Exploring the Wellbeing of Ambulance staff using the 'Public Value' perspective: Opportunities and Challenges for Research

Introduction

This paper explores and integrates three over-lapping topics: concerns about the wellbeing of ambulance staff; the revival of interest in the Public Value (PV) conceptual framework in Public Sector Management research; and current calls for interdisciplinary research between public sector accounting academics and public administration scholars in the 'post-NPM' context.

Recent discussions of public value (e.g. Bennington & Hartley, 2019; Steccolini, 2019) refer to Bozeman's conceptualization of 'Public Values' and Moore's conceptualization of 'Public Value' (see, for example, Bozeman, 2007; Moore, 1995; Moore, 2003). Public Values concern a society's normative consensus about citizens' rights, prerogatives and obligations, and about the principles for policy formulation. Public Value relates to actions and activities that are in the public and collective interest rather than private and individual interests. For Moore, public value is identified in organizational performance in relation to its impact on society, and, in turn, to the 'public good'. Thus public managers create PV through strategic management, which is determined by stakeholders' wants/needs (Moore, 2003). More recently, Meynhardt (e.g. 2019) has explored and focused PV on internal psychological values and across all sectors (i.e. on businesses as well as the public sector and on individuals as well as organisations).

One issue to which the PV framework might well be applied is the wellbeing of emergency ambulance paramedics; which existing evidence shows to be problematic. Steccolini (2019) and Steccolini et al., (2020) suggest that New Public Management (NPM) is ceasing to be the dominant paradigm in public administration and the time is opportune for collaboration between public administration academics and public sector accountants. PV is one of the pathways Steccolini (2019) identifies as a basis for such collaboration. This paper responds to these calls, being an interdisciplinary study involving public administration and accounting scholars, while investigating the usefulness of PV in promoting stakeholder engagement about paramedics' wellbeing and exploring accounting and accountability for the wellbeing of ambulance service personnel. It is structured as follows. The next section concerns the opportunities for and challenges to PV in public services, after which wellbeing issues in the ambulance services are considered, before a discussion and conclusion.

Public Value

Meynhardt (2019) states that, because organizations both affect and are affected by their environments, PV is about how the organization contributes to the common or collective good; i.e. value creation is what is good for society, not what is good for business. This aligns with the emphasis on the organizational and societal levels in earlier work on PV. However, he then argues that because this concerns what society regards as truly valuable, it is inevitably linked to subjective and emotional responses. Thus, the focus is on an organization's contribution to social stability and progress, but as perceived by citizens. PV is created if people see governments, corporations, local authorities etc. contributing to basic need fulfilment and thereby co-creating society, in terms of both its social cohesion and its individual autonomy (Meynhardt, 2019).

This is linked to the growing vulnerability of businesses and organisations to reputational damage because of increased media coverage and the rise of the ethically informed customer. Although the concepts of financial resilience, sustainability and vulnerability have been prominent in recent financial and accounting discourse (Steccolini et al., 2020), PV goes beyond the notion of value creation in purely financial terms. Moreover, Meynhardt (2019) claims it also goes beyond notions of Corporate Social Responsibility, Sustainability, etc.

As responses to the COVID-19 pandemic demonstrate, public health and epidemiology, by their nature, require both study at collective or population levels and at the level of the individual. In its Long Term Plan and arrangements for Integrated Care Systems, the National Health Service (NHS) has identified the triple aims of providing for future population health provision, reducing health inequalities and decreasing long-term per capita costs (Charles et al., 2019; Ham & Murray, 2015; NHS, 2019). In addition, some authors (e.g. Bodenheimer & Sinsky, 2014) argue that care of the patient requires care of the provider (i.e. healthcare workforce) which, therefore, should be the 4th of the 'quadruple' aims of the NHS Long Term Plan. Experience of the pandemic reinforces this view and the public's support for the NHS and Care workers has been a notable characteristic of the pandemic.

This paper focuses on one part of the NHS workforce directly involved in responding to the pandemic, namely NHS staff working in the ambulance service. Recent evidence suggests that before the pandemic, ambulance staff already had some of the highest sickness absence rates within the NHS (Wankhade, 2016; Wankhade & Patnaik, 2019), and now show increasing signs of stress, trauma, post-traumatic stress disorder (PTSD) and poor mental health (Nelson et al., 2020). Meynhardt's

(2019) perspective emphasises that PV is produced by experiences. Therefore, in relation to ambulance service personnel, it is not just about whether an ambulance arrives at an incident on time, but what the patient experiences and how they perceive that experience *and* also the experience of the paramedic (for example, in enhancing or diminishing their wellbeing). Evidence which we present in the third section of the paper shows that the experiences of paramedics can affect their wellbeing significantly and detrimentally.

For Meynhardt (2019), PV is a holistic approach, consisting of utilitarian, financial, moral, political and hedonistic aspects. Although PV was originally concerned with the organizational or service level, Meynhardt (2019) helpfully demonstrates the 'Micro-Macro link'; i.e. the link between human needs (at the psychological level) and Public Value (at the societal level). Combining these two aspects, PV could be applied in an ambulance intervention by analysing it into the dimensions in Figure 1 below:

Figure 1 here

Meynhardt & Frölich (2019) identify the risk of detaching evaluations from how and for whom value is truly created, potentially leading to sub-optimal decisions. In their view, value is created at a fundamentally psychological level; i.e. value results from subjective psychological evaluations by people, in relation to their *basic values*. Subjects have their own *personal frames of reference* (i.e. the subject's concepts of itself and any other individual or group for whom an object is evaluated), which are fundamental dimensions of decision-making. Value is derived, therefore, from an evaluation of an object by a subject against the subject's own personal frame of reference (PFs). Humans differ in both the PFs they emphasize and their competence to recognise them (i.e. to see their relevance to a particular decision). *Value emphasis* then refers to the relative importance individuals place on certain value categories against others. At the same time, *Value awareness* refers to a subject's competence to recognise (during or after evaluation) that a value category is relevant to the evaluation of an object. Increased value awareness should increase the public value from a decision for both active subjects (decision-makers) and passive subjects (those affected by a decision but not party to making it).

Basic values and personal frames of reference are combined in Meynhardt & Frölich's (2019) approach to produce a Public Value Matrix. However, the concepts of basic values, personal frames of reference, value emphasis and value awareness, may be more useful in practice than the matrix, which

can appear abstract and abstruse. Meynhardt & Frölich (2019) claim their approach challenges prevailing value concepts which are predominantly financial, can be used to facilitate individual and organisational decision-making and could be the basis for scorecards. However, they acknowledge that it has not yet been tested empirically and trade-offs between different PFs and between the individual and collective levels are yet to be addressed.

Accounting for Public Value

The work of Meynhardt (2019) and Meynhardt & Frölich (2019) has implications for accounting, performance measurement and accountability. Steccolini et al. (2020) call for research "from different disciplines, which devotes its attention to exploring the social and organizational antecedents and effects of accounting and performance measurement systems" (p.6). Significantly, they state that there are several developments in public administration which could engage accounting researchers with public administration scholars. Steccolini (2019) explores in more detail several themes which have arisen in the public administration literature in relation to claims that NPM is ceasing to be the dominant paradigm in this discourse. Public Value is one of the pathways she identifies for public sector accounting and accountability research in a 'post-NPM' context.

The emphasis in PV on the role of public management in achieving what is valued by the public does seem to imply performance management, but of a different kind to the NPM. Steccolini holds that it provides an alternative to neo-liberalism in its emphasis on the common good, shared values, collective action, pubic engagement and a public ethos. It can imply dialogue and deliberation and a role for citizens as co-creators of public services; although this interpretation of PV has been criticised for downplaying power, conflict and inequality, and for placing too much trust in public managers (Chohan, 2017).

PV can help to focus on who the users of accounting are (e.g. elites, technocrats, stakeholders or citizens) and what they want from it. Steccolini (2019) suggests that accounting scholars could make PV more operationally viable; but, to date, it has been neglected in the public sector accounting literature, despite Moore's own attempts to develop PV scorecards and PV accounts. She also claims that accounting has potentially emancipatory powers and can be used to promote wellbeing, collaboration, care for the environment, etc. This is important for the English emergency ambulance service, where performance management has long been controversial (see Heath et al., 2018). For many years the regime concentrated on response times, generating perverse incentives and unintended consequences. Even after a 'dashboard' of wider indicators was introduced, performance management has remained

contentious (Heath & Wankhade, 2014; NAO, 2017). If PV could assist in developing valid indicators of wellbeing, it would be a significant contribution.

Meynhardt & Bäro (2019) suggest three ways of accounting for public value:

- Defining Key Performance Indicators in relation to creating public value;

- The Public Value ScoreCard;

- An extension of the Public Value Matrix (see above).

In the UK, early practice in creating performance indicators based upon PV was undertaken or sponsored by the Cabinet Office as part of the introduction of Public Service Agreements across Whitehall departments and Comprehensive Performance Assessment for Local Authorities (Hills, 2006; Kelly et al., 2002). This built upon earlier work on attempting to measure social impact and the social returns on investment (Barrow, 2000; Becker, 1997; Becker & Vanclay, 2003; Scholten et al., 2006). Key performance indicators, involving both multi layers of government and multiple local public and third sector delivery partners, were developed collaboratively by government and key stakeholders between 2007 and 2011 as foundations for multi-level agreements and performance budgeting (Campbell-Smith, 2008; Murphy, 2014). The agreements contained agreed input, output and outcome targets, as well as financial and non-financial rewards for their achievement. They included assessment of costs and benefits across multiple collaborating agencies and could be evaluated through traditional cost benefit analysis, financial returns on investment or more sophisticated social returns on investments. The development of key performance indicators for assessing the creation of public value largely fell into abeyance in England (although not in Scotland) during the Coalition Government of 2010-2015 but was revisited at the request of the NHS by the Health Foundation and Nesta in support of the NHS "five year forward view" (Finnis et al., 2016; Mulgan et al., 2019). Public Health, epidemiology and most recently the coronavirus pandemic have consistently demonstrated the way collective value is created or harm mitigated by collective action.

Moore (2013) developed Public Value accounts with public value substituting for profitability to help make the net benefit of government actions transparent; for example, the extent a particular action has achieved desirable outcomes such as equity, liberty, responsiveness, transparency and citizenship. Gross public value then offsets social benefits against financial costs and social costs. However, establishing financial costs definitively is more difficult than often thought and establishing, or even

estimating, social costs and benefits is even more problematic. Thus, defining public value can be difficult and although the individual targets were negotiated in the local and multi-area agreements referred to above, this was greatly facilitated by compiling and pre-agreeing the evidence upon which to base the objectives.

Meynhardt & Bäro (2019) suggest a public value scorecard could be based on five key questions:

- Is it politically acceptable? (Political-Social)

- Is it decent? (Moral-ethical)

- Is it useful? (Utilitarian-technical)

- Is it cost-effective? (Financial)

- Is it a positive experience? (Hedonistic-aesthetic)

Alternatively, an organization might be held accountable for public value outcomes by adapting existing KPIs on which the organization normally reports and are broadly accepted.

Nijeboer (2019) applied the public value scorecard, utilizing the five key questions above, to a study of Barreiro, a municipality near to Lisbon. Barreiro is a once prosperous city now faced with problems caused by the decline of its traditional heavy industries. The city needed dialogue between the council, the public and other stakeholders, such as employers, to discuss its problems and strategies to address them. Long standing problems around the lack of communication and connection between stakeholders were addressed through focus group discussions between municipal employers, entrepreneurs and citizen representatives. However, and notwithstanding the progress clearly achieved, it is not obvious how this differed from other exercises in stakeholder engagement using focus groups: the value added by the PVSC is unclear.

Public Value and Public Participation

Thus PV can potentially promote dialogue, deliberation and citizen engagement. For Moore (1995; 2003), public managers aim to achieve PV strategically (the 'Public Value Proposition'), influenced by the expectations of stakeholders but constrained by available resources (finance, expertise, equipment, etc.). Moore's emphasis is on public managers but, of course, other groups can be involved in

public sector activities (see Meynhardt, 2019, for example). They include politicians, private sector partners, voluntary organizations and civil society associations (Bennington & Hartley, 2019). This is related to Bennington's (2011) view of public value as 'contested democratic process'. Bennington sees PV as relating to two interlinked questions:

- What does the public most value?   [INPUTS from public(s)]

- What adds most value to the public sphere? [OUTPUTS for society]

However, there are competing voices (differences of interests, views, values, etc. between different groups). Thus, PV is contested and so, Bennington & Hartley argue, should be set within the democratic process. In the UK this resonates with calls in the existing literature for greater public participation in decisions about emergency ambulance services (see Heath et al., 2018; Wankhade et al., 2018).

In the examples given earlier, negotiations were between individual organizations, groups of organizations and government departments. They did affect individuals but were not established or measured at that individual level, which may imply the need to do further analysis at macro-, meso- and micro-levels. However, Bennington & Hartley (2019) identify potential difficulties. Individual values are not the same as wants, needs, expectations or aspirations. They may be stated explicitly or discerned implicitly from actions (making one choice rather than another means one value must have priority over another). Moreover, there are problems discerning public value from the summation of individual values, even if individual values can be ascertained in practice; because, for example, it goes against conception of common interests. There is the danger of majoritarianism, which can be damaging to minorities; and knowledge and information are unevenly distributed in society (should more weight be put, therefore, on specialist expertise?).

Implicit here is a pluralist rather than a unitary view of social values, acknowledging contested democratic practice and implying that *both* the notions of the 'public' and of 'value' need to be constructed. This leads Bennington & Hartley (2019) to a discussion of Habermas' view of the public sphere; referring to those locations, containing the state, the market and civil society, where public values are created, held and/or diminished. There are criticisms of Habermas' work, particularly its emphasis on consensus; for example, by Mouffe who prefers agonistic pluralism (Mouffe, 1999). Bennington and Hartley advocate 'agonistic dialogue' which acknowledges differences but negotiates coalitions of common interests. This seems to synthesise deliberative democracy and agonistic pluralism in a

promising way. 'Publics' can be convened to debate and explore PV relevant to them and to the wider society (including future generations) and public spaces created where different 'publics' can meet to work through difficult choices.

Bennington & Hartley (2019) also advocate the use of action research since PV has to deal with complexity, dynamic and volatile situations, and interconnectedness in open systems, while action research is essentially pluralist and interested in uncovering different perspectives. Consequently, it can embrace complexity and dynamic change. Bennington & Hartley then discuss three case studies where they applied this approach. They show people trying to create PV by tackling complex problems in contested contexts. Public managers work with stakeholders from the private sector and civil society to create an environment where priorities between competing 'publics' are negotiated through 'agonistic dialogue' rather than 'antagonistic conflict'. Issues for further research include how to:

- recognise that creating PV is a dynamic process embedded in social contexts and political struggle and not simply the measurement of public management performance outcomes?

- use democratic agonistic dialogue to create PV?

- focus attention both horizontally about outcomes (outwards towards citizens and communities) and vertically about processes (inwards and upwards towards managers)?

This last question corresponds to Kitchener's (2019) discussion of the Strategic Triangle for Public Value (Fig.2):

Figure 2 here

Kitchener argues there is a need to create publicly valuable outcomes and mobilise sufficient legitimacy and support from stakeholders while being operationally feasible (have requisite finance, skills, technology, etc.). This would require being accountable inwards (to colleagues), upwards (to managers and elected politicians) and outwards (to stakeholders). The next section analyses the state of health and wellbeing issues in the ambulance service, where this approach could be productive.

Ambulance staff wellbeing and resilience

The previous section suggests that analysis based upon PV could help to interpret wellbeing and resilience issues within the ambulance workforce. Recent evidence demonstrates that ambulance staff show increasing signs of stress, trauma, post-traumatic stress disorder (PTSD) and poor mental health (Greenberg et al., 2020; Wankhade & Patnaik, 2019). It is also well documented that ambulance services have the highest sickness absence rates within the NHS organisations (Wankhade, 2016) and published figures show rates increasing (Table 1). There is also a significant and growing issue of presenteeism i.e. people working while ill, which is particularly prevalent within healthcare settings (CIPD, 2019; Garrow, 2016). Additionally, the NAO (2017) revealed a ten percent national vacancy rates for paramedic positions, which has major implications for the quality of ambulance service delivery. Although it is difficult to find more up to date information than the NAO report about ambulance staff specifically, a report by the Health Foundation demonstrates that staff attrition remains a significant problem in the NHS generally (Buchan et al., 2019). Moreover, it is reported that paramedics are not well prepared for or well supported after severely traumatic incidents, such as suicide cases (Nelson et al., 2020).

Arguments about lack of funding to match the ever-growing demand on the emergency 999 service have also been well rehearsed (McCann & Granter, 2019; Wankhade et al., 2018; Wankhade et al., 2020). This has exacerbated the vulnerability of organizations to reputational damage due to constant media coverage, accompanied by greater academic and public debates about the state of the NHS ambulance service, including the mental health and wellbeing of staff (Lawn et al., 2020; Mildenhall, 2019). Staff wellbeing has been identified as a national priority in several policy documents (Boorman, 2009; NAO, 2017; NHS, 2019) but remains under-researched (Simmons et al., 2019; Wankhade, 2016).

Table 1 here

The average sickness absence rate over the seven-year period in ambulance services was 5.70% against the national average of 4.18% in England. An independent efficiency review (Carter, 2018, p. 40) expressed concerns about losing "20 days per member of staff each year" and concluded that a 1% reduction in these rates could generate annual savings of £15 million to the sector. These figures should be interpreted with caution regarding causality, but studies suggest a link between the physical demands of the ambulance job leading to musculoskeletal injuries (Stilwell & Stilwell, 1984) and the

multiple dimensions of work intensity (Granter et al., 2019); with increased exposure to traumatic events, loss and grief leading to sleep disorders, obesity and PTSD cases in ambulance staff (Lawn et al., 2020; Nelson et al., 2020). The *stoical devotion* to duty in the face of psychological and physical risks of violence against staff further exacerbates the issue (Furness et al., 2020). Mental health issues have also been identified as one of the main causes of sickness absence by the CIPD annual survey (2019).

High levels of discrimination have also been found in the case of ambulance staff (Vaze, 2018; Wankhade, 2020; Wankhade & Patnaik, 2019). The King's Fund study (2015) showed discrimination within the NHS from managers, peers and public/patients on several grounds such as age, gender, religion, disability, and ethnicity. Similarly, the NHS 2014 Staff Survey produced alarming statistics for ambulance staff (see Table 2). Other than ethnicity, ambulance staff reported the highest levels of discrimination on grounds including age, gender, religion, disability and sexual orientation, from managers and colleagues. Appleby & Dayan (2017) identified fundamental problems with staffing, morale, pay and management in the ambulance trusts from the 2016 surveys. The 2017 survey painted an equally 'damning' account (Vaze, 2018, Wankhade & Patnaik, 2019).

Table 2 here

Bullying and harassment of staff not only affects the reputation of organizations, it also has direct consequences for staff engagement. Several media reports (BBC, 2019; Lewis, 2017) have highlighted the problem in individual ambulance trusts. NHS Employers (2018) point to 29% of ambulance staff reporting bullying, harassment or abuse from other staff members compared to 24% in the NHS overall; indicating that ambulance leaders need to recognise this as a priority area for staff welfare. Moreover, it is likely to reinforce the mental health and wellbeing problems of staff derived from the stressful nature of the ambulance job itself, as highlighted in Stevenson & Farmer (2017). The initiative by the charity *Mind* (Mind, 2020), to which all ten ambulance trusts in England are signatories, aims for a more holistic approach to wellbeing and raising awareness of mental health issues, but more needs to be done (Carter, 2018; Wankhade, 2020).

Health and Wellbeing of Staff during the COVID-19 pandemic

The coronavirus pandemic has tested the response capacity of every healthcare system in the world and its implications for already under-pressure ambulance services are significant, if they are to respond appropriately and safely. The pandemic has exposed ambulance staff to further concerns around psycho-social wellbeing in addition to their physical health. Latest evidence suggests that

frontline staff have an increased risk of "moral injury or psychological distress resulting from actions, or the lack of them, which violate someone's moral or ethical code" (Greenberg et al., 2020, p.1) and mental health problems while dealing with COVID-19. Media reports give emotional accounts of frontline ambulance staff fighting burnout while dealing with shortages of personal protective equipment (PPE), exacerbated by lack of peer support, isolation and even death of colleagues (Cosslett, 2020; Sturdy, 2020).

Ambulance work is often depicted in the media as 'heroic' and 'masculine', partly due to the paramedic's role in saving lives and dealing with dangerous situation (Reynolds, 2009; Tangherlini, 2000). However, many ambulance personnel see this as a misrepresentation (Furness et al., 2020; Gilmour, 2011; Wankhade et al., 2020). Rhetoric about 'heroes' re-surfaced during the pandemic, which witnessed a sudden surge of support for frontline healthcare staff, including ambulance workers. Their contribution was applauded by displaying rainbow flags and drawings in windows, clapping and banging drums in the streets of the UK. Perversely this may do a disservice by shifting attention from more pressing issues, such as budget cuts, staff pay, working conditions, staff numbers, equipment and pension provision, which need urgent policy attention. It also potentially puts more stress on staff to perform 'heroically', risking their own health and wellbeing.

A healthy work force is '*sine qua non*' for effective working of the emergency services and the heightened need to foster the resilience of frontline health care workers during the pandemic was recognised internationally (Santarone et al., 2020). It requires a package of measures, including appropriate guidance to ambulance managers for psychosocial support (College of Paramedics, 2020) and pre-incident training to frontline responders to build resilience (Wild et al., 2020) within a nurturing organizational culture (Wankhade et al., 2018).

Discussion

It is clear, therefore, that there are serious issues concerning the physical and mental health, morale, self-esteem and welfare of paramedics. Brewis & Godfrey (2019, p. 179) argued that "management and organisational studies (MOS) has paid little attention to the [paramedic] occupation". Nevertheless, studies are emerging in the UK which deal with emergency ambulance services from a social scientific perspective. For example, McCann et al. (2013) explored the rather ambiguous project of professionalising paramedics by examining both the formal efforts of senior officials in the service and the informal activities of the practitioners themselves. They concluded that the impact of

the senior level attempt at professionalisation had been muted and 'blue-collar professionalism' was maintained at 'street level'. McCann & Granter (2019) then argued for combining the sociology of work and the sociology of professions in order to analyse the professionalisation of uniformed emergency services and associated changes, as these services were evolving in complex ways while some long-standing aspects remained entrenched.

Indeed, paramedics are becoming more qualified (now to degree level), more specialised and more likely to utilise their enhanced skills at the scene of an accident without transporting the patient to hospital. At the same time, they are increasingly likely to deal with primary rather than secondary care cases, carrying out 'mundane' as well as 'extreme' activities. (See Heath et al., 2018; Wankhade et al., 2015). In this context of significant change, Granter et al. (2019) use the concept of *edgework* to discuss how workers in emergency ambulance services engage with multidimensional work intensity, which may be pushed to unnecessary extremes, by trying to balance the desire for more interesting, extreme cases with the need for less demanding, mundane episodes. The persistent shifting contexts of contemporary emergency ambulance work are noted by Wankhade et al. (2020), with rapid transitions from mundane to extreme and back again. Significantly, they state (p.63) that the "consequences of individuals trying to manage the ambidextrous dialectic between the mundane and the extreme have major consequences" for the wellbeing of paramedics, such as ill health, stress and low morale.

Henderson & Borry (2020) used the concepts of emotional labour, street-level bureaucracy and display rules to highlight the role of organisational attributes in influencing emotional labour amongst American ambulance paramedics, "who work in a high-stress job rife with opportunity for emotional work" (p.9). Similarly, Brewis & Godfrey (2019) refer to established concepts in MOS, such as workplace emotions, occupational stress and dirty work. They argue that using these concepts could address gaps in knowledge and understanding around the rapidly changing nature of paramedic work, with its increasing component of mundane activities. These activities do not fit well with extant paramedic sub-cultures valuing the 'heroic' aspect of ambulance work.

This is particularly significant in the light of the research reported by Wankhade et al. (2018) into ambulance service cultures and sub-cultures. They explored the relationship between cultures, performance measures and organisational change to understand how organisational culture is perpetuated; identifying factors that impact on culture change programmes, such as historical legacy and sub-cultural dynamics. The role and identity of ambulance personnel, the conflict between professional culture and managerial objectives, and the extant forms of performance measurement

were all found to be significant issues, which promoted resistance to enforced change and impeded planned management action.

These studies are relevant to the wellbeing of ambulance service personnel. The changing role and evolving, if somewhat contested, professionalisation of the ambulance paramedic, emotional labour, work intensification, the increase proportion of mundane cases which may seem less worthwhile, the resistant sub-cultures and the reinforcing emphasis on response times in performance management all contribute to the problematic nature of wellbeing in emergency ambulance services. However, none of the papers focus specifically on that issue and further research is clearly needed here.

Thus, while it is welcome that staff wellbeing in ambulance services has been identified as a priority in recent policy documents, in practice attention still seems to be largely focussed on the number of calls a service receives, transportation to A&E units and response times (see, for example, NAO, 2011; 2017). This focus, while understandable, can have potentially undesirable consequences (Heath et al., 2018). The emphasis is a long standing issue (Heath & Radcliffe, 2010; Radcliffe & Heath, 2009; Wankhade, 2011) and can distract attention from other aspects of ambulance services; despite the development of a wider 'dashboard' of operational performance indicators (Heath & Wankhade, 2014; NAO, 2017). Attention should be given to identifying, measuring and managing issues around physical and mental health; pay, morale, absence and sickness rates; discrimination, bullying and harassment; and quality of service; as evidenced earlier in this paper. Moreover, persisting cultures stressing 'heroic' and 'stoical' values (see Furness et al., 2020; Nelson et al., 2020) may counter attempts to address these issues and this may well have been reinforced by the reaction to the pandemic.

The question then arises of whether using the PV approach can help not only in raising awareness of these issues, but in managing them and measuring the progress of outcomes. There is certainly a logic in the emphasis in PV, as originally formulated, on measuring how individual public sector organizations contribute to achieving what the public values. Moreover, when originally advocated, this was a necessary corrective to views which regarded public spending merely as a burden on taxpayers. However, as Meynhardt (2019) has shown, the PV concept also implies considering how public services are experienced by individuals. This, in turn, raises issues of subjectivity and individual emotional responses, which complicate matters. For example, the *value emphasis* and *value awareness* of individual people become important, but these are not easily measured or accumulated.

Substantial difficulties may arise when applying these concepts operationally. For example, both 'public' and 'values' are contested concepts (Rutgers, 2019). Moreover, Bennington & Hartley (2019) warn that since Moore's (1995) conceptualisation, public value 'language' has "proliferated in a rather fuzzy and slippery way" (p.143). Moore's own attempts to develop Public Value accounts do not seem to have progressed far (Steccolini, 2019). However, both the area agreements referred to earlier and the case studies described in Nijeboer (2019) and Bennington & Hartley (2019) show the potential of PV for promoting stakeholder engagement; although, as we have seen, it is not clear how much was added to the exercise by the Score Card itself. Nevertheless, utilising the 'Five Questions' derived from Meynhardt & Bäro (2019) in a Score Card approach (linking the macro, meso and micro levels) could form a useful basis for future research in ambulance services. Additionally, the emphasis in Bennington & Hartley (2019) on using 'agonistict dialogue' to reconcile 'competing values' seems worthwhile and echoes calls in the existing ambulance service literature in recent years for greater deliberation (Heath et al, 2018; Wankhade et al., 2018). This, along with the Strategic Triangle for Public Value presented by Kitchener (2019), holds promise for promoting stakeholder engagement in improving paramedics' wellbeing and increasing accountability.

A fruitful research agenda could potentially offer new empirical data across different ambulance trusts (or in one case study) to establish the nature of relationships between wellbeing and 'public' and 'values'. Carrying out stakeholder mapping exercises of ambulance employees (leaders, managers, frontline staff) and user groups and then undertaking stakeholder engagement exercises through focus groups could reveal interesting dynamics about these aspects. Additionally, developing PV accounts or Wellbeing Score Cards, including narrative as well as numerical accounting, would provide new and useful insights into the phenomenon of PV and wellbeing research while addressing a research gap. Public administration and accounting scholars could contribute together in this work.

Conclusion

The twin concepts of 'public' and 'value' are attracting increased attention from public management scholars, notwithstanding any difficulties in definition or operationalization. In this paper, we have demonstrated the usefulness of these concepts to draw attention to the health and wellbeing of NHS ambulance staff, which is clearly problematic. Our approach is unique to our knowledge and has not been dealt with in the current literature. Moreover, the paper is an example of accounting and public administration scholars working together for mutual benefit.

Our analysis responds to three specific calls within public management literature and discourse. The first is the call for more empirical research based upon or utilizing the notions, conceptualizations or

theoretical perspectives of Public Value. The second is that it raises the challenge of interpreting the impact of public value at the level of the individual as Meynhardt and others (e.g. Meynhardt, 2019; Meynhardt & Frölich, 2019) have recently explored. It also addresses impacts on the *providers* of public services in contrast to the tendency of existing PV studies to examine the impacts or outcomes of service delivery on particular groups, clients, and/or communities as *recipients* of public services. Finally, it focuses specifically on public health, which is an area of theory and practice that has historically been resistant to interpretation and understanding solely based on the individual and suggests a potentially fertile research agenda.

Furthermore, as mentioned earlier, it has been argued that caring for the patient requires caring for the provider and that this should become one of the 'quadruple' aims of the NHS. In the case of the ambulance service, the need to 'care for the carer' (and, consequently, to account for the wellbeing of staff) seems clear from the data we have presented. In addition, it may be argued that PV as a theoretical framework is particularly well suited to address these issues because it facilitates evaluating the extent to which organisations achieve what society values, as experienced by individuals, and is also open to agonistic dialogue. Future studies should bring additional evidence on these aspects.

There are limitations to the paper. However, while we do not provide empirical evidence to link wellbeing to the PV constructs, we do offer concrete research ideas for further inquiries. Admittedly, these concepts are still in the process of being developed and applied to different organizational settings, but they nevertheless provide novel tools to analyse the value of the delivery of public services for a range of stakeholders including service users. The paper makes an original contribution in applying these ideas to the NHS ambulance service, which is still under-researched in the public management field.

Disclosure statement

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