that arise from working in a different culture. The study suggests that RAMs may be a risk of mental health difficulties, such as depression, and a number of coping strategies were highlighted, in particular, social connections with other RAM via instant messaging forums.

Key points

- Remote area medics are exposed to a number of distinct occupational stressors that could increase risk of depression.
- Virtual relationships with other remote area medics appeared to be a key coping strategy from a mental health and professional identity perspective.
- Companies which employ or contract remote area medics should consider how to improve their access to social and professional networks to protect their mental health.

Funding

The Doctoral Clinical Psychology course at Royal Holloway, University of London.

Conflicts of interest

N.G. runs March on Stress Limited which is a psychological health consultancy that provides mental health support to organizations that ask their employees to carry out challenging work.

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